

**Emergency Food and Shelter Program  
Rock County, Wisconsin  
Application to Request Funds for Phase 35**

Name of Organization: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Name of Contact for Application Questions: \_\_\_\_\_

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

Organizations Mailing Address: \_\_\_\_\_

Organizations Address for Service: \_\_\_\_\_

Organizations Phone Number: \_\_\_\_\_

Organizations FAX Number: \_\_\_\_\_

Organizations E-Mail for Persons Above: \_\_\_\_\_

Organizations Federal Employer Identification Number (FEIN): \_\_\_\_\_

Organizations Dun & Bradstreet (DUNS) Number \_\_\_\_\_

Is organization non-profit or unit of government? \_\_\_\_\_

Date: \_\_\_\_\_

Print Name of Authorized Person: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of Authorized Person: \_\_\_\_\_

**Application Submission Deadline is June 25 by 5:00 p.m. Application and required documents are to be sent to:**

**Mary Fanning-Penny  
[Mfanning-penny@lubr.org](mailto:Mfanning-penny@lubr.org)  
United Way Blackhawk Region  
205 N. Main St., Suite 101  
Janesville, WI 53545**

**Program(s) For Which Funding is Requested**

Served Meals\* \$ \_\_\_\_\_ Units to be Provided: \_\_\_\_\_ Unit Cost \$ \_\_\_\_\_

Other Food\* \$ \_\_\_\_\_ Units to be Provided: \_\_\_\_\_ Unit Cost \$ \_\_\_\_\_

Mass Shelter\*\$ \_\_\_\_\_ Units to be Provided: \_\_\_\_\_ Unit Cost \$ \_\_\_\_\_

Other Shelter\* \$ \_\_\_\_\_ Units to be Provided: \_\_\_\_\_ Unit Cost \$ \_\_\_\_\_

Supplies/Equipment \$ \_\_\_\_\_

Repairs/Code \$ \_\_\_\_\_

Rent/Mortgage Assistance\*\$ \_\_\_\_\_ Units to be Provided: \_\_\_\_\_ Unit Cost \$ \_\_\_\_\_

Utility Assistance\*\$ \_\_\_\_\_ Units to be Provided: \_\_\_\_\_ Unit Cost \$ \_\_\_\_\_

**APPLICATION REQUIREMENT CHECKLIST**

- Nonprofit Agency/Organization must provide roster of the volunteer board.**
- Agency/Organization must provide budget for the program area requested (food, rent, utilities, etc.).**
- Agency/Organization may provide total operating budget with program area(s) as noted above.**
- Agency/Organization must provide copy of most recent annual audit**
- Agency/Organization must indicate:**

**Debarment or Suspension Certificate**

**My agency \_\_\_\_\_ is \_\_\_\_\_ is not debarred or suspended from receiving Federal Funds**