

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

Introduction

1. Agency Legal Name:

2. _____ Date incorporated as a Texas Non-Profit Corporation
_____ Date of IRS Section 501 (c) 3 Certification
_____ Employer Identification Number (EIN)
_____ DUNS Number

3. Contacts (include name, title, phone and extension)

Grant Writer:

Program Director:

Executive Director:

4. Agency Purpose or Mission Statement:

5. Is this agency faith-based? (Mark one) Yes No

6. Indicate Proposed Use of ESG funds:

By Component and Amount:

Street Outreach	_____
Emergency Shelter	_____
Homelessness Prevention	_____
Rapid Re-Housing	_____
HMIS	_____

7. Base Funding Request:

Total Project Cost	\$ _____
Amount of Emergency Solutions Grant Request	\$ _____
Costs covered by other funding Sources	\$ _____

8. If additional funds were available, what is the maximum grant your project could manage and effectively use at a proportional increase in services? _____

9. Recipients of ESG funds are required by law to provide for the participation of at least one homeless or formerly homeless person(s) in a policy-making function within the organization:

- A. Are currently homeless _____
- B. Were formerly homeless _____

NOTE: *This information will be verified prior to execution of contract.*