This cover page is for the letter of transmittal, including contact person, telephone number, FAX number and Email address.

**Organizational Capacity (2 page maximum)**

**Project Proposal Narrative and Approach (3 page maximum)**

**Performance Measurement (1 Page maximum)**

**Budget Justification** (only fill out forms)

|  |
| --- |
| EXHIBIT A-BUDGET |
| Applicant: |   |
| Address: |   |
| Federal Employer Tax I.D.: |   |
| Project(s) proposed to receive ESGP funds and amount(s) requested: | Street Outreach |
| Estimated Services: |   |
| Other Services: [List type(s) and annual number of services for each type]: |   |
|   |
|  |  |  |  |
| EXHIBIT A-BUDGET |
| **ESG CATEGORY** | **ESG FUNDS** | **MATCHING FUNDS** | **TOTAL** |
| Services/Street Outreach |   |   | **$0** |
| CM (engage, CE and CM) | $0 | $0 | **$0** |
| Emergency Health Services | $0 | $0 | **$0** |
| Emergency MH Services | $0 | $0 | **$0** |
| Transportation - bus passes | $0 | $0 | **$0** |
| **TOTALS** | **$0** | **$0** | **$0** |

\*Applicants are expected to know ESG Match regulations and practice.

Where will your match funds come from:

|  |
| --- |
| Exhibit B Budget |
| Applicant: |   |
| Project/Sponsor Name: |   |
| Address: |   |
| Contact Person: |   | Phone: |   | Email: |   |
|   |   |   |   |   |   |
| Homeless Beneficiaries: Using the codes listed below; indicate on the following line the type(s) of beneficiaries to be served by the proposed project. If more than one type is to be served, list all with the predominant type of beneficiary first. |
|   | UMUnaccompanied Men |   | SPFSingle Parent Families |  |
|   | UWUnaccompanied Women |   | TPFTwo parent families |  |
|   | UFYUnaccompanied Female Youth Under 18 |   | ACAdult couples without |  |
|   | UMYUnaccompanied Male Youth Under 18 |   | DKDon’t Know |  |
|  |  |  |  |  |  |
| Briefly describe the accomplishments anticipated through use of ESGP funds. |
|  |  |  |  |  |  |
| Services/Street Outreach | $0 |
| Summary of Proposed Services : |   |
|   |
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