

**Emergency Food and Shelter Program Application  
Mifflin and Juniata Counties  
Human Services Department**

**Agency Name:** \_\_\_\_\_ **Agency Phone Number:** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_

**Contact Person & Title:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**County to be Served:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*REQUEST FOR FUNDS*

|                          |  |                              |
|--------------------------|--|------------------------------|
| Mass Shelter             |  | <b>Number of Nights:</b>     |
| Rent/Mortgage Assistance |  | <b>Number of Bills:</b>      |
| Utility Assistance       |  | <b>Number of Bills:</b>      |
| Administration           |  | <i>No Estimates Required</i> |
| <b>TOTAL</b>             |  | <i>No Estimates Required</i> |

**1. Please choose application status:**       New Recipient       Current Recipient       Former Recipient

**2. Please answer the following:**

- a. How much EFSP funding did you receive in Phase 40?
- b. How many people were served by this program in Phase 40?
- c. What were the total costs for this program in Phase 40?

**3. In the past year, have you had to deny benefits to qualified applicants due to inadequate funding?**       Yes       No

**If yes, approximately how many were denied?**

**4. What other sources of funding did you utilize for this program last year? (Please list the sources and amounts you received from each source. Use additional space on the backside or attach additional documentation if necessary.)**

| Source | Amount | Federal Funds  |
|--------|--------|--|
|        |        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|        |        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|        |        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|        |        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|        |        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|        |        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|        |        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|        |        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|        |        | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**5. Please type a short narrative of the program for which you are seeking funds, including the mission of your organization.**

**6. Briefly describe the criteria or the process you use to determine eligibility for individuals who apply for benefits using these funds. If feasible, attach a sample copy of the application form you use to determine eligibility. If necessary, use the backside of this application for more space.**

**7. How do you intend to administer the funds from this program (i.e., distribute the funds over a period of months to ensure availability throughout the year; use funds to purchase bulk supplies; make funds available on a first-come, first-served basis)? Use additional space or attachments if necessary to explain.**

**8. Please describe how you will make sure there is no duplication of clients and that you are collaborating with other EFSP funded agencies.**

**9. Please review the checklist and provide any requested information. You will be asked to sign off on this list if you are funded.**

- ✓ **Non-profit status or an agency of government. (Provide a copy.)**
- ✓ **Not debarred or suspended from receiving federal funding**
- ✓ **Have a checking account (no cash payments are allowed) Acct. No. \_\_\_\_\_, Bank \_\_\_\_\_**
- ✓ **Have an accounting system or fiscal agent approved by the Local Board. Please describe.**
- ✓ **FEIN \_\_\_\_\_**
- ✓ **Independent audit or annual review. Provided by: \_\_\_\_\_ Last one dated: \_\_\_\_\_**
- ✓ **Currently providing services and using other agency resources in the area you are seeking funding. Explain and give agency amounts that are already directed to this area. (Ex.: We receive \$5,000 in church donations through a Second Sunday offering that goes to the food pantry. We cooperate with United Way to do an annual food drive that benefits the food pantry. We are a UW partner and we receive \$5,000 annually to help pay rent, etc.).**
- ✓ **Have a nondiscrimination policy. Attach.**
- ✓ **Have a voluntary board and involve homeless individuals and families in the program. List names and contact information.**

**NOTE:** If you are approved for funding, you will be required to submit a written expense report quarterly to the Advisory Board. In addition, you will need to submit an annual report with an itemized account of your expenditures and number of people served.

Please print or type form and return via mail or e-mail  
to: Melissa Stewart  
Mifflin-Juniata Human Services Department  
20 North Wayne Street  
Lewistown, PA 17044  
[mstewart@mifflincountypa.gov](mailto:mstewart@mifflincountypa.gov)

***RFP is due by noon, April 15, 2024.***