

PHASE 40

Grant Application- Jo Daviess County

Grant Application must be delivered to the United Way of Northwest Illinois located at
524 W. Stephenson St. Suite 101 in Freeport, IL no later than 4:00 p.m. on **April 19, 2023.**

Applicants must have a full understanding of the EFSP application and reporting requirements and be able to
complete reporting electronically

Organization Name:	
Contact Person:	
Phone Number:	
Email Address:	
Mailing Address (Street and P.O. Box):	
City:	
State:	
Zip Code:	
FEIN Number: (REQUIRED)	
Unique Entity ID #: (REQUIRED)	

Y or N do you maintain a checking account in your organizations name for EFSP deposits?
 Y or N are you able to pay vendors directly within 90 days for services provided?
 Y or N are you able to understand and submit required electronic reports to the Local EFSP board?

If funds are to be channeled through a different organization, please identify: (fiscal agent information)

Organization Name:	
Contact Person:	
Phone Number:	
Email Address:	
Mailing Address:	
FEIN Number:	

Funding Allocation Requested: (see attached for more information about each allowable category)

Food Services	Amount Requested
Congregate Meals	\$
Food Purchases	\$
Home Delivered Meals	\$
TOTAL	\$

Shelter Services	Amount Requested
Mass Shelter	\$
Hotel/Motel (up to 90 days per phase)	\$
Rent/Mortgage	\$
TOTAL	\$

Supplies & Equipment	Amount Requested
Cleaning Supplies for Shelter/Feeding Sites	\$
Small Equipment Purchases up to \$300/item	\$
Personal Protective Equipment	\$
TOTAL	\$

Utility Service For Clients	Amount
Gas, Water, Electric (up to 3 months or 90 days per phase)	\$
TOTAL	\$

Administrative Allowance 2% of Jurisdictions Award (use to be determined by Local Board)	
Admin	\$
TOTAL	

OVERALL TOTAL REQUEST FOR LRO	
TOTAL (for all categories)	\$

**Jo Daviess County Emergency Food and Shelter Program
Phase 40 Grant Application**

Services your organization provides: _____

What services do you propose to provide with Emergency Food and Shelter funds? (Please include number of meals served; number of nights of lodging; number of rent bills paid; etc.)

Explain why these dollars will be important to your service delivery this year.

Area(s) of Jo Daviess County that funded services will serve:

Clientele Targeted with funded services: _____

Day and time that funded services will be available: _____

Facility Handicapped Accessible: _____ yes _____ no

See attached to answer the following:

Affiliation Code: _____ Target Codes that apply: _____

Emergency Food and Shelter Program

Affiliation Codes:

Affiliation codes are listed below for Local Recipient Organizations (LRO's). If the LRO has no affiliation with a national organization, use "UN" for unaffiliated. For service providers under fiscal agents, use the code that describes the service provider, not the fiscal agent.

AC	Aging Council
CA	Community Action Agency
CC	Catholic Charities and other Catholic Organizations (except St. Vincent de Paul)
CM	Church organizations or Ministerial Associations
CO	Coalition
FB	Food Bank (Second Harvest or other)
FS	Family Service America
GV	Government Agency (except Tribal Government)
HS	Homeless Advocate
IR	Hotlines/Information and Referral
JF	Jewish Federations and other Jewish organizations
LA	Labor Organizations
NA	Native American Organizations
MW	Meals on Wheels
RC	American Red Cross Chapter
SA	Salvation Army
SV	St. Vincent de Paul
TA	Travelers Aid
TG	Tribal Government
UL	Urban League
UW	United Way
YM	YMCA
YW	YWCA
UN	Unaffiliated with any of the above, or no affiliation

Target Codes:

If an LRO (service provider, in the case of fiscal agent) targets specific client populations, please choose up to the top three from the list below and enter the two-letter codes. If an LRO targets no particular populations, enter "NT".

CH	Chemically Addicted		
DV	Domestic Violence Victims		
EL	Elderly		
FC	Families with Children		
MD	Mentally Disturbed		
MI	Minorities		
NA	Native Americans		
PW	People with AIDS/HIV		
SM	Single Men		
SW	Single Women		
UM	Unaccompanied Minors	NT	No Target Populations
OT	Other Targeted Populations	VT	Veterans

Emergency Food and Shelter Program

The minimum award per Local Recipient Organization (LRO) is \$1000.00.

FOOD SERVICES

- Congregate Meals
- Food Purchases
- Home Delivery Meals (e.g., Meals on Wheels)

SHELTER SERVICES

- Mass Shelters (e.g., local shelter facilities)
- Hotel/Motel (up to 90 days per phase)
- Rent/Mortgage (up to 3 months or 90 days per phase)

SUPPLIES AND EQUIPMENT PURCHASES

- Cleaning Supplies For Shelters, Feeding Sites
- Small Equipment Purchases Up To \$300 Per Item (e.g., microwave)
- Personal Protective Equipment

UTILITY SERVICES FOR CLIENTS

- (gas, electric, water), up to 3 months or 90 days per phase

ADMINISTRATIVE ALLOWANCE

- 2% of Jurisdiction's Award
- Local Board Determines Use

Total Award:

Add columns; you will have your total award for this agency. Only whole dollar amounts will be allocated – no cents.