**Governor’s Emergency Relief Fund**

**APPLICATION**

**COMMUNITY SAFE ROOM/COMMUNITY EMERGENCY SHELTER**

**FISCAL YEAR 20\_\_**

**A.1. Applicant:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/County /Nonprofit Agency County

Applicant’s DUNS Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mayor/Chairman/Authorized Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A.2. Declaration of Debt:**

Does the applicant owe money to the state or federal government? ❑ Yes ❑ No

If the answer is “yes,” please attach an explanation.

**A.3. 2010 Population of Service Area:** \_\_\_\_\_\_\_\_\_\_\_\_

**A.4. Total GERF Funds Requested:** $\_\_\_\_\_\_\_\_\_\_

**A.5. Brief description of the project:** For each governmental entity or nonprofit agency that will provide direct services, provide the following information: DUNS number; the amount requested for each activity; the problem area(s) addressed; location and description of project; estimated number of persons to be served; number of persons served during the last calendar year; and the amount and source of matching funds.

**A.6. Verification of Tax-Exempt Status:**

Provide the IRS Determination Letter and tax-exempt number for each nonprofit agency (acting as the applicant or second-tier sub recipient).

**A.7.** If the applicant is a nonprofit agency, please provide a copy of most recent IRS Form 990.

**B.1 .** Budget

Provide a detailed budget and budget narrative. The budget narrativemust consist of a thorough explanation of activities involved with the request. Each budget category must give a detailed description of costs.

**B.2.** Schedule

Provide a flow chart or timeline showing the schedule of necessary project elements with starting and ending dates for each. Activities applied for must be completed and closed out within eighteen (18) months.

**VII. Submission of Request for Funding**

A. Request for Funding Certification:

This request is submitted on behalf of the (name of county)Countyand is intended to be in compliance with the Governor’s Emergency Relief Fund Policy.

The (name of applying organization/county/city) agrees to:

* Comply with policies and procedures described in the Governor’s Emergency Relief Fund policy material and other instructions that may be provided.
* Provide periodic reports as defined and described in the policy material.
* Return any unused funds upon completion of the approved activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_

Authorized Official

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_

Witness

B. **Submit the completed LTRC Request for Funding to:**

Governor’s Emergency Relief Fund Committee

c/o United Ways of Alabama

8 Commerce Street, Suite 1140

Montgomery, AL 36104

Telephone number: 334.269.4505