



EMERGENCY FOOD & SHELTER PROGRAM

EFSP - Returning Grantee Application

Welcome to the HWCLI Emergency Food & Shelter Program Application

Due to the COVID-19 pandemic, Long Island is receiving two EFSP allotments, Phase 37 and CARES Act. Please complete separate program information- one for Phase 37 and one for CARES Act.

With any questions about this application, please contact Lori Andrade at landrade@hwcli.com

Please read the material carefully and submit all application materials by 6:00PM on Friday, May 22.



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ORGANIZATION INFORMATION

* 1. Please provide the following information about your organization.

Jurisdiction (select NASSAU 620200 or SUFFOLK 62700)

Agency:

LRO #:

Contact Person:

Contact Phone Number:

Contact Email:

**** Please submit a separate application if you are applying in both Nassau and Suffolk Counties. ****



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PHASE 37 - REQUESTED CATEGORIES

FOOD

*** 1. Served Meals**

AMOUNT: \$

MEALS AT \$2/MEAL:

*** 2. Other Food**

AMOUNT: \$

MEALS AT \$2/MEAL:

*** 3. Food/Transportation**

AMOUNT: \$

SHELTER

*** 4. Mass Shelter**

AMOUNT: \$

NIGHTS AT \$12.50/NIGHT:

*** 5. Rent/Mortgage**

AMOUNT: \$

ADDITIONAL CATEGORIES

*** 6. Supplies: \$**

*** 7. Energy/Utility Assistance: \$**

*** 8. Administration (2% maximum): \$**

GRAND TOTAL

*** 9. TOTAL: \$**



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CARES ACT - REQUESTED CATEGORIES

Please submit separate applications if you are applying in both Suffolk & Nassau Counties.

FOOD

*** 1. Served Meals**

AMOUNT: \$

MEALS AT \$2/MEAL:

*** 2. Other Food**

AMOUNT: \$

MEALS AT \$2/MEAL:

*** 3. Food/Transportation**

AMOUNT: \$

SHELTER

*** 4. Mass Shelter**

AMOUNT: \$

NIGHTS AT \$12.50/NIGHT:

*** 5. Rent/Mortgage**

AMOUNT: \$

ADDITIONAL CATEGORIES

*** 6. Supplies: \$**

*** 7. Energy/Utility Assistance: \$**

*** 8. Administration (2% maximum): \$**

GRAND TOTAL

*** 9. TOTAL: \$**



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E-SIGNATURE AND SUBMIT

*** 1. Organization's Official in Charge:**

Name	<input type="text"/>
Title	<input type="text"/>
Date	<input type="text"/>

*** 2. Check here to denote electronic signature:**

Signed

*** 3. Contact Person for Questions on Application:**

Name	<input type="text"/>
Title	<input type="text"/>
Telephone Number	<input type="text"/>
Email Address	<input type="text"/>

**** YOU WILL NOT BE ABLE TO MAKE ADJUSTMENTS TO THIS APPLICATION AFTER CLICKING SUBMIT. PLEASE REVIEW ALL ANSWERS BEFORE SUBMITTING APPLICATION. ****