

ESG – Emergency Shelter Reimbursement Form

Services to individuals/families who are homeless

Essential services to persons staying in emergency shelters, renovating buildings to be used as emergency shelters and operating emergency shelters.

Today's Date: ____/____/____

Staff Member: _____

Essential Services – Service provided to individuals/families who are staying in an emergency shelter.

- Case Mgt Child Care (child under 13, disabled under 18, meals/snacks) Education Services
 Employment Asst/Job Training Outpatient Health Services Legal Services Life Skills
 Mental Health Services Substance Abuse Treatment Svcs Transportation
 Services for Special Populations

Description of Service Provided: _____

Dates of Services Submitted: _____ to _____

Total Amount Requested: \$ _____

Staff Member: _____

** Provide all documentation necessary for review**

Rehabilitation & Renovation -Renovating buildings to be used as emergency shelter for homeless families/individuals.

- Labor Materials Tools Other Costs for renovation including soft costs
 Major rehabilitation of an emergency shelter Conversion of a building into an emergency shelter

Description of Service(s) Provided: _____

Dates of Service(s) Submitted: _____ to _____

Total Amount Requested: \$ _____

Staff Member: _____

Provide all documentation necessary for review

Shelter Operations – Costs to operate & maintain emergency shelter & also provide other emergency lodging when appropriate.

- Maintenance/Repair: _____ Total \$: _____
 Rent: _____ Total \$: _____
 Security: _____ Total \$: _____
 Food: _____ Total \$: _____
 Insurance: _____ Total \$: _____
 Utilities: _____ Total \$: _____
 Furnishings: _____ Total \$: _____
 Supplies: _____ Total \$: _____
 Equipment: _____ Total \$: _____
 Fuel: _____ Total \$: _____

Shelter Operations Continued

Hotel/motel voucher for family or individual (only eligible when no appropriate emergency shelter is available)

Client Name: _____ Date(s) of Motel Stay: _____

Reason Motel Stay Required: _____ Total \$: _____

Client Name: _____ Date(s) of Motel Stay: _____

Reason Motel Stay Required: _____ Total \$: _____

Client Name: _____ Date(s) of Motel Stay: _____

Reason Motel Stay Required: _____ Total \$: _____

Total Shelter Operations Amount Requested: \$ _____

****Provide all documentation necessary for review****

Assistance Required Under "URA" - Assistance required under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) as described in subpart E of the interim regulations.

**Eligible Costs: Costs of providing URS assistance under § 576.408, including relocation payments and other assistance to persons displaced by a project assisted with ESG funds*

Description of Service(s) Provided: _____

Dates of Service(s) Submitted: _____ to _____

Total Amount Requested: \$ _____

Staff Member: _____

****Provide all documentation necessary for review****