Phase 40

/’

BI-COUNTY EMERGENCY FOOD AND SHELTER

**PROPOSAL FORM – SHELTER**

**Email FULLY completed application to:**

[**kchristianson@uwgcv.org**](mailto:kchristianson@uwgcv.org)

**Or mail to:**

**Kelly Christianson**

**3603 N Hastings Way, Ste. 200, Eau Claire, WI 54703**

**After data entry, tab to next field!**

**All fields must be completed!**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agency Name: |  | | | | |
| Agency Executive Director/CEO or equivalent: |  | | | | |
| Physical Address:  Street/City/St/Zip |  | | | | |
| Mailing Address: |  | | | | |
| Agency Address for where EFSP funded services are provided: |  | | | | |
| Phone number: |  | | Fax #: |  | |
| EFSP Contact:  Name |  | | Email address: |  | |
| FEIN#: |  | | UEI# :  <http://www.sam.gov/> |  | |
| Congressional District where agency is physically located: | |  | Congressional District where EFSP funded services are provided: | |  |
| Is Agency non-profit or unit of government?  (if nonprofit, please provide roster of volunteer board of directors/trustees) | | \_\_\_ Yes \_\_\_No | Is agency debarred or suspended from receiving funds or doing business with the Federal government? | | \_\_\_Yes \_\_\_ No |
| Amount Requested: | |  | | | |
| Agency budget for program area requested: | | Please attach. | | | |

|  |
| --- |
| Enter proposed use of funds:  Target population/geographic area served |
|  |

|  |  |
| --- | --- |
| Enter total number of estimated clients who will be served by this program annually. |  |

|  |  |
| --- | --- |
| Expenditure of requested funds: | |
| 1. Mass shelter (5 or more beds in one location) Board approved per diem is $12.50 per person. | Number of nights \_\_\_\_ x $12.50 = $ |
| 1. Other shelter (hotel/motel vouchers, shelters with less than 5 beds) | $ |
| 1. Supplies of equipment (all equipment or supplies to be purchased or leased for shelter program. Examples, cots, mattresses, blankets, mops, etc.) | $ |
| 1. Diapers: the purchase of diapers is eligible when used for direct distribution to individuals, for residents of mass shelters, vouchers to grocery stores may include diapers) |  |
| 1. Feminine Hygiene Items: The purchase of limited, basic feminine hygiene items by all service providers are now eligible in the EFS Program. 2. For direct distribution to individuals. 3. For residents of mass shelters. 4. For vouchers to grocery stores.   Prior Local Board approval is required before these expenditures are made. Local boards must use discretion in selecting LROs to provide this service, taking into consideration the cost effectiveness of bulk purchasing. |  |
| 1. Administration:   No more than 2% of award for administration. | $ |
| Total:  (A+B+C+D+E+F) should equal total amount requested. | $ |