|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| St. Louis County, MN | St. Louis County, Minnesota Emergency Solutions Grant (ESG) APPLICATION | | | | | | Form  **1002**  Rev. 6/12/2023 |
| **About:** The ESG program provides funding to: (1) engage homeless individuals and families living on the street; (2) improve the number and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents, (5) rapidly re-house homeless individuals and families, and (6) prevent families and individuals from becoming homeless.  For more information, see our website at: <https://www.stlouiscountymn.gov> | | | | | | | |
| APPLICANT INFORMATION | | | | | | | |
| Organization/Applicant Name | | | | | | | |
| Type of Organization  Government  Non-profit | | | Daytime # | | | Date | |
| Address | | | City | State | | ZIP | |
| Email | | | | | | | |
| Contact Person *(If applicable)* | | Contact Person # | | | | | |
| Federal Id Number | | UEI Number | | | | | |
| PROJECT INFORMATION | | | | | | | |
| Project Title | | | | | | | |
| Site Address *(If applicable)* | | | City | | | | |
| PROJECT TYPE | | | | | | | |
| Emergency Shelter  Street Outreach  Prevention and Rapid Re-Housing  HMIS | | | | | | | |
| FUNDING REQUEST | | | | | | | |
| Amount of ($) of ESG Request | | | | |  | | |
| Amount of ($) of Community or  Agency Resources | | | | |  | | |
| Amount ($) from Other Sources | | | | |  | | |
| Total Project Cost ($) | | | | | $0.00 | | |

|  |
| --- |
| APPLICATION NARRATIVE |
| Please explain the proposed services and how they address needs identified in the St. Louis County Continuum of Care. |

|  |  |  |  |
| --- | --- | --- | --- |
| APPLICATION NARRATIVE | | | |
| Please explain the client outcomes targeted by the proposed services and how they will be measured. | | | |
| ORANIZATIONAL STRUCTURE | | | |
| Please list members of the project team and describe their roles. | | | |
| Members | | Role | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
| AGREEMENT | | | |
| Authorized Applicant Name: | Title | | Date: |
| Please type your name or print and sign. | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **BUDGET WORKSHEET** | | | | | | |
| **Estimated source and use of funds** | | | | | | |
| **Use of Funds** | **Source of Funds** | | | | | |
|  | **ESG Request** | **Total Community or Agency Resources** | **Other Fund Source** | **Other Fund Source** | **Other Fund Source** |  |
| **Expected Start and End date of funding** | Begin 05/01/2023  End 10/31/2024 | Begin  End | Begin  End | Begin  End | Begin  End |  |
| **Status of Funding** |  | Committed  Applied | Committed  Applied | Committed  Applied | Committed  Applied |  |
| **Itemize Activity/Use of Funds below:** | | | | | | |
|  | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $ 0.00 |
|  | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $ 0.00 |
|  | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $ 0.00 |
|  | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $ 0.00 |
|  | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $ 0.00 |
|  | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $ 0.00 |
|  | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $ 0.00 |
| TOTAL | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |