



2024 NOFA – Public Services Application

Please submit Application by email to [SS\\_HomelessGrants@co.slo.ca.us](mailto:SS_HomelessGrants@co.slo.ca.us). All submissions must be made electronically, no paper applications will be accepted. Application must be received no later than Sunday, November 5, 2023, at 9 pm.

**I. PRIMARY APPLICANT INFORMATION (LEAD AGENCY)**

<b>Organization Name</b>	
<b>Type of Organization</b>	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit <input type="checkbox"/> Gov't/Public <input type="checkbox"/> Other:
<b>UEI Number</b>	
<b>Contact Person/Title</b>	
<b>Finance Contact (if different)</b>	
<b>Phone Number</b>	
<b>Email</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Date of Incorporation</b>	
<b>Is the organization faith-based?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Annual Operating Budget</b>	
<b>Number of Paid Staff</b>	
<b>Number of Volunteers</b>	

**II. FUNDING DETAILS**

<b>Please identify all funding sources being requested:</b> <i>Select all that apply; you will be required to fill out additional details for each source requested.</i>	<input type="checkbox"/> Community Development Block Grants (CDBG) <input type="checkbox"/> Emergency Solutions Grants (ESG) <input type="checkbox"/> Permanent Local Housing Allocation (PLHA) <input type="checkbox"/> HOME Investment Partnership Program ( <b>TBRA ONLY</b> ) <input type="checkbox"/> County General Funds Support (GFS)
<b>Total Funding Requested</b>	\$ _____

**III. APPLICANT CAPACITY**

<p><b>1. Describe the applicant’s history of receiving and managing grants from County/State/Federal sources.</b></p>
<p><b>2. Briefly describe your organization’s auditing requirements, including those for the proposed project. (As outlined in 2 CFR § 200.500)</b></p>
<p><b>3. Describe how the organization participates in HMIS, Coordinated Entry, and the San Luis Obispo County Continuum of Care.</b></p>

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<b>4. Briefly describe your agency's record keeping system with relevance to the proposed project.</b>	
<b>5. Describe the organization's experience delivering related programs/projects.</b>	
<b>6. Identify all budgeted funds for homelessness-related services and housing opportunities.</b> <i>Include leveraged funding in the budget attachment to exhibit financial sustainability of the project beyond the grant term if awarded.</i>	
<b>Does your organization comply with the Generally Accepted Accounting Principles?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### IV. PROPOSED PROJECT and PROJECT DETAILS

<b>Name of proposed project</b>	
<b>Project/Program address(es)</b>	

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<b>Areas served</b>	<input type="checkbox"/> City of Arroyo Grande <input type="checkbox"/> City of Pismo Beach <input type="checkbox"/> City of Morro Bay <input type="checkbox"/> City of San Luis Obispo <input type="checkbox"/> Unincorporated communities of _____	<input type="checkbox"/> City of Atascadero <input type="checkbox"/> City of Paso Robles <input type="checkbox"/> City of Grover Beach <input type="checkbox"/> Countywide
<b>7. Provide a brief narrative of the proposed project including projected outcomes. <i>How would you describe your project to the public in one paragraph?</i></b>		
<b>8. Is this effort new, continuing, or expanding? Please describe.</b>		
<b>9. Describe how the project will align with the Lines of Effort to support the San Luis Obispo Countywide Plan to Address Homelessness (2022-2027). <i>List and describe as many that are applicable.</i></b>		
<b>Check any specific population(s) expected to be served through this project:</b>	<input type="checkbox"/> Adults with children <input type="checkbox"/> Adults without children <input type="checkbox"/> Elderly/Senior <input type="checkbox"/> Parenting Youth <input type="checkbox"/> Chronically Homeless <input type="checkbox"/> Veterans <input type="checkbox"/> Domestic Violence Survivors <input type="checkbox"/> Persons with Disabilities <input type="checkbox"/> Unaccompanied Youth (under 25 years of age) <input type="checkbox"/> Individuals with Co-occurring Disorders (Substance Use and Mental Health)	

**10. How does your program/service complement and collaborate with existing efforts in the County? Describe how the program/project will increase capacity of services/housing for persons experiencing homelessness and at-risk persons in the County.**

**11. Describe any consultation with local jurisdictions to gain support for the project. Describe any support you have from local jurisdictions.**

**12. Name partner agencies as applicable and describe how they will be participating in the delivery of the proposed activity.**

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**13. Describe how you will ensure that the proposed project is accessible to communities of color which are disproportionately impacted by homelessness, particularly Black, Latinx, Asian, Pacific Islander, and Native and Indigenous communities. If you have previously received a grant to serve any of the affected communities, please provide a brief description of those grant activities and the outcomes you achieved.**

**Indicate the predicted performance outcomes listed below.  
If not applicable, mark N/A or zero.**

<b>Number of unsheltered persons to become sheltered:</b>	
<b>Number of people experiencing homelessness to be entering permanent housing:</b>	
<b>Number of people experiencing Chronic Homelessness served:</b>	
<b>Number of persons At-Risk of Homelessness served:</b>	
<b>Number of Unaccompanied Youth served:</b>	
<b>Number of Youth At-Risk of Homelessness served:</b>	
<b>Number of persons in families with children served:</b>	
<b>Total:</b>	
<b>Number of persons to be served by facility or program during the program year:</b>	

### V. CDBG – if requesting CDBG funds

<b>Amount of CDBG Funds Requested</b>	\$ _____	
<b>Please indicate the amount you are requesting for each jurisdiction</b>	<input type="checkbox"/> Arroyo Grande	\$ _____
	<input type="checkbox"/> Atascadero	\$ _____
	<input type="checkbox"/> Morro Bay	\$ _____
	<input type="checkbox"/> Paso Robles	\$ _____
	<input type="checkbox"/> Pismo Beach	\$ _____
	<input type="checkbox"/> San Luis Obispo	\$ _____
	<input type="checkbox"/> County	\$ _____

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<b>Estimated number of unduplicated persons or households to benefit from CDBG funds</b>	Persons: _____  Households: _____
<b>Please select the national objective that best applies to the proposed project.</b>	<input type="checkbox"/> Low/Moderate Income  <input type="checkbox"/> Urgent Need (e.g., after a natural disaster)
<b>LOW/MODERATE INCOME</b> Select which criteria the proposed project intends to qualify under to meet the Low/Moderate Income objective	<input type="checkbox"/> Area Benefit <input type="checkbox"/> Low/Moderate Income Clientele <input type="checkbox"/> Limited Clientele <input type="checkbox"/> Housing <input type="checkbox"/> Jobs/Micro-Enterprises <input type="checkbox"/> N/A – Low Moderate Income <b>NOT</b> Selected
<b>Identify all eligible activities that apply to the proposed project.</b>	<input type="checkbox"/> Public Services (General) <input type="checkbox"/> Operating Costs of Homeless/AIDS Patients Programs <input type="checkbox"/> Senior Services <input type="checkbox"/> Handicapped Services <input type="checkbox"/> Legal Services <input type="checkbox"/> Youth Services <input type="checkbox"/> Transportation Services <input type="checkbox"/> Substance Abuse Services <input type="checkbox"/> Services for Battered and Abused Spouses <input type="checkbox"/> Crime Awareness or Neighborhood Cleanups <input type="checkbox"/> Fair Housing Activities <input type="checkbox"/> Tenant/Landlord/Housing Counseling <input type="checkbox"/> Child Care Services <input type="checkbox"/> Health Services <input type="checkbox"/> Services for Abused and Neglected Children <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Subsistence Payments, Homeless Assistance, Rental Housing Subsidies or Security Deposits <input type="checkbox"/> Job Training and Job Placement Services <input type="checkbox"/> Assistance to microenterprises (technical assistance, business support services, and other similar services to owners of microenterprises or persons developing microenterprises)
<b>14. Explain how the proposed project meets the selected National Objective.</b>	
<div style="border: 1px solid black; height: 118px;"></div>	

**15. Will the services offered by your organization increase or expand as a result of CDBG assistance? If yes, explain.**

**16. If your project serves any of the presumed benefit populations under the Low/Moderate Income national objective, please describe how the project will directly benefit the populations identified.**

**VI. ESG – if requesting ESG funds**

<b>Amount of ESG Funds Requested</b>	\$ _____	
<b>Identify all eligible activities and their amounts that apply to the proposed project</b>		
<input type="checkbox"/> Emergency Shelter	\$ _____	Approximate Persons Served: _____
<input type="checkbox"/> Street Outreach	\$ _____	Approximate Persons Served: _____
<input type="checkbox"/> Rapid Re-Housing	\$ _____	Approximate Persons Served: _____
<input type="checkbox"/> Homeless Prevention	\$ _____	Approximate Persons Served: _____
<input type="checkbox"/> HMIS	\$ _____	



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17. ESG Matching Funds (1:1 match required)	
<b>Sources:</b>	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total</b>	\$

