Attachment 1: Request for Funds Application and Questionnaire

Emergency Solutions Grant – Coronavirus Round 2

Legal Name of Applicant Organization:			
Contact Name:	Phone:	Fax:	Email:
Agency DUNS Number:	County:	Agency Tax ID Number:	

1. Intent to Apply for Funds:
   ☐ We intend to apply for the following project(s) (please name separately): ESG-CV2

Eligible Use Category:	Amount Requested:	Proposed Number of Persons assisted	For Office Use Only:
Emergency Shelter			
Rapid Rehousing			
Street Outreach			
HMIS			
TOTAL	0.00	0	

1. **Scope of Services:** Provide an overview of your organization and your capacity to deliver the project.

2. **Proposed Project:** Provide an overview of the proposed program activities, the target population, and the gaps the project will address.

3. **Funding Plans:** Explain in detail how your organization plans to use the full amount of ESG-CV2 funds requested and how it will complement existing funds.

Select check boxes below to certify that if selected for funding, the agency is willing to comply with:

☐ Homeless Manage Information System (HMIS) data requirements
☐ Compliance with grant terms and conditions as indicated in the Notice of Funding Availability, found here: https://www.hcd.ca.gov/grants-funding/active-funding/esg/docs/2-esg-coronavirus-nofa-round-2-final.pdf
☐ Enter into a contract with the County of Glenn CAD, example found here: https://www.countyofglenn.net/sites/default/files/County_Counsel/Independent%20contractor%20template%20v012920.pdf
☐ Comply with required monitoring per state or federal law, to ensure compliance with all ESG-CV requirements.

_____	_____	_____
Authorized Representative Printed Name	Authorized Representative Signature	Date

_____
Title

For Lead Agency Use Only:	Received by Deadline	Yes / No	Project Funded	Yes / No