Application for EFSP Funds Delta County – Phase 39 and ARPA-R

Agency Name		-
Contact Name		
Address		
City		Zip
Phone		
E-mail		
Website		
Agency FEIN		
Non-profit*? (*Please provid	YES NO de a roster of your volunteer board)	Unit of government? YES NO
Please provide	a copy of your most recent annual audit.	
Is your agency	debarred or suspended from receiving fund: YES NO	s or doing business with the federal government?
Please indicate	e which emergency service your program add	dresses (check all that apply):
Food (fo	od pantries, meals served, etc.)	
Shelter (mass shelter, subsidized shelter for individu	als, rent/mortgage assistance, etc.)
Energy (u	utility assistance)	
Repairs/	Supplies/Equipment (facility rehabilitation,	other emergency supplies)
Briefly describe	e your emergency program(s):	
Agency Operat Agency Budget Amount of fun	ting Budget (Total): \$ t for requested service area (food, rent, utilit ding request: \$	ies, etc.): \$
Applications fo	or EFSP Phase 39 and ARPA-R funds are due t	to the Delta County EFSP Board by April 12, 2022.
E-mail to julie@	@uwdelta.org (please put "EFSP Application	" in the subject line)
Mail:	Delta County EFSP Board United Way of Delta County P O Box 1005	If you have questions, call Kyle Rambo, Local Board Chair, at 906-227-9116.

Escanaba, MI 49829