

**Emergency Food and Shelter Program
Washington County**

Funding Request Application – Phase 38

Organization Name: _____

Physical Address: _____

Mailing Address: _____

Phone: _____

Fax: _____

Email: _____

Web Address: _____

Contact Name: _____

Federal ID#: _____

DUNS#: Required: _____

Date Organization was Established: _____

Current Year Operating Budget: _____

Previous Year Operating Budget: _____

Organization Mission: _____

Services provided by the organization: _____

Identify who will be served by the organization: _____

Describe any fee for services: _____

How do you market your programs to the community? _____

Discuss your application process for services: _____

Does the organization have an annual financial audit? Yes _____ No _____

Please list current funding sources for the organization: _____

Please provide the number of individuals / families served last year and the number of services provided: _____

Amount of Emergency Food and Shelter funding requested: \$ _____
(Requests must be for a minimum of \$500)

If awarded, these funds will be used for the following purpose(s):

Served Meals (\$2 per meal)	\$ _____
Food for Pantry	\$ _____
Transportation for Food Pantry	\$ _____
Rent / Mortgage Assistance	\$ _____
Utility Assistance	\$ _____
Mass Shelter	\$ _____
Other Shelter	\$ _____
Supplies / Equipment	
For Mass Feeding or Mass Shelter	\$ _____
Emergency Repairs	
For Mass Feeding or Mass Shelter	\$ _____

If awarded, these funds would be utilized on the following estimated schedule:

<u>Month</u>	<u>Estimated Amount</u>	<u>Estimated # Services</u>
March	\$ _____	_____
April	\$ _____	_____
May	\$ _____	_____
June	\$ _____	_____
July	\$ _____	_____
August	\$ _____	_____
September	\$ _____	_____
October	\$ _____	_____
November	\$ _____	_____
December	\$ _____	_____

Please attach copies of the following documentation:

Proof of 501c3 status

Latest financial audit

Latest 990

Information regarding the organization (brochures, reports, program summaries)

Board of Directors Roster

Application for services

Eligibility determination criteria

Signature (Organization Representative)

Date

Applications should be submitted to:

People Incorporated
1173 West Main Street
Abingdon, VA 24210
Attn: Amy
acompton@peopleinc.net

Should you have questions regarding this application, feel free to contact:

Amy Compton - 276-619-2249