Agency Name: _____ Date: _____

ESG-CV ITEMIZATION FORM

This form must be submtited with your monthly draw requests. It is strongly suggested that draw requests be sent on a monthly basis. Please list all expenses by client and then break out the expenses between the appropriate categories. All supporting documentation should follow the same order as the items on this form. All invoices/statements must show the agency name, date of service and the breakdown of charges.

Street Outreach Reimbursement (** The Street Outreach Reimbursement Form must be attached)

Category	Description	Date Incurred	Total $ Amount Requested
Engagement			
Case Management			
Emergency Health Svc			
Emergency Mental Health			
Transportation			
Training (infectious disease)			
Hazard Pay			
Volunteer Incentive			
Handwashing/Porta Potty			
Svc to Special Population			

Total Street Outreach Request:

Emergency Shelter Reimbursement (** The Emergency Shelter Reimbursement Form must be attached)

Category	Description	Date Incurred	Total $ Amount Requested
Essental Services			
Rehab & Renovation			
Shelter Operations			
Training (infectious disease)			
Hazard Pay			
Volunteer Incentive			
Transportation (testing/vaccination)			

Total Emergency Shelter Request:

Homeless Prevention and Rapid Re-Housing Reimbursements (**The appropriate forms must be attached)

Client Name	Category	Date Incurred	Homeless Prevention $ Amount	Rapid Re-Housing $ Amount
	Services			
	Financial Assistance			
	Rental Assistance			
	Services			
	Financial Assistance			
	Rental Assistance			

Client Name	Category	Date Incurred	Homeless Prevention $ Amount	Rapid Re-Housing $ Amount
	Services			
	Financial Assistance			
	Rental Assistance			
	Services			
	Financial Assistance			
	Rental Assistance			
	Services			
	Financial Assistance			
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	Services			
	Financial Assistance			
	Rental Assistance			
	Services			
	Financial Assistance			
	Rental Assistance			
	Services			
	Financial Assistance			
	Rental Assistance			

Client Name	Category	Date	Homeless Prevention $ Amount	Rapid Re-Housing $ Amount
	Services			
	Financial Assistance			
	Rental Assistance			
	Services			
	Financial Assistance			
	Rental Assistance			
	Services			
	Financial Assistance			
	Rental Assistance			
	Services			
	Financial Assistance			
	Rental Assistance			
	Services			
	Financial Assistance			
	Rental Assistance			

Total HP/RRH Request:

HMIS REIMBURSEMENT (**The HMIS Reimbursement Form must be attached)

Employee Name	Description	Date Incurred	Total $ Amount Requested

Total HMIS Request:

ADMINISTRATON REIMBURSEMENT (**The Administration Fee Reimbursement Form must be attached)

Employee Name	Description	Date Incurred	Total $ Amount Requested

Total Admin Request:

TOTAL REQUESTED: