2020 Emergency Solutions Grants (ESG) Program Annual Application
Continuum of Care Lead Agency Recommendation

Name of ESG annual allocation Applicant: _____
CoC region number: _____
CoC region name: _____

Program Participant component proposed (check one)

☐ Street Outreach
☐ Emergency Shelter
☐ Homelessness Prevention
☐ Rapid Re-housing

An Application may receive a maximum of 10 points for support from the CoC under which the Application is submitted. An Application may receive a maximum of:

(A) Three points based on an "approved" rating from the CoC;
(B) Seven points based on "recommended" rating from the CoC; and
(C) Ten points based on a "strongly recommended" rating from the CoC.

To be completed by the CoC Lead Agency Staff:

Select one of the following options:

☐ The CoC Lead Agency approves the ESG Applicant’s Application for the selected Program Participant component.
☐ The CoC Lead Agency recommends the ESG Applicant’s Application for the selected Program Participant component.
☐ The CoC Lead Agency strongly recommends the ESG Applicant’s Application for the selected Program Participant component.

___________________________________
Name of CoC Staff (please print or type)

_______________________________________     _________
Signature of CoC Staff     Date

_________________________     _________
Email of CoC Staff   Phone of CoC Staff