

CITY OF EL PASO
 Dept. of Community and Human Development
 FY 2019-2020 EMERGENCY SOLUTIONS GRANT

Proposal Abstract

Agency Name:			
Agency Address:			
Director's Name:			
Project Name:		Contact Person:	
Project Address:		Phone No:	
E-Mail Address:		Fax Number:	
Center Capacity:		Center Days/Hrs. of Operation:	
Total # of ESG Clients to be Served:		Project ("New" = not currently in operation)	Circle one: NEW EXISTING
No. of Years Agency has funded by ESG		No. of years Project has been funded by ESG	
CHECK (X)	COMPONENT	AMOUNT	
	1. Street Outreach		
	2. Emergency Shelter		
	3. Homelessness Prevention		
	4. Rapid Re-Housing		
	5. Homeless Management Information System (HMIS)		
	TOTAL ESG FUNDS REQUESTED:		

Project Summary:

Describe the proposed project. Please note that this summary will be used to describe your project in official City documents.

Budget Summary:

Describe the *budget* for the project and *show how the budget relates* to the requested funding.

I certify that I am authorized to sign legal documents on behalf of this organization. I certify that the information contained in this funding application is true and correct.		
Signature and Printed Name	Title	Date