PHASE 41

EMERGENCY FOOD AND SHELTER PROGRAM

Application & Request for Funds

All local organizations applying for funds must complete the entire application. **Incomplete submissions will not be reviewed. No late proposals will be accepted. No exceptions.**

**APPLICATION SUBMISSION DEADLINE: Friday, April 19, 2024 5:00p.m. CST**.

Submit your application to Nicki Ross via:
Email: nicki@table2table.org
Mail: PO BOX 2596 Iowa City, IA 52244

(Applications may be emailed or mailed and must be received by the above date/time)

**A representative from applicant organization must be present (virtually) for the allocation meeting on Tuesday, April 23, 2024 from 10:30am-12:30pm**

[**Virtual Meeting Link for April 23rd Meeting.**](https://meet.google.com/xwk-tazo-ktm)

**Or dial: ‪(US) +1 609-726-6849‬ PIN: ‪475 510 318‬#**

|  | Review the [Overview & Guidance for Phase 41,](https://drive.google.com/file/d/1aPxL5P-XIicVHPeere2iYBKMQoXKyzNy/view) [specifically slides 14-17 on eligibility](https://drive.google.com/file/d/1aPxL5P-XIicVHPeere2iYBKMQoXKyzNy/view) before completing your application.  |
| --- | --- |

Agency Name:

Contact Person:

Address (including City, State, Zip Code):

Email: Telephone: Fax:

Federal ID: UEI # (required):

Total Request Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please summarize your program request. All narrative submissions must be typewritten (12pt font) and should not exceed three pages.

1. Please provide a brief description of your organization.

2. Briefly describe emergency food and/or shelter services offered by your organization.

3. Describe how the funds for which you are applying will supplement or expand existing programs and services.

4. Please provide the total number of client services provided by your organization in your latest fiscal year. For instance, if you provide shelter services, how many nights of shelter did you provide? If you serve meals, how many meals did you provide? If you have a food pantry, you can calculate the meals using a total pounds distributed.

Service Numbers

| Shelter Nights |  |
| --- | --- |
| # Meals Served(# pounds distributed divided by 1.2) |  |

In addition to this document please submit the following:

· IRS 501c3 Determination Letter (If not already on file as a previous applicant)

· List of Board Members

· Most recent Audit or Financial Review