

Phase CARES

EMERGENCY FOOD AND SHELTER PROGRAM

Jurisdiction Name/State: Elmore County, Alabama

Jurisdiction ID#: 36-0080-00 **Date:** _____

Agency Name: _____ **FEIN #** _____

Contact Person: _____

Contact Person Number: _____ **Email:** _____

Amount Requested

Served meals	_____
Other food	_____
Mass shelter	_____
Other shelter	_____
Rent/Mortgage	_____
Utilities	_____
Total request	_____

Note: Please attach a budget narrative for the categories in which you are requesting funding.