

**Gordon County Emergency Food and Shelter Program
Award Request Application
Phase 42**

**All requesting organizations must complete
this application to be eligible for funding.**

Any organization seeking funds for the Nationally funded Emergency Food and Shelter Program, which is awarded through the Department of Homeland Security, must agree to comply with the requirements of the program as outlined by the National and local board. National requirements can be found at EFSP.org.

This form must be completed and submitted to Stacy Long at stacy.long@gordoncountygga.gov by no later than 5 PM on Wednesday, November 25, 2026. Late submissions will not be eligible for funding consideration.

Gordon County was awarded \$16,426 for Phase 42, which covers FY2024. This will require proof that funds have been spent and are eligible for reimbursement through EFSP for the allocated spending period. Final awards will require verification of funds eligibility.

Organization Legal Name: _____

Organization FEIN Number: _____ Organization UEI Number: _____

Organization Main Address: _____

Organization Contact Person: _____ Phone: _____

Contact Person Email: _____

Total Funds Requested for Phase 42: _____

Indicate how your organization has already or will provide services under Phase 42 below:

Rent / Mortgage ☐ Utilities ☐ Food ☐ Hotel ☐ Emergency Shelter / DV ☐

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1. Is your organization a current EFSP recipient organization in one of the prior phases? Yes ☐ No ☐
(If yes, you are not required to attach the documents for question 2. If no, you must attach all documents.)
2. Is your organization a non-profit or government entity? (attach non-profit verification letter) Yes ☐ No ☐
(If yes, continue to question 3. If no, your entity may not be eligible to apply with Gordon County EFSP.)
3. Does your organization have an operating Board of Directors? (attach Board Roster) Yes ☐ No ☐
(If yes, continue to question 4. If no, your entity may not be eligible to apply with Gordon County EFSP.)
4. Does your organization utilize an accountant to prepare audit or prepared statements? Yes ☐ No ☐
If yes, what is the name of the audit firm? _____
5. Does your organization utilize a financial account system as required by EFSP? Yes ☐ No ☐
If yes, what is the name of the software? _____
6. Does your organization utilize Charity Tracker to track rent/mortgage or utility assistance? Yes ☐ No ☐
(If no, you are not currently eligible to participate in Phase 42 for Gordon County EFSP as this is a local board requirement.)
7. Does your organization have a non-discrimination policy that governs serving clients? Yes ☐ No ☐
(If no, you are not currently eligible to participate in Phase 42 for Gordon County EFSP as this is a local board requirement.)

Please provide information related to the number of individuals you served in Gordon County for 2024 and 2025. If you received EFSP funding from Gordon County in 2024, funds for EFSP should be shown separately.

Food Banks and Food Programs

Food Disbursement Address: _____

2024 Total Individuals Served	_____	2025 Total Individuals Served	_____
2024 Total Organization Funds Spent:	_____	2025 Total Organization Funds Spent:	_____
2024 Total EFSP Funds Spent:	_____	2025 Total EFSP Funds Spent:	_____

Mass Shelter Programs / Emergency Hotel Housing

Client Intake Location Address: _____

2024 Total Individuals Served	_____	2025 Total Individuals Served	_____
2024 Total Organization Funds Spent:	_____	2025 Total Organization Funds Spent:	_____
2024 Total EFSP Funds Spent:	_____	2025 Total EFSP Funds Spent:	_____

Rent and Mortgage Assistance Programs

Client Intake Location Address: _____

2024 Total Individuals Served	_____	2025 Total Individuals Served	_____
2024 Total Organization Funds Spent:	_____	2025 Total Organization Funds Spent:	_____
2024 Total EFSP Funds Spent:	_____	2025 Total EFSP Funds Spent:	_____

Utility Assistance Programs

Client Intake Location Address: _____

2024 Total Individuals Served	_____	2025 Total Individuals Served	_____
2024 Total Organization Funds Spent:	_____	2025 Total Organization Funds Spent:	_____
2024 Total EFSP Funds Spent:	_____	2025 Total EFSP Funds Spent:	_____

How does your organization currently complete client intake and provide the services you are requesting?

By signing below, you are certifying that your organization is in good standing with the EFSP National Board and is eligible for funding in Phase 42. You organization also agrees to adhere to the requirements as outlined by the National EFSP board under current, past, and future spending requirements. You also further agree to comply with local board requirements and provide documentation in a timely manner, as required.

Authorized Signature: _____ Date: _____