

# KANSAS HOUSING

## 2020 Emergency Solutions Grant ESG Match Documentation

Name of Sub Recipient :	Date:	Type of Match - (total amount of grant or amount of request for reimbursement)	
Sub Recipient Agency:		Sub Recipient Agency DUNS #:	
Address:		City/State/Zip:	
Executive Director:	Executive Director Email:	Executive Director Phone:	

**MATCH DOCUMENTATION:**

Eligible Category	Amount of Match	Description of Match	Source of funds	Contract Term	*Documentation Attached Y/N
Street Outreach					
Emergency Shelter:					
Homeless Prevention					
Rapid Re Housing					
HMIS					

**TOTAL AMOUNT OF ESG MATCH:** \_\_\_\_\_ **TOTAL AMOUNT OF ESG (request or grant):** \_\_\_\_\_ **100% Y/ N** \_\_\_\_\_

**Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Title** \_\_\_\_\_

**Date** \_\_\_\_\_

**\*DOCUMENTATION OF MATCH MUST BE PROVIDED. AWARD LETTERS FOR OTHER GRANT SOURCES THAT ARE USED AS MATCH MUST BE ATTACHED. IN-KIND MATCH MUST BE DOCUMENTED THROUGH PROOF OF IN-KIND SERVICES AND VALUE OF SERVICES.**