

**Citizens Energy/CITGO
Shelter Winter Assistance Program
Application
2007 – 2008**

Assistance under this program is available only to homeless shelters that heat with oil.
* A copy of each individual shelter's 501c3 must be included before an application may be processed.
Please complete one form for each site for which you are submitting an application.
Return application by October 15, 2007

Shelter Name: _____ **Parent Organization:** _____
Address: _____ **Address:** _____
City: _____ **St:** _____ **Zip:** _____ **City:** _____ **St:** _____ **Zip:** _____
Phone: _____ **Phone:** _____
Fax: _____ **Fax:** _____
Director: _____ **Executive Director:** _____
Shelter Type: _____ Emergency Shelter _____ Transitional Shelter _____ Day Program Only _____ Other

Number of beds: # _____ Emergency # _____ Transitional **Period of Operation:** _____ Year-round _____ Winter only
Total # unduplicated clients Served (05/06-05/07): _____ Breakdown into appropriate categories below:
 Single Men _____ Single Women _____ Women & Children _____ Men & Children _____ Intact Families _____
 Homeless Teens _____

<u>Budget:</u>	Sources of Revenue:	% of Budget
Total Operating budget for this Site \$ _____	Corporate/Business	_____ %
Total Budget for Heat for this Site \$ _____	Local Government	_____ %
# of Gallons used 12/06 – 3/07? _____	Federal Government	_____ %
	Private Donations	_____ %
	Rent/income from client	_____ %
	Other (please describe)	_____ %

Programs:
 What specific program or service will your institution to be able provide to clients as a result of having received this grant? (Please be specific. Do not attribute running all of your programs as a benefit of receiving this grant. Use additional pages if needed.)

Oil Company: _____
Address: _____ **City:** _____ **St:** _____ **Zip:** _____
Contact Person _____ **Phone Number** (____) _____

- Are you currently in a fix-price contract? Y / N Negotiated Price: _____
- Have you set the margin over wholesale the dealer charges per delivery? Y/N What is the Margin? _____

----- **For Office Use Only** -----

Grant Approved? Y/N Reason, if not: _____
 Gallon Commitment Made to Institution: _____
 Does Institutions Dealer Participate in program? Y/N Referral Dealer Assigned: _____
 Dealer Notified of Institutions Grant Award? Y/N

Return application by October 15, 2007: Mail: Citizens Energy, 88 Black Falcon Avenue, Ste 342, Boston, MA 02210
 OR Fax: 857-277-6200