

EMERGENCY FOOD AND SHELTER PROGRAM

of Houston/Fort Bend and Harris Counties
and Waller County



EFSP PHASE ARPA-R - APPLICATION COVER FORM 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: _____

Program Name: _____

Agency Mailing Address: _____

City, State Zip: _____

Agency Physical Address (if different from mailing): _____

City, State Zip: _____

Congressional district(s):

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

DUNS Number (Unique 9-digit Assigned to Agency): _____

Federal Taxpayer Identification Number: _____

AUDIT INFORMATION

Annual Audit Conducted? Yes ___ No ___

Date of Last Audit: _____

(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: _____

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**EFSP PHASE ARPA-R - APPLICATION COVER****FORM AGENCY & APPLICATION CONTACT INFORMATION**

Principal/President/Executive Officer: _____

Telephone No: _____ Email address: _____

Grant Application Contact: _____

Telephone No: _____ Email address: _____

Program Contact: _____

Telephone No: _____ Email address: _____

Board Chair's Name: _____ Email address: _____

A handwritten signature in blue ink that reads "K. George".

Signature of Executive Officer

Date