

**UNITED WAY OF THE CAPITAL AREA  
EMERGENCY FOOD AND SHELTER PROGRAM  
HARTFORD CENSUS COUNTY  
PHASE \_\_\_\_ FUNDING AVAILABLE**

**LRO #\_\_\_\_\_ AGENCY NAME:\_\_\_\_\_**

**MAXIMUM ALLOCATION AVAILABLE:     \$\_\_\_\_\_**

Please complete and sign below:

\_\_\_\_\_ My agency can expend the full amount available on eligible costs by September 30, xxxx.

\_\_\_\_\_ If additional money becomes available due to a reallocation from other agencies in the Hartford jurisdiction, my agency would be able to expend up to \$\_\_\_\_\_ on eligible costs in addition to the amount noted above by September 30, xxxx.

\_\_\_\_\_ My agency can expend part of the amount available on eligible costs by September 30, xxxxx. We are requesting \$\_\_\_\_\_ as our share (\$300 minimum).

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**NOTE: IF YOUR AGENCY CANNOT SPEND THE AVAILABLE ALLOTMENT, THE MONEY MUST BE REALLOCATED BEFORE SEPTEMBER 30, xxxx, OTHERWISE PENALTIES MAY RESULT. PLEASE CONTACT MARY FALOTICO (493-6833 OR EMAIL [MFALOTICO@UWCACT.ORG](mailto:MFALOTICO@UWCACT.ORG)) FOR MORE INFORMATION.**

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Signed:\_\_\_\_\_ Date:\_\_\_\_\_

Please return this form and the attached budget to:

Mary Falotico  
United Way of the Capital Area  
30 Laurel Street  
Hartford, CT. 06106

**OR**

**FAX to Mary Falotico at 493-1199**

**NOTE: Failure to return form by this date may result in loss of these funds to your agency. Please contact Mary Falotico at 493-6833 if you have any questions.**