

EMERGENCY FOOD AND SHELTER PROGRAM

PHASE 36

RETURN TO: United Way of South Texas
P.O. Box 187
McAllen, TX 78505-0187
113 W. Pecan Blvd.
McAllen, Texas 78501-9584

HIDALGO COUNTY EMERGENCY FOOD AND SHELTER APPLICATION

Name of Not-For-Profit Organization or Local Government Agency:

Address:

Telephone: _____ Fax: _____

Contact Person: _____
(Executive Responsible Officer)

Describe your organization's program for providing emergency food and shelter to the citizens of Hidalgo County.

Services provided: _____

Locations where services are provided: _____

Target Population: _____

Hours of Operation: _____

Does your organization have non-profit status with the State and Federal Government? _____
(If this is the first time you have applied: Attach a copy of your 501 C3 Form from the Internal Revenue Service.)

Federal Employer Identification Number _____

Attach a list of your Voluntary Board Members (Name, Address, Telephone# and occupation)

Emergency Food and Shelter Program

Date of last audit: _____ Name of Auditor: _____

Audit Attached: _____ Yes _____ No We will submit on _____

How many board meetings per year does your organization have? _____

Does your organization practice non-discrimination? _____

Will you provide required reports to the Local Board? _____

Will you expend all monies by the end of phase XXV? _____

Will you expend the monies on eligible costs only? _____

Please provide amount of funds spent and number of persons served with funds other than EFSP for the last 12 months. Please provide this information for each of the categories you are seeking EFSP funds for. Please use attached form.

(PLEASE NOTE: You must have an existing funded program before you are eligible for EFSP funds to expand that program. If you do not show your existing funds and the sources of those funds for the category you are seeking EFSP funds for, you will not be considered for EFSP funds.)

I hereby certify that all of the above and foregoing information to be true and factual.

Signature of Executive Officer

For Further Information or Questions, Please Contact:
Lilly Lopez – Killelea
United Way of South Texas
113 W. Pecan Blvd.
McAllen, Texas 78501- 9584
P.O. Box 187
McAllen, Texas 78505-0187
Telephone # (956)686-6331, Fax# (956)686-8430

**EMERGENCY FOOD AND SHELTER APPLICATION PHASE 36
HIDALGO-COUNTY**

CATEGORIES	AMOUNT OTHER THAN EFSP FUNDS	SOURCE OF FUND(S)	# OF PERSONS OR MEALS SERVED	AMOUNT REQUESTED OF EFSP FUNDS
Served Meals	\$			\$
Other Food	\$			\$
Mass Shelter	\$			\$
Other Shelter	\$			\$
Rent/Mortgage	\$			\$
Utility Assistance	\$			\$
Total Amount Requested				

Not-For Profit Organization/Local Government Agency Name _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Contact Person/Executive Officer - Print Name _____
Contact Person/Executive Officer-Signature _____