

EMERGENCY FOOD AND SHELTER PROGRAM (EFSP)  
BENTON AND FRANKLIN COUNTIES

**APPLICATION – Phase 34 dates: 1/1/17-12/31/17 (approximately)**

Due no later than 4:00 p.m. on Wednesday, April 12, 2017 to  
JBreneman@unitedway-bfco.com, or 401 N. Young St., Kennewick, WA 99336  
509-783-4102, ext. 236

Agency's Legal Name: \_\_\_\_\_

EFSP Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Congressional District (CD) for Agency \_\_\_ CD for Place of Services Performed, if different \_\_\_

501(c)(3) Not-For-Profit: \_\_\_yes (attach IRS Letter) \_\_\_no; Federal Employer ID#: \_\_\_\_\_

○ If Not-For-Profit, attach roster of volunteer board member names.

1. Services to be provided: \_\_\_\_\_

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2. Describe experience in providing proposed services: \_\_\_\_\_

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3. Target groups to be served: \_\_\_\_\_

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4. Describe client eligibility determination: \_\_\_\_\_

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5. Describe service coordination and referral process: \_\_\_\_\_

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6. Describe client record keeping system: \_\_\_\_\_

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7. Describe accounting system: \_\_\_\_\_

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8. Describe external auditing process: \_\_\_\_\_  
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\_\_\_\_\_

9. Describe volunteer board (composition, meeting frequency, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BENTON COUNTY**

Total Funding Request for OTHER FOOD: \$ \_\_\_\_\_

**FRANKLIN COUNTY**

Total Funding Request for OTHER FOOD: \$ \_\_\_\_\_

Agency DUNS # \_\_\_\_\_

Total Agency Operating Budget \$ \_\_\_\_\_

Agency Program Budget for OTHER FOOD category \$ \_\_\_\_\_

Is agency debarred/suspended from receiving funds or doing business with the Federal government? \_\_\_\_\_

Signature-Chief Operating Officer \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Agency Website: \_\_\_\_\_

EFSP funds are Federal funds made available through the U.S. Department of Homeland Security.