

**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: \_\_\_\_\_

\_\_\_\_\_  
Signature of Executive Officer

\_\_\_\_\_  
Date