

EMERGENCY SHELTER GRANT (ESG)-COVID (CV) REQUEST FOR FUNDS

NORTH DAKOTA DEPARTMENT OF COMMERCE
 DIVISION OF COMMUNITY SERVICES
 SFN 62005 (07/21)

Grantee			Request Number		Amount Requested <i>(from Ques. 7)</i>	
Prepared By		Telephone Number	Is this a Final Reimbursement?		SO - _____	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		ES - _____	
Bank Name (Payee)			Bank Account Number		RR - _____	
					HMIS - _____	
Bank Address			Instrument Number		AA - _____	
					T - Total _____	
City		ZIP Code	Telephone Number	Grant Begin Date	Grant End Date	
FUND STATUS REPORT				A	B	
1. Grant Amount						
2. Funds Received to Date						
3. Funds Requested, But Not Yet Received						
4. Amount of this Request						
5. Total Funds Request To Date <i>(add lines 2, 3, 4)</i>						
6. Funds Available For Request <i>(lines 1 less line 5)</i>						
7. Amount Requested: <i>(Enter below the use of the requested ESG-CV project funds as identified on your financial award and complete the required information on Attachment A)</i>						
SO - Street Outreach		ES - Renovation		RR - Hazard Pay		
SO - Street Outreach		ES - Training		RR - Landlord Incentives		
SO - Training		ES - Hazard Pay		RR - Volunteer Incentives		
SO - Hazard Pay		ES - Volunteer Incentives		RR - Hotel/Motel Costs		
SO - Volunteer Incentives		ES - Temporary Emergency Shelter		Homeless Management Information System (HMIS)		
ES - Emergency Shelter		RR - Rapid Re-Housing		AA - Administrative Activities		
ES - Operations		RR - Housing Relocation & Stabilization Serv.				
ES - Hotel/Motel Costs		RR - Rental Assistance				
ES - Essential Services		RR - Training		Total (must = line 4 above)		

CERTIFICATION		APPROVAL BY DIVISION OF COMMUNITY SERVICES (DCS)			
To the best of my knowledge, the data on this form are correct and all disbursements prevent, prepare for, and/or respond to coronavirus, and were made in accordance with grant conditions.		THIS SECTION FOR DCS USE		Yes	No
		Release of Funds			
		Special Conditions Released			
		Loan Approved			
		Authorized Signature			
Name and Title of Authorized Official		DCS Authorized Signature			Date
Signature	Date				

**ESG-CV REQUEST FOR FUNDS
ATTACHMENT A**

This form needs to be completed for each ESG-CV Expense. Please include this form with the supporting documentation required for each ESG-CV Request for Funds.

Program Participant's Name (if applicable)

ESG-CV Expense

Please provide an explanation of how this expense prevents, prepares for, and/or responds to the coronavirus.