

**EMERGENCY FOOD AND SHELTER PROGRAM (EFSP)  
WESTCHESTER BOARD**

REVIEW PROCESS  
APPLICATION SUMMARY  
**Phase 29 (2010- 2011)**

Agency Name: \_\_\_\_\_

Program/Project Name (if applicable): \_\_\_\_\_

1. Copy of IRS Certification of 501 © (3) status attached to application, if new to the EFSP \_\_\_\_\_ Yes

2 (a) Federal I.D. Number \_\_\_\_\_ 2(b) DUNS number \_\_\_\_\_

3. Amount Requested for Phase 29 (11/1/2010- 10/31/2011) \$ \_\_\_\_\_

4. Amount Requested by Category:

Served Meals	\$ _____	Estimated Number of Meals _____
Other Food	\$ _____	Estimated Number of Meals _____
Rent/Mortgage	\$ _____	Estimated Number of Bills _____
Supplies/Equipment	\$ _____	List items: _____

Does your agency have a cap on the use of Rent/mortgage assistance? If yes, what is it? \$ \_\_\_\_\_

Why? \_\_\_\_\_

What is your agency's average turnaround time for processing requests for rent/mortgage assistance? \_\_\_\_\_

5. Was your agency awarded funding on Phase 28(2009-2010)? If yes, please fill in the following:

Amount Awarded-Phase 28 \$ \_\_\_\_\_

Amount Awarded by Category:

Served Meals	\$ _____	Actual Number of Meals _____
Other Food	\$ _____	Actual Number of Meals _____
Rent/Mortgage	\$ _____	Actual Number of Bills _____
Supplies/Equipment	\$ _____	<i>Note: Provide numbers related to purchases made with EFSP funds only.</i>
Utilities	\$ _____	

6. If your agency targets/seeks to serve specific client populations please list the top three (3) target populations. Please refer to page 2 (D1) of the application.

1.No target population

2. \_\_\_\_\_

3. \_\_\_\_\_

7. List the geographic area(s) within which you will provide services and the proposed number of households to be served in each area. Page 3 (D2)

Area(s)	Proposed Number of Households to be Served
All Westchester	_____
_____	_____
_____	_____
All of Westchester County	_____

8. If you are an affiliate of a national organization, provide that name (refer to page 3 (E) of the application):

e.g. Feeding America (formerly Second Harvest)

9. Does your organization conduct an annual audit? \_\_\_\_\_ Yes \_\_\_\_\_ No

10. Your sponsoring organization (fiscal agent), if any, is \_\_\_\_\_

11. Does your organization have a volunteer board? \_\_\_\_\_ Yes \_\_\_\_\_ No

