



**Phase CARES  
Emergency Food and Shelter  
Program (EFSP)  
Application for Funding**

**AGENCY INFORMATION**

Check only one box below: Harris/Fort Bend County is listed as jurisdiction 782800 and Waller County is listed as jurisdiction 843200 with EFSP National Board. **An application must be submitted for each separate jurisdiction.**

782800

843200

Legal Name of Agency: \_\_\_\_\_

Program Name: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Agency Physical Address (if different from mailing): \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Congressional district(s):

- Where agency is physically located (2-digit Number): \_\_\_\_\_
- Where your agency's EFSP services are provided (2-digit Number): \_\_\_\_\_

DUNS Number (Unique 9-digit Assigned to Agency): \_\_\_\_\_

Federal Taxpayer Identification Number: \_\_\_\_\_

**AUDIT INFORMATION**

Annual Audit Conducted? Yes \_\_\_ No \_\_\_

Date of Last Audit: \_\_\_\_\_

(Copy of agency's audit or fiscal agent audit must be included) (Audit must be on **accrual basis**)

If No, Name and Address of Fiscal Agent: \_\_\_\_\_

\_\_\_\_\_

Agency Fiscal Year: \_\_\_\_\_



**Phase CARES  
Emergency Food and Shelter  
Program (EFSP)  
Application for Funding**

**AGENCY & APPLICATION CONTACT INFORMATION**

**Principal/President/Executive Officer:** \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email address: \_\_\_\_\_

**Grant Application Contact:** \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email address: \_\_\_\_\_

**Program Contact:** \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email address: \_\_\_\_\_

**Board Chair's Name:** \_\_\_\_\_ Email address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Executive Officer

\_\_\_\_\_  
Date