

**MANHATTAN/POTTAWATAMIE, RILEY COUNTIES
EMERGENCY FOOD AND SHELTER PROGRAM
GRANT FUNDING APPLICATION
PHASE 41
IDENTIFICATION NUMBER 28-3061-00**

Name of Organization _____

Address _____ PO Box _____

City, State, Zip _____ Phone _____

E-Mail _____ Fax: _____

Federal Employer Identification Number _____

Agency Director _____ Board Chair _____

Date of this application _____ Prepared by _____

TOTAL amount of funds REQUESTED by this organization as presented in this application.

\$ _____

SPECIFIC FUNDING REQUEST

Specify below the planned usage of your grant funds, including:

1. Number of meals to be served or estimated if served through grocery order.
2. Number of nights lodging for mass shelter and per diem request.
3. Number of nights lodging or estimated number of nights per person for rent/mortgage assistance.
4. Number to be served with utility assistance.

Amount	Funds Usage	Number Served
	Food	
	Mass Shelter	
	Rent/Mortgage	
	Utilities	
	Total Funds Requested	

1. Do you have the capability to provide emergency, food, shelter, utility or rent assistance?
Yes _____ No _____

2. Do you have the capability to provide emergency food, shelter, utility or rent assistance to residents in Manhattan/Pottawatomie, Riley County?
Yes _____ No _____

3. Do you propose to use funds to supplement or expand existing programs and services?
Yes _____ No _____

4. Are you a nonprofit organization?
Yes _____ No _____

5. If you are a private nonprofit, do you have a voluntary board?
Yes _____ No _____

6. Do you have an accounting system or fiscal agent approved by the Local Emergency Food and Shelter Board?
Yes _____ No _____

7. Do you have an annual audit conducted?
Yes _____ No _____

8. Will you provide required reports and documentation, as requested, to the Local Emergency Food and Shelter Board?
Yes _____ No _____

9. Are your services provided in a nondiscriminatory manner?
Yes _____ No _____

10. Will you expend monies only on eligible costs?
Yes _____ No _____

11. Will you see to it that all funds are spent and programs closed out by December 31, 2024?
Yes _____ No _____

NAME OF ORGANIZATION _____

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Please explain below the criteria used by your agency in determining eligibility for receipt of services.

Please outline other sources of funding for this particular program or service.

Please submit your organization's most recent audit, 990 and recent financial statement.

I, _____, Executive Director of _____ Agency, have read, understand, and agree to abide by the cost eligibility, documentation requirements and reporting standards of this program and the responsibilities of the EFSP attached, and any other requirements made by the Local Board if my agency is chosen to be a Local Recipient Organization.

APPLICATION DUE: Monday, October 28, 2024 12:00 PM

LATE APPLICATIONS WILL NOT BE ACCEPTED.

Each Agency that would like to appeal a funding decision by the Local Board should contact the United Way office or the Local Board Chair within 72 hours of notification of original Local Board decision.