

EMERGENCY FOOD AND SHELTER PROGRAM

of Houston/Fort Bend and Harris Counties
and Waller County



EFSP PHASE 39 - APPLICATION COVER FORM 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: _____

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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