## **ESG APPLICATION**

<b>APPLI</b>	CANT	INFO	RMATI	ON
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Organization Name	
Address	
City, State, Zip	
DUNS Number	
Project Manager/Title	
Email	
Phone Number	

## AGENCY DETAILS AND CAPACITY

Type of Agency	☐ Nonprofit	☐ Gov't ☐ Faith-based	☐ Other
Date of Incorporation		Annual Operating Budget	
Number of Paid Staff		Number of Volunteer staff	
Agency Mission Statement:			
Please describe your organiza	ntion's capacity to	o implement the project/program	l <b>.</b>

## PROJECT DETAILS/DESCRIPTION

Activity	Amount Requested
Emergency Shelter- Operations	
Emergency Shelter- Essential Services	
Street Outreach	
HMIS	
Homeless Prevention	
Rapid Re-Housing	
Administration	
TOTAL	

Emergency Shelter- Operations		
Amount Requested		
Provide a brief narrative about the proposed project services/activities.		

Emergency Shelter- Essential Services		
Amount Requested		
Provide a brief narrative about the proposed project services/activities.		

Street C	Outreach
Amount Requested	
Provide a brief narrative about the proposed p	roject services/activities.
HN	ΛIS
Amount Requested	
Do you currently participate?	☐ Yes ☐ No
Provide a brief narrative about the proposed p	roject services/activities.

Homelessness Prevention
Amount Requested
Provide a brief narrative about the proposed project services/activities.
Rapid Re-Housing
Amount Requested
Provide a brief narrative about the proposed project services/activities.

Sta	aff Roster (full	, part time employees, and volunteer)
Position Title	# of	Job Description
	Employees	
I certify that the inform	ation in this a	pplication is true and accurate to the best of my
knowledge and ability.		
		<del></del>
Signature		Date
		_
Title		