

## EMERGENCY SHELTER GRANT REQUEST FOR FUNDS

Project Sponsor: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

Contract Number: ESG \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

**REQUEST NUMBER:** \_\_\_\_\_

**DATE SUBMITTED:** \_\_\_\_\_

Appropriate documentation (receipts, invoices, etc.) must accompany this request, including a Program income report, if applicable. A completed Hourly Rate Calculation must be on file, and Client or Operations Billing Sheet must accompany all requests for salary reimbursements. Further documentation (i.e. time sheets, benefits documentation, etc.) may be requested, and hours may be verified against HMIS. Hours not identified consistently on these forms will not be reimbursed.

ESG Cost Category (include all line items in spaces provided)	Allowable Cost incurred	IHFA approved amount (IHFA use only)	Total by ESG category (IHFA use only)
<b>Operations/Maintenance</b>			
<b>Total</b>	\$		\$
<b>Essential Services</b>			
<b>Total</b>	\$		\$
<b>Homeless Prevention</b>			
<b>Total</b>	\$		\$
		<b>Total Draw</b>	\$

**CERTIFICATION:** By signing below, I certify that the above data is correct based on our (sponsor's) official accounting system and records, and the expenditures shown have been made for the purposes stated, and are in accordance with the contract terms and conditions, and conditions of the program. I further certify that the funds requested are for reimbursement of actual expenses and have not been previously requested.

**FOR IHFA USE ONLY**

\_\_\_\_\_  
 Authorized Sponsor Signature      Date

\_\_\_\_\_  
 IHFA Reviewed

\_\_\_\_\_  
 Printed Sponsor Name and Title

\_\_\_\_\_  
 IHFA Approved