

# EMERGENCY FOOD AND SHELTER PROGRAM

of Houston/Fort Bend and Harris Counties  
and Waller County



## EFSP PHASE 42 - APPLICATION

### AGENCY INFORMATION

Check only one box below: Harris/Fort Bend County is listed as jurisdiction 782800 and Waller County is listed as jurisdiction 843200 with EFSP National Board. **An application must be submitted for each separate jurisdiction.**

☒ 782800

☐ 843200

Legal Name of Agency: Fort Bend County

Program Name: Fort Bend County Social Services

Agency Mailing Address: 301 Jackson Street

City, State Zip: Richmond, Texas 77469

Agency Physical Address (if different from mailing): 4520 Reading Rd., Ste. A-900

City, State Zip: Rosenberg, Texas 77471

Congressional district(s):

- Where agency is physically located (2-digit Number): 09, 22
- Where your agency's EFSP services are provided (2-digit Number): 09, 22

Unique Entity Identifier (UEI: Assigned to Agency): MJG8N8EPN2L3

Federal Taxpayer Identification Number: 74-6001969

### AUDIT INFORMATION

Annual Audit Conducted? Yes ☒ No ☐

Date of Last Audit: 3/20/2024

(Copy of agency's audit or fiscal agent audit must be included) (Audit must be on **accrual basis**)

If No, Name and Address of Fiscal Agent: \_\_\_\_\_

Agency Fiscal Year: 10/1/2024 - 9/30/2025

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## EFSP PHASE 42 - APPLICATION APPLICATION CONTACT INFORMATION

Principal/President/Executive Officer: KP George, County Judge

Telephone No: 281-341-8608 Email address: county.judge@fortbendcountytexas.gov

Grant Application Contact: Ketan Inamdar

Telephone No: 281-238-3233 Email address: Ketan.Inamdar@fortbendcountytexas.gov

Program Contact: Shannon Gore

Telephone No: 832-451-0451 Email address: Shannon.Gore@fortbendcountytexas.gov

Board Chair's Name: N/A Email address: N/A

KP George  
Signature of Executive Officer

February 3, 2025  
Date



## EFSP Phase 42 - Application for Funding

Agency Name and LRO Number (if applicable): \_\_\_\_\_

### **I. AGENCY INFORMATION:**

a. Provide a brief history of your agency:

i. Date of incorporation: \_\_\_\_\_

ii. Length of time agency has been in operation: \_\_\_\_\_

iii. Length of time agency has offered emergency assistance: \_\_\_\_\_

iv. Description of programs offered (*3500 Characters*):

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- b. Identify your experience with local and federal grant administration:
  - i. Funding Amount (*450 characters*):
  
  
  
  
  
  
  
  - ii. Funding Source (*500 Characters*):
  
  
  
  
  
  
  
  - iii. Activities & Service Units Funded (*500 Characters*):
  
  
  
  
  
  
  
  - iv. Successes/Monitoring Issues/Findings: (*225 Characters*)
  
- c. Provide history of use of HMIS or Comparable Database. If agency is only applying for Food/Other Food, this question is not applicable. (*750 Characters*)

## II. PROJECT INFORMATION:

- a. Provide a statement of need for EFSP Funds:
  - i. A description and **number** of clients you currently and will serve with EFSP funds (*1300 characters*):

Agency Name & LRO Number: \_\_\_\_\_



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## EFSP Phase 42 - Application for Funding

- ii. Current need for and impact of EFSP funded activities in your community. Please be specific using as much data driven and supported information as possible. *(5000 Characters)*

Agency Name & LRO Number: \_\_\_\_\_



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iii. How your organization differs from similar providers (*2000 Characters*):

iv. Partnerships and collaborations utilized to enhance effectiveness

1. Be specific as to how you refer out and what those services are. For example, are you referring clients to other partners for services your agency does not currently offer? (*1650 Characters*)

2. Expand on how long you have maintained these partnerships. (*900 Characters*)

3. Letters of support from partner agencies are encouraged. (Include as additional attachments.)

Agency Name & LRO Number: \_\_\_\_\_



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- b. Explain how EFSP funds will be used to **supplement** and **extend** existing activities, including how EFSP funds will be used to increase the number of clients served in each proposed activity and/or enhance the services. Describe sources of non-EFSP funding proposed in your budget. (The Local Board wants to know what services your agency can provide **without** this funding and how many more services you can add to your current activities **with** this money.) (4800 Characters - *cont'd below*)

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b. **Supplement** and **Extend** continued (1000 Characters):

### III. **CLIENT (HOMELESS/FORMERLY HOMELESS INVOLVEMENT):**

- a. Federal provisions require that EFSP LROs involve homeless individuals and families in the operation of their program, to the extent practicable so that the intended beneficiaries of service have a voice in service delivery. **Please describe the involvement of homeless/formerly homeless individuals and families in the operation of your program. If this involvement is not practicable for your agency, please explain.** (3350 Characters)

Agency Name & LRO Number: \_\_\_\_\_





## EFSP Phase 42 - Application for Funding

### IV. FINANCIAL INFORMATION:

- a. Program Level Budget (Excel Spreadsheet)
  - i. Follow the directions provided in the Excel Spreadsheet when completing budget. No additional budget information should be entered other than requested information.
  - ii. Assuming for budgeting purposes for a 12 month term.
- b. Audit Review: Attach your latest audit or financial statement as directed in the Competition Overview Document. **See page 42 of the EFSP Phase 35 Manual for complete audit requirements.**
  - i. Follow the directions provided in the Excel Spreadsheet to enter financial and audit information.
- c. **INTAKE PROCEDURES:**
  - a. Describe the steps per each expense activity (Food, Served Meals, Other Food, Mass Shelter, Rent/Mortgage, Utility Assistance) for which you are requesting funds. This should include but is not limited to the process a client goes through when applying for EFSP assistance:
    - i. Days and hours of operation (550 Characters):

ii. Required documentation (925 Characters):

iii. Eligibility requirements: (1900 Characters)

Agency Name & LRO Number: \_\_\_\_\_



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- iv. How is your EFSP activity **stabilizing** your beneficiaries for future independence?  
For LROs applying for Rent/Mortgage and/or Utility Assistance, please include a description of how your agency ensures clients do not receive undue benefit/duplication of service in these categories. (4900 Characters)

Agency Name & LRO Number: \_\_\_\_\_



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VI. FOR MASS SHELTERS AND SERVED MEALS ONLY: INDICATE THE LAST DATE THE AGENCY RECEIVED THE PERMITS AND/OR INSPECTIONS LISTED BELOW (if more than one facility, attach information for each facility):

Occupancy Permit	_____
Elevator Permit	_____
Boiler Permit	_____
Fire Code Inspection	_____
Health Dept. Permit	_____
Other	_____

Agency Name & LRO Number: \_\_\_\_\_