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**2026 Emergency Solutions Grants (ESG) Program Annual Application**

**Staff Qualifications Certification**

Name of ESG annual allocation Applicant:

 Name of Applicant Organization

**To be completed by the employee:**

I, First and Last Name, Title, certify that I am employed by the Applicant. I certify that I interact with Program Participants in the following components as a function of my employment (*You may check one or more boxes, as applicable.*):

[ ]  Street Outreach

[ ]  Emergency Shelter

[ ]  Homeless Prevention

[ ]  Rapid Re-housing

I certify that I hold the following qualification(s). (*You may check one or more boxes, as applicable.*):

[ ]  I am a licensed mental health provider through the Texas Behavioral Executive Health Council. My license number is Enter TBEHC License Number.

[ ]  I am fluent in one or more languages, other than English, in the organization’s Language Access Plan. I am fluent in List Languages.

[ ]  I have formerly experienced homelessness.

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Signature of Staff Member Date

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Signature of Applicant Date