**Resolution Strategies**

**Expenditure Form**

The Expenditure Form must be completed for each person served and uploaded into ZoomGrants.

**Household Information**

HMIS Number (Clarity Unique ID):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff Contact Information**

Agency:

Staff Name:

Staff email:

Staff contact number:

Dollar Amount Requested:

Describe how the requested expenses meet Diversion Eligibility activities and will result in housing: