EMERGENCY FOOD AND SHELTER PROGRAM
BOONE COUNTY, MO
APPLICATION FOR FUNDING
PHASE 42

Applicant Organization Information

Legal Name of Organization	
DBA (if applicable)	
Head of Organization	
Name of Contact for EFSP	
Telephone	
E-Mail	
Physical Address	
City, State, Zip Code plus 4	
Congressional District	
Mailing Address	
City, State, Zip Code plus 4	
Place of Performance Address *(where EFSP funded services are provided)*	
City, State, Zip Code plus 4	
Congressional District	
Federal Employee Identification Number (FEIN)	
DUNS Number (9 digit)	

Type of Organization *(check one)*	Non-Profit		Unit of Government
Is the organization debarred or suspended from receiving funds or doing business with the federal government? *(check one)*		NO	YES

Current Operating Budget (total)	$

Funding Request

In the fields below, indicate the amount of funding requested and estimated service levels for each proposed program area. Please note, while there are other allowable EFSP program areas, the Boone County EFSP board is only accepting applications for the program areas indicated below.

Program Area	Amount Requested	Estimated Service Levels	
Mass Shelter ($12.50 per diem)			number of bed nights
Other Shelter (hotel/motel)*			number of bed nights
Rent Assistance*			number of instances of assistance
TOTAL			

* Proposed rent assistance and hotel/motel programs must demonstrate a high level of coordination with other local providers of housing and human services, as outlined in the Continuum of Care narrative item below. Strong preference will be given to existing programs with sources of funding for rent and/or hotel/motel assistance from sources other than EFSP.

Program Information

For each program area for which you are applying for EFSP funding, complete the fields below, for the current calendar year, based on actual and projected information.

Program Information	EFSP Program Area					
	Mass Shelter		**Other Shelter (hotel/motel)**		**Rent Assistance**	
Program Name						
Total Program Service Budget						
Total Units of Service		bed nights		bed nights		instances
Total Unduplicated Individuals						
Other Program Contracts & Grants	**$ Amount**	**Units**	**$ Amount**	**Units**	**$ Amount**	**Units**
City of Columbia- Social Services Funding						
Boone County- Children's Services Funding						
Boone County- Domestic Violence Funding						
Heart of Missouri United Way						
Emergency Solutions Grant (ESG)						
HUD Continuum of Care						
Missouri Housing Trust Fund						
VA Supportive Services for Veteran Families (SSVF)						
VA Healthcare for Homeless Veterans (HCHV)						
VA Grant and Per Diem (GPD)						
Other Governmental Contracts/Grants						
Homeless Sub-Populations	**Unduplicated Individuals to be Served**					
	Number	**% of Total**	**Number**	**% of Total**	**Number**	**% of Total**
Chronic						
Veterans						
Persons in Families with Children < age 18						
Unaccompanied Youth (< age 25)						
Victims of Domestic Violence/ Sexual Assault						

Provide a description of the proposed program area(s) and the program(s) in which they will be delivered.

Describe the population to be served by the proposed program area(s) and the program(s) in which they will be served, including homeless sub-populations.

Continuum of Care

Provide a description of how the proposed program area(s), and the program(s) in which they will be served,

operate in the continuum of care, including:
- Participation in the Boone County Coalition to End Homelessness meetings
- Membership in the Missouri Balance of State Continuum of Care
- Participation in Missouri Balance of State Continuum of Care Region 5 meetings
- Coordinated Entry
  - Utilization of the VI-SPDAT
  - Participation in the Boone County Coalition to End Homelessness and Missouri Balance of State Continuum of Care Region 5 case conferencing meetings
  - Utilization of the Missouri Balance of State Continuum of Care prioritization list in the prioritization of services
- Utilization of the Missouri Balance of State Continuum of Care Homeless Missourians Information System (HMIS)

Funding Request Justification
Provide a justification for the requested level of funding for the proposed program area(s), including the impact of the requested level of funding on program service capacity (i.e. maintain, expand, etc.)

Application Submission
To submit an application for EFSP Phase 42 funding, e-mail a completed EFSP Phase 42 Application for Funding form (in PDF format) to communityservices@boonecountymo.org

Please Note: If not already on file with the City of Columbia, Boone County, or Heart of Missouri United Way, the Boone County, MO EFSP Local Board reserves the right to request from applicants:
  - Current board roster
  - Most recent financial audit or review

Deadline
The deadline to submit an application for EFSP Phase 42 funding is 5:00 p.m. on Friday, February 14, 2025.

Contact
Boone County, MO EFSP Local Board
Kristin Cummins, Chair
Boone County Community Services Department
573.886.4298
communityservices@boonecountymo.org