

**2020 EMERGENCY SOLUTIONS GRANTS CARES ACT PART II (ESG-CV2)
ADVANCED PAYMENT REQUEST FORM**

Grantee Name: _____

| ACTIVITY | ESG-CV2 FUNDS |
|-------------------------------|---|
| | STREET OUTREACH |
| Salaries | |
| Hazard Pay | |
| Travel | |
| Emergency Services | |
| Client Transportation | |
| Training | |
| Volunteer Incentives | |
| Portable Handwashing Stations | |
| TOTAL: | \$ |
| | SHELTER – ESSENTIAL SERVICES/OPERATIONS/REHABILITATION |
| Salaries | |
| Hazard Pay | |
| Travel / Transportation | |
| Utilities | |
| Phone / Communications | |
| Rent | |
| Equipment | |
| Furniture | |
| Food | |
| Rehabilitation** | |
| Conversion** | |
| Acquisition** | |
| Rehabilitation** | |
| Major Rehabilitation** | |
| Conversion*** | |
| Program Supplies | |
| Insurance | |
| Maintenance / Security Staff | |
| Client Legal Services / Costs | |
| Child Care | |
| Emergency Medical | |
| Counseling | |

| | |
|----------------------------|--------------------------------|
| Job / Educational Training | |
| TOTAL: | \$ |
| | HOMELESSNESS PREVENTION |
| Financial Assistance | |
| Salaries | |
| Hazard Pay | |
| Hotel/Motel Vouchers | |
| Landlord Incentives | |
| Volunteer Incentives | |
| Other: | |
| TOTAL | \$ |
| | RAPID RE-HOUSING |
| Financial Assistance | |
| Salaries | |
| Hazard Pay | |
| Hotel/Motel Vouchers | |
| Landlord incentives | |
| Volunteer Incentives | |
| Other: | |
| TOTAL | \$ |
| | HMIS |
| Salaries | |
| Equipment | |
| Fees | |
| Travel | |
| Other: | |
| TOTAL | \$ |

| | |
|--|-----------|
| TOTAL ADVANCED PAYMENT REQUESTED: | \$ |
|--|-----------|

CERTIFICATION BY SIGNATORY:

By signing the Advanced Payment Request form, I acknowledge and agree to administer the Advanced Payment received from THDA to administer the Emergency Solutions Grants Program for the activities the undersigned Grantee has been environmentally cleared to perform through the Emergency Solutions Grants Program CARES Act Part II Program. Furthermore, I acknowledge and understand the rules, requirements, and guidelines for accessing and administering Advanced Payment funds, as detailed in 2 CFR § 200.305, which states **Advanced Payment funding must be spent within 30 days from the date of receipt**. Failure to expend the Advanced Payment properly, or within the 30-day limit, will require full repayment of the unused balance of Advanced Payment.

THDA reserves the right to approve or decline requests for Advanced Payment from Grantees who fail to abide by the 2 CFR § 200.305 requirements.

AUTHORIZED SIGNATORY:

Signature of Authorized Personnel: _____

Typed Name: _____

Title: _____ Date: _____