

Phase 37

**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.