### VII. PLHA – if requesting PLHA funds

<b>Amount of PLHA Funds Requested</b>	\$ _____
<b>Estimated number of unduplicated persons or households to benefit from PLHA funds</b>	Persons: _____ Households: _____
<b>Identify all eligible activities that apply to the proposed project.</b>	<input type="checkbox"/> Rapid Re-housing <input type="checkbox"/> Rental Assistance <input type="checkbox"/> Supportive/Case Management <input type="checkbox"/> Operating and Capital Costs for Navigation Centers <input type="checkbox"/> Operating and Capital Costs for Emergency Shelters <input type="checkbox"/> Operating and Capital Costs for New Construction, Rehabilitation, and Preservation of Permanent and Transitional Housing

**18. Describe all eligible activities that apply to the proposed project.**

*Must provide rapid rehousing, rental assistance, navigation centers, emergency shelter, and transitional housing activities in a manner consistent with the Housing First practices described in 25 CCR, Section 8409, subdivision (b)(1)-(6) and in compliance with WIC Section 8255(b)(8). An applicant allocated funds for the new construction, rehabilitation, and preservation of permanent supportive housing shall incorporate the core components of Housing First, as provided in WIC Section 8255, subdivision (b).*

**VIII. HOME – if requesting HOME funds (TBRA ONLY)**

<b>Amount of HOME Funds Requested</b>	\$ _____	
<b>Estimated number of unduplicated persons or households to benefit from HOME funds</b>	Persons: _____ Households: _____	
<b>Provide proposed funding amounts and approximate number of households to be served:</b>		
<input type="checkbox"/> Rental Subsidy	\$ _____	Approximate Persons Served: _____
<input type="checkbox"/> Utility Subsidy	\$ _____	Approximate Persons Served: _____
<input type="checkbox"/> Security and Utility Deposits	\$ _____	Approximate Persons Served: _____
<b>19. Please describe your organization’s client application, intake, and preliminary assessment process.</b>		
<i>Please provide a sample of client intake documents, as applicable, in the attachments section.</i>		

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<b>20. Describe your organizational collaboration with other local organizations to assist TBRA income eligible households.</b>	
<b>HOME Matching Funds (25% match required)</b>	
<b>Sources:</b>	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total</b>	\$

**IX. GFS – if requesting GFS funds**

<b>Amount of GFS Funds Requested</b>	\$ _____
<b>Estimated number of unduplicated persons or households to benefit from GFS funds</b>	Persons: _____ Households: _____
<b>Identify all eligible activities that apply to the proposed project.</b>	<input type="checkbox"/> Emergency Shelters <input type="checkbox"/> Warming Centers <input type="checkbox"/> Safe Parking <input type="checkbox"/> Street Outreach <input type="checkbox"/> Essential Services for Persons Experiencing Homelessness <input type="checkbox"/> Tenant Based Rental Assistance (TBRA)

**21. Describe all eligible activities that apply to the proposed project.**

### X. Attachments

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**Attachment A – Budget, Leveraged-Funds, and Budget Narrative (Required)**

Please attach a Budget and Budget Narrative for the project for which you are applying. The budget narrative should include FTEs to be provided. Please include the value of any matching funding.

**Attachment B – Timeline (Required)**

Attach a timeline for key steps of project implementation.

**Attachment C – Most Recent Audit (Required)**

**Attachment D – Proof of Active SAM.gov Registration (Required)**

**Attachment E – Incorporation Documents (Required)**

**Attachment F – CDBG Acknowledgements (Required if Applicable)**

**Attachment G – Organization Mission Statement (Required)**

**Attachment H – Match Certification Letter (if applicable)**

1:1 match required for ESG; 25% match required for HOME TBRA

**Attachment I – Client Intake Forms (if applicable)**

**Attachment J – Letters of Support (Optional)**

Please attach any letters of support or commitment from local governments or community partners.

**Attachment K – Supplemental Answers to Questions (Optional)**

If you need more room to answer any of the application questions, please attach additional information here. Include the question number for each question being answered.

For other additional or optional attachments, please label them clearly (e.g. Attachment L – “Title”).

### XI. APPLICATION SUBMISSION:

Applications and accompanying documents are due to Homeless Services Division, Department of Social Services by 9:00 pm on November 5, 2023.

Electronic Copy – email to [SS\\_HomelessGrants@co.slo.ca.us](mailto:SS_HomelessGrants@co.slo.ca.us)

Subject line: 2024 NOFA Public Services Application – (Applicant Name)