

**LRO APPLICATION
HENDERSON COUNTY LOCAL EFSP BOARD- Phase 39**

Agency's Legal Name: _____

Agency's Principal: _____

Agency contact for Application Questions: _____

Agency contact for EFSP, if funded: _____

Agency physical address: _____

Agency mailing address: _____

Agency address for service: _____

Agency phone number: _____

Agency tax number: _____

Agency email address for individual(s) above: _____

Agency website address: _____

Agency Federal Employer Identification Number (FEIN): _____

Agency DUNS Number: _____

Amount of EFSP Funding requested by program area(s):	Rent/mortgage _____
	Utilities _____

Agency operating budget (total): _____

Agency budget for the program area(s) requested:	Rent/mortgage _____
	Utilities _____

Agency Mission & Vision Statements

How many clients does your agency serve annually? _____

What experience does your agency have that would prepare you to administer these funds?

What personnel do you have in place to track and report on these funds?

Provide copy of agency's most recent annual audit:

Is agency non-profit or unit of government?

If non-profit, provide a roster of the agency's volunteer board:

Is agency disbarred from receiving funds or doing business with the Federal Government?

Yes No

Agency Representative Signature

Date

**LRO APPLICATION & SUPPORTING DOCUMENTATION MUST BE RECEIVED BY
3:00 pm, Thursday, June 2, 2022 at skowalak@liveunitedhc.org**