

# EMERGENCY FOOD AND SHELTER PROGRAM

of Houston/Fort Bend and Harris Counties  
and Waller County



## EFSP PHASE 42 - APPLICATION

### AGENCY INFORMATION

Check only one box below: Waller County is listed as jurisdiction 843200 with EFSP National Board.

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): \_\_\_\_\_

Unique Entity Identifier (UEI: 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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## EFSP PHASE 42 - APPLICATION 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**