**Application Deadline: 9am on Monday, October 14th 2024.**

*Late or incomplete applications will not be considered.*

**Additional information on reporting, eligible expenses, and reporting can be** [**found here**](https://drive.google.com/file/d/1n2j61N8OMVRm1j8FMy9p4odCjABUmLjA/view?usp=sharing)**.**

Applications can be submitted to Hilary at [admin@goodfoodcollective.org](mailto:admin@goodfoodcollective.org) or mailed to Good Food Collective, 361 S. Camino del Rio 117, Durango, CO 81303. Mailed applications must be received by 10/14/24.

### Applicant Information:

**Organization’s Legal Name:**

**Executive/Director Name:**

**Phone:**

**Email:**

**Organization Mailing Address:**

**Address where services are provided:**

**Organization Website:**

**Social Media (if applicable):**

**Federal Identification Number (FEIN):**

[**Unique Entity Identifier (UEI) Number**](https://www.gsa.gov/about-us/organization/federal-acquisition-service/integrated-award-environment-iae/iae-systems-information-kit/unique-entity-identifier-update)**:**

*\*\*Please not that your UEI number has replaced your DUNS number. If you do not have your UEI number, please let us know in your email when submitting your application. The EFSP National Board has offered assistance in locating this information\*\**

### **Fiscal Agent Information (If applicable):**

**Name of Fiscal Agent:**

**Phone:**

**Email:**

**Mailing Address**

**Please select whether your organization is a:**

|  | **Nonprofit** |  | **Government Department/Agency/Unit** |
| --- | --- | --- | --- |

**Is your agency debarred or suspended from receiving funds or doing business with the Federal Government?** Yes / No

### SECTION B: Funding Request:

We are distributing four distinct phases of funding . Phases 39, 40, and ARPAR funds can be applied to expenditures incurred from 10/1/21-12/31/24. Phase 41 funds can be used for eligible expenses incurred 10/1/22-12/31/24. You can apply for as many phases as you would like.

Important Note - Each phase requires a separate report to be filed.

| **Phase 39 Funds** | |  | **Phase 40 Funds** | |
| --- | --- | --- | --- | --- |
| Timeframe of Eligible Expenditures | 10/1/21-12/31/24 |  | Timeframe of Eligible Expenditures | 10/1/21-12/31/24 |
| Total Amount of Funding Availabile | $ 11,433.00 |  | Total Amount of Funding Availabile | $ 10,975.00 |
|  |  |  |  |  |
| **Your Phase 39 Funding Request:** | |  | **Your Phase 40 Funding Request:** | |
| **Total Amount Your Are Requesting:** | $ |  | **Total Amount Your Are Requesting:** | $ |
| **Select one program category for this request:** | |  | **Select one program category for this request:** | |
| Served Meals ($3/meal) |  |  | Served Meals ($3/meal) |  |
| Other Food (vouchers, food boxes, grocery orders, etc) |  |  | Other Food (vouchers, food boxes, grocery orders, etc) |  |
| Mass Shelter ($12.50 per diem rate) |  |  | Mass Shelter ($12.50 per diem rate) |  |
| Other Shelter (hotel/motel assistance up to 90 days assistance) |  |  | Other Shelter (hotel/motel assistance up to 90 days assistance) |  |
| Mass Feeding/Shelter Supplies or Equipment |  |  | Mass Feeding/Shelter Supplies or Equipment |  |
| Rehabilitation/Emergency Repairs |  |  | Rehabilitation/Emergency Repairs |  |
| Rent/Mortgage Assistance (Up to 90 days assistance) |  |  | Rent/Mortgage Assistance (Up to 90 days assistance) |  |
| Utilities (Up to 90 days assistance) |  |  | Utilities (Up to 90 days assistance) |  |
|  |  |  |  |  |
| **Phase ARPAR Funds** | |  | **Phase 41 Funds** | |
| Timeframe of Eligible Expenditures | 10/1/21-12/31/24 |  | Timeframe of Eligible Expenditures | 10/1/22-12/31/24 |
| Total Amount of Funding Availabile | $ 35,338.00 |  | Total Amount of Funding Availabile | $ 10,154.00 |
|  |  |  |  |  |
| **Your Phase ARPAR Funding Request:** | |  | **Your Phase 41 Funding Request:** | |
| **Total Amount Your Are Requesting:** | $ |  | **Total Amount Your Are Requesting:** | $ |
| **Select one program category for this request:** | |  | **Select one program category for this request:** | |
| Served Meals ($3/meal) |  |  | Served Meals ($3/meal) |  |
| Other Food (vouchers, food boxes, grocery orders, etc) |  |  | Other Food (vouchers, food boxes, grocery orders, etc) |  |
| Mass Shelter ($12.50 per diem rate) |  |  | Mass Shelter ($12.50 per diem rate) |  |
| Other Shelter (hotel/motel assistance up to 90 days assistance) |  |  | Other Shelter (hotel/motel assistance up to 90 days assistance) |  |
| Mass Feeding/Shelter Supplies or Equipment |  |  | Mass Feeding/Shelter Supplies or Equipment |  |
| Rehabilitation/Emergency Repairs |  |  | Rehabilitation/Emergency Repairs |  |
| Rent/Mortgage Assistance (Up to 90 days assistance) |  |  | Rent/Mortgage Assistance (Up to 90 days assistance) |  |
| Utilities (Up to 90 days assistance) |  |  | Utilities (Up to 90 days assistance) |  |

### SECTION C: PROGRAM NARRATIVE:

1. Describe the program, including description of services, target population, geographical service area, parameters for client eligibility, and any fees paid by clients.
2. What emergency need does this program address?
3. How many people were served through this program last calendar year? Please provide demographic information as well.
4. How many people do you anticipate will be/were served through this funding request?
5. Does another program in Montezuma County provide a similar service? If yes, how do you coordinate with similar local programs to prevent duplication of services?
6. How will this funding impact your ability to provide this service? If you don’t receive this funding, what impact would this have on your organization and/or your ability to continue to provide services?
7. Is your organization able to meet FEMA/EFSP Grant Compliance, including and not limited to: grant reporting, attending biannual board meetings, documentation requirements?

Yes

1. Is there any additional information you would like to share?

### SECTION D: ATTACHMENTS

1. Current Operating Budget & Budget for Program Requesting Funds
2. Policy of Nondiscrimination