

## ESG Non-Profit Level of Review Form - Attachment

**Check the one that applies:**     Sub-recipient         Second-tier Sub-recipient

Name: \_\_\_\_\_ Contract Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

ADECA Funds: \_\_\_\_\_ Matching Funds: \_\_\_\_\_ Total Funds: \_\_\_\_\_

Project/Activity Description:

***Check All That Apply (Provide the address of all office spaces that are to be leased):***

Street Outreach (24 CFR 576.101)	
<input type="checkbox"/>	Engagement, Case Management, Emergency Health Services, Emergency Mental Health Services, Transportation
Emergency Shelter (24 CFR 576.102)	
<input type="checkbox"/>	Essential Services
<input type="checkbox"/>	Shelter Operations (except rent and repairs)
<input type="checkbox"/>	Repairs, Minor Rehabilitation
<input type="checkbox"/>	Rent (leasing)
<input type="checkbox"/>	Major Rehabilitation and Conversion
<input type="checkbox"/>	URA Assistance
Homelessness Prevention & Rapid Re-housing (24 CFR 576.105; 24 CFR 576.106)	
<input type="checkbox"/>	Housing Relocation and Stabilization Services – Services Costs
<input type="checkbox"/>	Housing Relocation and Stabilization Services – Financial Assistance Costs
<input type="checkbox"/>	Tenant – based Rental Assistance
<input type="checkbox"/>	Leasing Office Space (Address: _____ )
HMIS (24 CFR 576.107)	
<input type="checkbox"/>	TA, Salaries for HMIS Administrators
<input type="checkbox"/>	Purchasing/leasing Equipment, Utilities, Travel for TA
<input type="checkbox"/>	Leasing Office Space (Address: _____ )
Administrative Activities (24 CFR 576.108)	
<input type="checkbox"/>	TA, General Management/Oversight/Coordination (except office equipment)
<input type="checkbox"/>	Office Equipment
<input type="checkbox"/>	Leasing Office Space (Address: _____ )

For ESG-CV Projects, please provide all applicable activity “Keys” (example: E1, E7, IT9, IT 11, C1, C3, EA1, and or EA4):

\_\_\_\_\_

\_\_\_\_\_  
Authorized Responsible Entity Name (printed)

\_\_\_\_\_  
Title (printed)

\_\_\_\_\_  
Authorized Responsible Entity Signature

\_\_\_\_\_  
Date