CARES Application

Emergency Food and Shelter Program Morgan County, Illinois

Organization Information

1. Name of Organization:

2. Federal Employer ID#:

3. Address:

4. City/State/Zip:

5. Telephone Number:

6. Executive Director: Email address:

7. Staff Person Responsible for Program: Email address:

8. Number of years organization has been in operation:

9. Purpose/Mission of organization that will provide services:

10. Include a brief paragraph describing the experience of your agency, and staff involved in this program, in handling assistance requests, processing funds and maintaining the required documentation.

11. Did you receive funds in the past phase? Have you been out of compliance at any time during the past three phases? If yes, please explain.

12. Did your agency return unexpended funds in the previous phase? If yes, state amount, category of assistance and explanation of why the funds were not spent.

13. Services proposed for EFSP Program:

14. Amount being requested, by service category and grant total requested:

15. Total FY 2020 Program Budget:

16. Total 2020 Budget for the Services for which you are requesting funds (excluding the award amount requested):

17. Number of years these services have been offered:

18. Number of staff administering these services:

19. Number of volunteers assisting with these services:

20. Actual FY20 expenditures for the services for which you are requesting funds:

21. Portion from EFSP funding: Portion from the EFSP Program:

22. Population Served:

BREAKDOWN OF GRANT REQUEST

Provide the amount requested for individual services and the number of units of service you plan to provide.

Served Meals # of meals

Other Food Assistance # of meals