BUDGET - ESG Program # and Term:_____	Budgeted	Contracted Amount	Date: _____ Amendment 1	Date: _____ Amendment 2
Homelessness Prevention	$ -	$ -	$ -	$ -
Housing Relocation and Stabilization Services-HP Financial	$0.00		$ -	$ -
Housing Relocation and Stabilization Services-HP Services	$0.00		$ -	$ -
Tenant-based rental assistance-HP	$0.00		$ -	$ -
HMIS	$0.00		$ -	$ -
Admin	$0.00	$ -	$ -	$ -
Total	$ -	$ -	$ -	$ -

Non ACAM ESG Credit Expediture Categories

Funding Source Type	Budgeted	Contracted Amount	Date: _____ Amendment 1	Date: _____ Amendment 2
Other Non-ESG HUD Funds	$0.00	$ -		
Other Federal Funds	$0.00	$ -		
State Government	$0.00	$ -		
Local Government	$0.00	$ -		
Private Funds	$0.00	$ -		
Other	$0.00	$ -		
Fees	$0.00	$ -		
Program Income	$0.00	$ -		
Total	$ -	$ -	$ -	$ -

Non ACAM ESG Credit Expediture Categories	Budgeted	Contracted Amount	Date: _____ Amendment 1	Date: _____ Amendment 2
Homelessness Prevention	$0.00	$ -		
Administration	$0.00	$ -		
HMIS	$0.00	$ -		
Other	$0.00	$ -		
Total	$ -	$ -	$ -	$ -

MER budget numbers are currently linked to column B on this worksheet.

Remember to update your budget (Column B) to connect to whichever NEW budget column you are working with

after budget revision approval: D or E.

NON-ESG Expense Report

Reported on: (MM/05/YY) ESG MER	Source of ACAM Non-ESG Credit	Check Number, Award Letter, Receipts, Deposit Tickets or Other Source Document	Date of Receipt	Cancelled Check Provided to ACAM? Y/N	Dollar Amount Applied to ACAM Non-ESG Credit	Source of ACAM Non-ESG Credit (DROP DOWN)	Notes
Insert Rows ABOVE this Line as Needed							
				TOTAL	$ -		

Line Item Expense Report

Reported on: (MM/05/YY) ESG MER	DUNS#	HUB? Y/N	HQ Zip Code	Vendor Name as Paid*	Check Number	Date of Payment	Cancelled Ck /Payment Proof Provided to ACAM? Y/N	For: Head of HH Last Name for Direct Financial Assistance Payments ONLY	HMIS ID# for Direct Financial Assistance Payments ONLY	ESG Program Category (HP Only)	PLEASE USE ESG Program Category Components (DROP DOWN)	PLEASE USE Type of Expense (DROP DOWN)	Total Expenditure (Formula)	Dollar Amount Applied to ESG Grant Funds (Enter Amount)	Dollar Amount Applied to ESG Match (Enter	Source of ESG Match (DROP DOWN)	Notes
													$ -				
													$ -				
													$ -				
													$ -				
													$ -				
													$ -				
													$ -				
													$ -				
													$ -				
													$ -				
													$ -				
													$ -				
INSERT ROWS AS NEEDED ABOVE THIS LINE																	
	Totals												$ -	$ -	$ -		

This should be zero $ -

*A vendor is defined as a dealer, distributor, merchant, or other seller providing
goods or services that are required for the conduct of the Emergency Solutions Grant Program.
Any portion of the ministry's rent being paid with ESG funds must be reported.
Multiple purchases to the same vender made in the same month should be reported seperately.
Your HMIS provider IS a vendor.
* A HUB is a "Historically Underutilized Business." TDHCA wishes that we expand minority procurement.
*PDF copies of uncleared checks may be provided as backup documentation for the month reporting,
but canceled checks must be provided no later than 60 days after the expense is reported.

