**MIDDLESEX COUNTY PHASE 37 EMERGENCY FOOD AND SHELTER PROGRAM**

**Request for Funding BEGINNING APRIL 1, 2020 -**

**BACKGROUND INFORMATION**

|  |  |
| --- | --- |
| Agency Name |  |
| Address |  |
| Federal Tax ID # |  | Amount Requested: |  |
| DUNS # |  | Agency total budget for program area requested |  |

**SERVICE INFORMATION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Shelter |  | Food |  | Rent/Mortgage |  | Utility Assistance |  | Other |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Continued |  | Expanded |  | New |

|  |  |
| --- | --- |
| Service Unit Definition |  |

|  |  |
| --- | --- |
| Total Service Units Provided during most recent 12 month timeframe |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number of Service Units to be Funded with Request |  |  | Cost Per Service Unit |  |

|  |  |
| --- | --- |
| Geographic Area Covered |  |

|  |  |
| --- | --- |
| Address for Place of Performance(Where FEMA funded services are provided) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client information entered into the HMIS database |  | Yes |  | No |

Projected number and percent of total program clients addressing National Board emphasis areas

|  |  |  |  |
| --- | --- | --- | --- |
|  | Projected Number |  | Percent of Total Program Clients |
| Families with Children |  |  |  |
| Elderly |  |  |  |
| Veterans |  |  |  |
| Mentally and Physically Disabled |  |  |  |
| Limited English Proficient |  |  |  |
| Native Americans |  |  |  |
| **Projected Total Clients** |  |  | 100% |

|  |  |
| --- | --- |
| Number and Frequency of Times a Client is Eligible for Assistance |  |

**PROPOSED USE OF FEMA FUNDS**

|  |
| --- |
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|  |

**ADVANCING THE MIDDLESEX COUNTY TEN YEAR PLAN TO END HOMELESSNESS**

Provide one specific example of how the proposed service supports Middlesex County’s Ten Year Plan to End Homeless (visit <https://www.cominghomemiddlesex.org/what-were-doing/> to review the plan).

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**Document Agency Ability to Utilize a Phase 37 Award starting April 1, 2020.** If your agency is currently providing services eligible for FEMA support, please attach a summary of clients assisted and amount of financial or other assistance provided during the Phase 36 timeframe **October 1, 2018 – March 31, 2020**. Feel free to adapt one of the sample report forms included in the Phase 35 Responsibilities and Requirements Manual or Phase 36 Addendum.

**ATTACH LIST OF CURRENT MEMBERS OF YOUR AGENCY’S GOVERNING BOARD**. Indicate Officers and provide contact information.

**ORGANIZATION CONTACT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Request Prepared by |  |  | Telephone |  |
| Title |  |  | Email |  |
| Approved by |  |  | Fax |  |
| Title |  |  | Date |  |

|  |
| --- |
| **Agency Contact for Application Questions** |
| Name: |  | Telephone # |  |
| Title |  | Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Approved by |  | Date |  |
| Title |  | Email |  |