



Emergency Solutions Grants (ESG) Program

APPLICANT NAME VERIFICATION FORM

Your Applicant Name must be stated consistently and exactly match the applicant name as stated in your application and all required supporting documents submitted with your application.

Please complete and submit the Applicant Name Verification Form with your application. Review all the applicable documents listed below before submitting your application to ensure your Applicant Name as it appears on your application form exactly matches the applicant name as stated on all required supporting documents.

Please enter your Applicant Name as stated on the following documents:

I. ESG Application Forms: _____
Applicant Name (All Applicants)

II. Authorized Resolution: _____
Applicant Name (All Applicants)

**III. Government Agency
Taxpayer ID Form:** _____
Applicant Name (City and County Applicants only)

IV. Bylaws: _____
Applicant Name (Nonprofits, including Nonprofit Developers)

V. Article of Incorporation: _____
Applicant Name (Nonprofits and Developers)

VI. Payee Data Record: _____
Applicant Name (Nonprofits and Developers)