



**COOK COUNTY**  
**EMERGENCY SOLUTIONS GRANTS (ESG)**  
**DRAWDOWN SUPPORT DOCUMENTATION**  
**(Summary)**

**Subrecipient Name:** \_\_\_\_\_

**ESG Project #:** \_\_\_\_\_

**For Period:** \_\_\_\_\_ to \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

<b>Project Component</b>	<b>Approved Budget</b>	<b>Activity Balance</b>	<b>Requested Drawdown Amount</b>	<b>Activity Balance After Draw</b>
Homelessness Prevention				
Rapid Re-housing				
HMIS/Data Tracking				
Street Outreach				
Emergency Shelter				
<b>Total Amount</b>				

Revised 1/2013

***I hereby certify that the information in  
 this document is true and accurate.  
 (Sign here)*** \_\_\_\_\_

\_\_\_\_\_  
**Prepared By: (Please Print)**

\_\_\_\_\_  
**Phone Number**