



2. What specific needs in the community does your organization address?

3. If providing shelter:

<b>Paid Staff</b>	<b>Open days</b>	<b>Weeks open</b>	<b>Average Bed Nights</b>
<b># Hours per day</b>	<b># per week</b>	<b># per Year</b>	<b># per Day</b>

What is your current cost per bed per night? \$\_\_\_\_\_

4. If providing meals:

<b>Paid Staff</b>	<b>Open days</b>	<b>Weeks open</b>	<b>Meals served</b>
<b># Hours per day</b>	<b># per week</b>	<b># per Year</b>	<b># per Day</b>

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN form to: EFSP Board, c/o St. Vincent de Paul North Idaho  
Attention: Janet Brock  
201 E, Harrison Ave.  
Cœur d'Alene ID 83814  
208-664-3095 Extension 305**

You will be notified of the Local Board's allocation decisions.