

Phase CARES

EMERGENCY FOOD AND SHELTER PROGRAM

Jurisdiction Name/State: Macon County, Alabama

Jurisdiction ID#: 36-0120-00

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.