Form A. SUBRECIPIENT PROGRAM INFORMATION

PROGRAMMATIC AND FISCAL DOCUMENTATION FOR ESG ADMINISTRATION

INSTRUCTIONS: *Complete the form in its entirety for the upcoming WV ESG program year. Information provided will assist WVCAD Housing Programs staff in the administration of the grant program and in working in partnership with PY26 sub-recipient organizations. Submit completed form using SUBMISSION PROCESS: SUBRECIPIENT PROGRAM INFORMATION.*

NOTE: *Form may be signed electronically, or you may print, sign, save as a PDF, and then submit utilizing the process link above.)*

SUBRECIPIENT AGENCY NAME:		
MAILING ADDRESS:	**CITY/STATE/ZIP CODE:**	
TELEPHONE:	**WEB ADDRESS:**	
PY26 PERFORMANCE PERIOD	**BEGINS:** OCT. 1, 2026	**ENDS:** SEPT. 30, 2027

SUBRECIPIENT CERTIFICATION

(Print and provide original signatures or sign electronically and submit.)

"To the best of my knowledge and belief, all agency programmatic and fiscal information contained within this document for the sub-recipient ESG program is true and correct, and the agency will comply with the federal ESG legislative regulations, State of West Virginia and CAD Housing Programs, the PY26 WV ESG program manual, and additional requirements contained within the sub-recipient grant agreement."

Name of Executive Director (or Equivalent) _____

Signature _____ **Date Certified** _____

Name of Board Chairperson/President _____

Signature _____ **Date Certified** _____

PY25 EMERGENCY SOLUTIONS GRANT (ESG) PROGRAM

SUBRECIPIENT ESG PROGRAM CONTACTS

INSTRUCTIONS: *Fill out the form below with the requested contact information for the listed agency positions along with any additional individuals that will be participating in the administration of the subrecipient program.*

SUBRECIPIENT ESG PROGRAM CONTACT INFORMATION	
EXECUTIVE DIRECTOR/CEO	**NAME:** **EMAIL:** **PHONE:**
ASSISTANT DIRECTOR *(if applicable)*	**NAME:** **EMAIL:** **PHONE:**
DIRECTOR OF FINANCE/CFO	**NAME:** **EMAIL:** **PHONE:**
ESG FISCAL MANAGER/ASSISTANT	**NAME:** **EMAIL:** **PHONE:**
ESG PROGRAM MANAGER	**NAME:** **EMAIL:** **PHONE:**
SHELTER MANAGER *(if applicable)*	**NAME:** **EMAIL:** **PHONE:**
HMIS/DV COMPARABLE DATABASE	**NAME:** [1] **EMAIL:** **PHONE:**
BOARD CHAIRPERSON/PRESIDENT	**NAME:** **EMAIL:** **PHONE:**
Dedicated Signatory Authority	**NAME:** **TITLE/POSITION:** **EMAIL:** **PHONE:**
Dedicated Signatory Authority #2	**NAME:** **TITLE/POSITION:** **EMAIL:** **PHONE:**
OTHER ESG PROGRAM CONTACT	**NAME:** **TITLE/POSITION:** **EMAIL:** **PHONE:**
OTHER ESG PROGRAM CONTACT	**NAME:** **TITLE/POSITION:** **EMAIL:** **PHONE:**

SUBRECIPIENT SIGNATURE AUTHORITY INSTRUCTIONS: *For ESG Programmatic Management and Fiscal Management, include two additional agency staff members that are authorized to sign and submit documentation on behalf of the designated signatory if unavailable. Documents signed by anyone other than those listed below will not be accepted by ESG program staff. (Additional signatories limited to two for each.)*

ESG FISCAL SIGNATURE AUTHORITY

ONLY the following are authorized to sign and submit ESG FISCAL DOCUMENTS if the Executive Director or CEO is unavailable. *(Fiscal documents include program budgets, budget amendments, monthly invoicing, etc.)*

NAME:	**TITLE/POSITION:**	**EMAIL:**
NAME:	**TITLE/POSITION:**	**EMAIL:**