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**TDHCA ESG 2017/2018 PRE-APPLICATION COVER SHEET**

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| --- | --- |
| Applicant Organization: |  |
| Point of Contact: |  |
| Telephone: | ( ) | Email: |  |

Please provide an ***estimated*** budget for your application:

|  |  |
| --- | --- |
| Street Outreach  |  $ .00  |
| Emergency Shelter  | $ .00 |
| Homelessness Prevention  | $ .00 |
| Rapid Re-housing  | $ .00 |
| HMIS | $ .00 |
| Admin | $ .00 |
|  **Total** | $ .00 |

Additional contacts to copy on email updates about the 2017/2018 TxESG pre-application and application process:

|  |  |  |
| --- | --- | --- |
| **First Name** | **Last Name** | **Email Address** |
|  |  |  |
|  |  |  |
|  |  |  |

**Applicant Attestation**

I understand and agree:

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| --- | --- |
| *­­­\_\_\_\_\_**Initial* | Time is of the essence in all aspects of the Emergency Solutions Grant Program, including the pre-application, application, and (if awarded) contracting, and reporting: our organization will meet all deadlines and work quickly to support the community-wide implementation of the program. |
| *­­­**\_\_\_\_\_**Initial* | Corrections, clarification, updates, and supplemental information will be posted to the TCHC website throughout the application process; therefore, our organization will regularly review the content on the webpage, <http://www.ahomewithhope.org/funding-opportunities/>.  |
| *­­\_\_\_\_\_**Initial* | The HUD-provided funding for this program passes through the Texas Department of Housing and Community Affairs; thus, any award of funding made by the Fort Worth/ Arlington/ Tarrant County Continuum of Care will be null and void if an applicant is deemed ineligible by the State of Texas to participate in the Emergency Solutions Grant Program. |
| *­­­**\_\_\_\_\_**Initial* | It is our responsibility to contact TCHC if changes in the contact information for the point of contact for this application are needed. |

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|  |  |  |
| --- | --- | --- |
| **Printed Name & Title** | **Signature** | **Date** |