Summary Expenditure Report

Account Description	Budget	TOTAL Current Month's Expenses	TOTAL Current Month's Adjustments	Contract to Date Total Expenses	Remaining ESG Funds
Homelessness Prevention	$ -	$ -	$ -	$ -	$ -
HP Housing Relocation and Stabilization Services-Financial	$ -	$ -	$ -	$ -	$ -
HP Rental Security Deposits	$ -	$ -	$ -	$ -	$ -
HP Utility Deposits	$ -	$ -	$ -	$ -	$ -
HP Utility Payments Short Term	$ -	$ -	$ -	$ -	$ -
HP Utility Payments Medium Term	$ -	$ -	$ -	$ -	$ -
HP Utility Arrears	$ -	$ -	$ -	$ -	$ -
HP Moving Costs	$ -	$ -	$ -	$ -	$ -
HP Hotel/Motel Expense	$ -	$ -	$ -	$ -	$ -
Housing Relocation and Stabilization Services-Services	$ -	$ -	$ -	$ -	$ -
Total wages and benefits	$ -	$ -	$ -	$ -	$ -
Case mgr/outreach worker wages	$ -	$ -	$ -	$ -	$ -
Case mgr/outreach worker benefits - medical	$ -	$ -	$ -	$ -	$ -
Case mgr/outreach worker benefits - dental	$ -	$ -	$ -	$ -	$ -
Case mgr/outreach worker benefits -vision	$ -	$ -	$ -	$ -	$ -
Case mgr/outreach worker benefits - Fed Unemp Tax (FUTA)	$ -	$ -	$ -	$ -	$ -
Case mgr/outreach worker benefits - State Unemp Tax (SUTA)	$ -	$ -	$ -	$ -	$ -
Case mgr/outreach worker benefits - payroll taxes FICA	$ -	$ -	$ -	$ -	$ -
Case mgr/outreach worker benefits - Medicare	$ -	$ -	$ -	$ -	$ -
Case mgr/outreach worker benefits - worker's Comp	$ -	$ -	$ -	$ -	$ -
Case mgr/outreach worker benefits - pension	$ -	$ -	$ -	$ -	$ -
HP Tenant-based rental assistance	$ -	$ -	$ -	$ -	$ -
HP Rental Assistance Short-Term	$ -	$ -	$ -	$ -	$ -
HP Rental Assistance Medium-Term	$ -	$ -	$ -	$ -	$ -
HP Rent Arrears	$ -	$ -	$ -	$ -	$ -
HMIS Data Collection	$ -	$ -	$ -	$ -	$ -
Staff wages	$ -	$ -	$ -	$ -	$ -
Staff benefits	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -
Total	$ -	$ -	$ -	$ -	$ -

Note: ACAM Non-ESG Credit Expenditures DO NOT filter to the MER Monthly and Adjusted columns as the MER calculates ACAM Non-ESG Credit Source, which can come from several sources in a month. Ensure your cumulative on MER matches your Detailed Detail ACAM Non-ESG EXP Rpt.

Alliance of Community Assistance Ministries, Inc. (ACAM)
Emergency Solutions Grants (ESG) Program
Monthly Expenditure Report (MER) and Request for Payment
ESG #

Part I. Vendor Information

Vendor Organization:	*Vendor Name*
Address:	*Vendor Address*
Contract Term:	*9/1/20-8/31/21*
Report Period:	*first through the last day of the month*
Report Type:	*Monthly report #X*

Part II. Budget

*NOTE: Adjustments must be recorded in the current month. Please do not adjust prior months reports already submitted.

Budgeted Activities	Budgeted Expenditures	Expenditures				Funds Remaining
		Monthly	Adjusted*	Returned	Cumulative	
Homelessness Prevention	$ -	$ -	$ -	$ -	$ -	$ -
Housing Relocation and Stabilization Services-Financial (e.g. utility assistance)	$ -	$ -	$ -		$ -	$ -
Housing Relocation and Stabilization Services-Services (e.g. case mgt.)	$ -	$ -	$ -		$ -	$ -
Tenant-based rental assistance	$ -	$ -	$ -		$ -	$ -
Homeless Management Information System (HMIS)	$ -	$ -	$ -	$ -	$ -	$ -
Data Collection	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ -	$ -	$ -	$ -	$ -	$ -
Total Projected Expenditures + Total cumulative expenditures						$ -
Total ESGA funds requested for the current contract term						$ -
Refund						$ -
Total ESG funds requested for the current contract term – (Total returned expenditures + refund)						$ -
Net amount of this request						$ -
Remaining Balance						$ -

Variance should be zero $ -

Part III. ACAM Non ESG-Credit Funds

Activities	Budgeted Sources of Funding	Expenditures by **Category**			Remaining
		Monthly	Adjusted	Cumulative	ACAM Non-ESG Credit Reported Revenue
Other Non-ESG HUD Funds	$ -	$ -	$ -	$ -	$ -
Other Federal Funds	$ -	$ -	$ -	$ -	$ -
State Government	$ -	$ -	$ -	$ -	$ -
Local Government	$ -	$ -	$ -	$ -	$ -
Private Funds	$ -	$ -	$ -	$ -	$ -
Other	$ -	$ -	$ -	$ -	$ -
Fees	$ -	$ -	$ -	$ -	$ -
Program Income	$ -	$ -	$ -	$ -	$ -
TOTAL	$ -	$ -	$ -	$ -	$ -

ESG allowable activites that are allocable to the Program (ACAM Non-ESG credit)	Budgeted	Expenditures by **Program**			Remaining
		Monthly	Adjusted	Cumulative	ACAM Non-ESG Credit Reported Expense
Homelessness Prevention	$ -	$ -	$ -	$ -	$ -
Administration	$ -	$ -	$ -	$ -	$ -
HMIS	$ -	$ -	$ -	$ -	$ -
Other	$ -	$ -	$ -	$ -	$ -
TOTAL	$ -	$ -	$ -	$ -	$ -
	Variance should be zero	$0.00	$ -	$ -	$ -

REASON FOR ADJUSTMENT:

APPROVAL

Vendor Organization Preparer Approval: *Signature would go here* _____   Date: _____

Vendor Organization Authorized Approval: *Signature would go here* _____   Date: _____

ACAM Approval: *ACAM's signature would go here* _____   Date: _____