# Texas 2016 ESG Application Title Page: Overview

| **Contact Details** |
| --- |
| Legal Name of Applicant:(For Collaborative Applications, list the lead agency here) |       |
| Mailing Address *(Include City & Zip Code)*: |       |
| County of Headquarters’ Office: |       |
| Agency Phone and Fax: |       |

| **Authorized Representative Information** |
| --- |
| Chief Executive - First, Middle and Last names: |       |
| Prefix: | [ ]  Mr. [ ]  Ms. |
| Title: |       |
| Email: |       |
| Phone number: |       |

| **Information of person to contact with ESG Application questions** |
| --- |
| First, Middle and Last names: |       |
| Prefix: | [ ]  Mr. [ ]  Ms. |
| Title: |       |
| Email: |       |
| Phone number: |       |

| **Application and Organization Details**  |
| --- |
| Type of organization: | [ ]  Nonprofit Organization 501(c)[ ]  Unit of General Purpose Local Government  |
| Data Universal Numbering System (DUNS): |       |
| Central Contractor Registration (CCR) CAGE Code: *NOTE: To draw funds, all Subrecipients must be registered in the Central Contractor Registration (CCR). If you are not registered, go to* [*https://www.sam.gov/portal/public/SAM/*](https://www.sam.gov/portal/public/SAM/) *to renew, update or create a new registration.* |       |
| Check all the categories that apply to this agency: | [ ]  Faith-Based Organization [ ]  Domestic Violence provider[ ]  Emergency Shelter[ ]  Day Shelter |
| If funded, counties to be served by ESG funded project in the applicable CoC (In order to expand access to the ESG services, the minimum allowable service area is one or multiple counties in Texas, unless prohibited by the CoC.) |       |
| List the dates of your current Fiscal Year:(If collaborative use the Lead’s Fiscal Year) |       (Mo/Yr) to       (Mo/Yr) |
| Which CoC(s) does the Applicant belong to? List its name: |       |
| Do you currently use a Homeless Management Information System (HMIS) or comparable database?  | [ ]  Yes Name of Software:       [ ]  No  |
| Do you currently submit information through the HMIS Lead in your CoC? | [ ]  Yes [ ]  No |
| Is this is a collaborative Application?If yes, complete the next page for partner agencies. | [ ]  Yes [ ]  No  |

**Collaborative Application Details**

| **Legal Name of Partner Agency #1:** |  |
| --- | --- |
| Chief Executive - First, Middle and Last names: |       |
| Chief Executive Email: |       |
| Agency Mailing Address *(Include City & Zip Code)*: |       |
| Agency Phone and Fax: |       |
| ESG Contact Person - First, Middle and Last names: |       |
| Email and Phone number: |       |
| Check all the categories that apply to this agency: | [ ]  Emergency Shelter [ ]  Day Shelter [ ]  DV Provider |

| **Legal Name of Partner Agency #2:** |  |
| --- | --- |
| Chief Executive - First, Middle and Last names: |       |
| Chief Executive Email: |       |
| Agency Mailing Address *(Include City & Zip Code)*: |       |
| Agency Phone and Fax: |       |
| ESG Contact Person - First, Middle and Last names: |       |
| Email and Phone Number: |       |
| Check all the categories that apply to this agency: | [ ]  Emergency Shelter [ ]  Day Shelter [ ]  DV Provider |

| **Legal Name of Partner Agency #3:** |  |
| --- | --- |
| Chief Executive - First, Middle and Last names: |       |
| Chief Executive Email: |       |
| Agency Mailing Address *(Include City & Zip Code)*: |       |
| Agency Phone and Fax: |       |
| ESG Contact Person - First, Middle and Last names: |       |
| Email and Phone Number:  |       |
| Check all the categories that apply to this agency: | [ ]  Emergency Shelter [ ]  Day Shelter [ ]  DV Provider |

| **Legal Name of Partner Agency #4:** |  |
| --- | --- |
| Chief Executive - First, Middle and Last names: |       |
| Chief Executive Email: |       |
| Agency Mailing Address *(Include City & Zip Code)*: |       |
| Agency Phone and Fax: |       |
| ESG Contact Person - First, Middle and Last names: |       |
| Email and Phone Number: |       |
| Check all the categories that apply to this agency: | [ ]  Emergency Shelter [ ]  Day Shelter [ ]  DV Provider |

| **Legal Name of Partner Agency #5:** |  |
| --- | --- |
| Chief Executive - First, Middle and Last names: |       |
| Chief Executive Email: |       |
| Agency Mailing Address *(Include City & Zip Code)*: |       |
| Agency Phone and Fax: |       |
| ESG Contact Person - First, Middle and Last names: |       |
| Email and Phone Number: |       |
| Check all the categories that apply to this agency: | [ ]  Emergency Shelter [ ]  Day Shelter [ ]  DV Per |