

# ESG-CV Emergency Shelter Reimbursement Form

## \*Services to individuals/families who are homeless to Prevent, Prepare for and Respond to Coronavirus\*

Essential services to persons staying in emergency shelters, acquisition & renovation of buildings to be used as emergency shelters or temporary emergency shelter and operating emergency shelters.

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff Member: \_\_\_\_\_

### Essential Services – Service provided to individuals/families who are staying in an emergency shelter.

- Case Mgt     Child Care (child under 13, disabled under 18, meals/snacks)     Education Services  
 Employment Asst/Job Training     Outpatient Health Services     Legal Services     Life Skills  
 Mental Health Services     Substance Abuse Treatment Svcs     Transportation  
 Services for Special Populations

Description of Service Provided: \_\_\_\_\_

Dates of Services Submitted: \_\_\_\_\_ to \_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_

Staff Member: \_\_\_\_\_

\*\* Provide all documentation necessary for review\*\*

### Rehabilitation & Renovation -Renovating buildings to be used as emergency shelter for homeless families/individuals.

- Labor     Materials     Tools     Other Costs for renovation including soft costs  
 Major rehabilitation of an emergency shelter     Conversion of a building into an emergency shelter

Description of Service(s) Provided: \_\_\_\_\_

Dates of Service(s) Submitted: \_\_\_\_\_ to \_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_

Staff Member: \_\_\_\_\_

\*\*Provide all documentation necessary for review\*\*

### Shelter Operations – Costs to operate & maintain emergency shelter & also provide other emergency lodging when appropriate.

- Maintenance/Repair: \_\_\_\_\_ Total \$: \_\_\_\_\_  
 Rent: \_\_\_\_\_ Total \$: \_\_\_\_\_  
 Security: \_\_\_\_\_ Total \$: \_\_\_\_\_  
 Food: \_\_\_\_\_ Total \$: \_\_\_\_\_  
 Insurance: \_\_\_\_\_ Total \$: \_\_\_\_\_  
 Utilities: \_\_\_\_\_ Total \$: \_\_\_\_\_  
 Furnishings: \_\_\_\_\_ Total \$: \_\_\_\_\_  
 Supplies: \_\_\_\_\_ Total \$: \_\_\_\_\_  
 Equipment: \_\_\_\_\_ Total \$: \_\_\_\_\_  
 Fuel: \_\_\_\_\_ Total \$: \_\_\_\_\_

**Shelter Operations Continued**

Hotel/motel voucher for family or individual. Eligible when no appropriate emergency shelter is available or for isolation/quarantine needs for homeless, rapid rehousing or homeless prevention clients.

Client Name: \_\_\_\_\_ Date(s) of Motel Stay: \_\_\_\_\_

Reason Motel Stay Required: \_\_\_\_\_ Total \$: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date(s) of Motel Stay: \_\_\_\_\_

Reason Motel Stay Required: \_\_\_\_\_ Total \$: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date(s) of Motel Stay: \_\_\_\_\_

Reason Motel Stay Required: \_\_\_\_\_ Total \$: \_\_\_\_\_

Total Shelter Operations Amount Requested: \$ \_\_\_\_\_

**\*\*Provide all documentation necessary for review\*\***

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**Training - Funds may be used for training on infectious disease prevention and mitigation for staff working directly to prevent, prepare for, and respond to coronavirus.**

Description of Training(s) Provided: \_\_\_\_\_

Dates of Trainings(s) Submitted: \_\_\_\_\_ to \_\_\_\_\_ Total Amount Requested: \$ \_\_\_\_\_

Staff Member: \_\_\_\_\_ **\*\*Provide all documentation necessary for review\*\***

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**Hazard Pay - Funds may be used to pay hazard pay for staff working directly to prevent, prepare for and respond to coronavirus among person who are homeless or at risk of becoming homeless.**

Staff receiving Hazard Pay & Amount of Hazard Pay: \_\_\_\_\_

Dates of Hazard Pay Provided: \_\_\_\_\_ to \_\_\_\_\_ Total Amount Requested: \$ \_\_\_\_\_

Staff Member: \_\_\_\_\_ **\*\*Provide all documentation necessary for review\*\***

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**Volunteer Incentive – Cost of providing reasonable incentives to volunteers (e.g. cash or gift cards) who have been and are currently helping to provide necessary street outreach services during the coronavirus outbreak.**

Stipend/Cash Incentive Provided     Gift Card Provided     Other Incentive Provided

Description of Incentive(s) Provided: \_\_\_\_\_

Dates of Incentive(s) Submitted: \_\_\_\_\_ to \_\_\_\_\_ Total Amount Requested: \$ \_\_\_\_\_

Staff Member: \_\_\_\_\_ **\*\*Provide all documentation necessary for review\*\***

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**Transportation – Cost of providing community-wide transport for testing or vaccination.**

Taxi Service     Public Transportation pass     Other (please explain)

Description of Transportation Provided: \_\_\_\_\_

Dates of Transportation Submitted: \_\_\_\_\_ to \_\_\_\_\_ Total Amount Requested: \$ \_\_\_\_\_

**\*\*Provide all documentation necessary for review\*\***