

**FY2019-2020 EMERGENCY SOLUTIONS GRANT
Steering Committee Précis**

Agency Name			
Agency Address			
Director's Name			
Project Name			
Phone Number			
# total clients for project		# ESG clients for project	
Number of Years <i>Agency</i> has been funded by CD		Number of years <i>Project</i> has been funded by CD to date	
Amount Requested:		Total Project Budget:	
Past Performance: To be completed by Community Development			
Awarded Amount:	Actual Expensed:	Goal/Persons: Actual/Persons:	Goal/HH: Actual/HH:

Project Description:

Outcome Statement:

Methods:

Attach: Income Summary, Expense Summary, Street Outreach, Emergency Shelter, Homelessness Prevention Rapid Rehousing, Match, Project Summary pages; Partner pages, if applicable