



# EMERGENCY SOLUTIONS GRANT NORTH DAKOTA HOMELESS GRANT REQUEST FOR FUNDS

COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION  
SFN 52681 (06/25)

Grantee		Request Number	
Prepared By	Telephone Number	Final Reimbursement <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address		Date	
Instrument Number from Financial Award	Grant Begin Date	Grant End Date	

## FUND STATUS REPORT

**A**

**B**

1. Grant Amount		\$
2. Funds Received to Date	\$	
3. Funds Requested, But Not Yet Received	\$	
4. Amount of This Request	\$	
5. Total Funds Request to Date (2+3+4)		\$
6. Funds Available for Request (lines 1 less line 5)		\$

## Enter the use of the requested (ESG/NDHG project funds as identified on your financial award)

	Homeless Prevention (HP)	Rapid Rehousing (RRH)
Emergency Shelter Operations \$	Relocation, Stabilization Services Total \$	Relocation, Stabilization Services Total \$
Emergency Shelter Essential Services \$	Relocation, Stabilization Financial Asst. \$	Relocation, Stabilization Financial Asst. \$
Street Outreach \$	Relocation and Stabilization Service Costs \$	Relocation, Stabilization Service Costs \$
HMIS \$	Rental Assistance \$	Rental Assistance \$
Admin (NDHG only) \$		
Total (must equal line 4 above)		\$

## CERTIFICATION

To the best of my knowledge, the data on this form is correct and all disbursements were made in accordance with grant conditions.

Name of Authorized Official	Title
Signature	Date

## NDHFA USE ONLY

Signature	Date
Release of Funds <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Conditions Released <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorized Signature <input type="checkbox"/> Yes <input type="checkbox"/> No	