

Phase CARES

EMERGENCY FOOD AND SHELTER PROGRAM

Jurisdiction Name/State: Autauga County, Alabama
Jurisdiction ID#: 36-0030-00 **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.