NORTH DAKOTA housing FINANCE AGENCY

# EMERGENCY SOLUTIONS GRANT
# NORTH DAKOTA HOMELESS GRANT
# REQUEST FOR FUNDS

COMMUNITY HOUSING AND GRANTS MANAGEMENT

SFN 52681 (07/26)

| Grantee | | Request Number |
|---|---|---|
| Prepared By | Telephone Number | Final Reimbursement<br>◯ Yes ◯ No |
| Instrument Number | Grant Begin Date | Grant End Date |

## FUND STATUS REPORT

| | |
|---|---|
| 1. Grant Amount | |
| 2. Funds Received to Date | |
| 3. Funds Requested, Not Received | |
| 4. Amount of This Request | |
| 5. Total Funds Requested to Date (2 + 3 + 4) | |
| 6. Funds Available for Request (Line 1 Less Line 5) | |

**Enter the amount of requested ESG/NDHG project funds for each category (as identified on your Financial Award).**

| Homeless Prevention (HP) | Rapid Re-housing (RRH) |
|---|---|
| Relocation, Stabilization, Financial Assistance | Relocation, Stabilization, Financial Assistance |
| Relocation and Stabilization Service Costs | Relocation and Stabilization Service Costs |
| Rental Assistance | Rental Assistance |

**Emergency Shelter (ES)**

| Operations | Essential Services | Street Outreach |
|---|---|---|
| | | |
| HMIS | Admin (NDHG Only) | |

| Total (must equal Line 4 above) |
|---|

North Dakota Housing Finance Agency • 2624 Vermont Ave • PO Box 1535 • Bismarck, ND 58502-1535
Ph: 701/328-8080 • Fax: 701/328-8090 • Toll Free 800/292-8621 • 711 (TTY)

## 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<br>◯Yes ◯No | Special Conditions Released<br>◯Yes ◯No | Authorized Signature<br>◯Yes ◯No |