APPLICATION

East Texas Council of Governments / Health & Human Services Commission

Social Services Block Grant for Emergency Disaster Relief Funds for Hurricanes Ike and Dolly

Applicant			
Organization Name			
Address		City, ZIP	
Phone		Fax	
Email		Point of Contact	

Application Preparer, if applicable			
Submitting Agency			
Address		City, ZIP	
Phone		Fax	
Email		Point of Contact	

Type of Project (Separate application must be submitted for each project/activity)

- ☐ Congregate Meals
- ☐ Home-Delivered Meals
- ☐ Education & Training
- ☐ Housing Services
- ☐ Health Related & Home Health Services
- ☐ Home Based Services
- ☐ Debris & Blight Removal (Other)
- ☐ Recreational Services

Description of Project

(Please refer to RFA for specific items to be addressed. Failure to address all items may result in low ranking or rejection of Application)

Funding and Clients Served					
Total Requested *(See Budget)*	$	**D.** Total to be Served		$ Amount per person served	

Populations Served					
A. Adults 60 and over		**B.** Adults 59 and Under		**C.** Children	
E. Low-Moderate Income		**F.** Disabled		Other (explain in Project Description)	