



COUNTY OF SAN LUIS OBISPO (GENERAL FUND)
APPLICATION FOR FUNDING TO SUPPORT EMERGENCY SHELTERS/SERVICES
FOR PERIOD JULY 1, 2016 TO JUNE 30, 2017

SAN LUIS OBISPO COUNTY DEPARTMENT OF PLANNING AND BUILDING
976 OSOS STREET ♦ ROOM 200 ♦ SAN LUIS OBISPO ♦ CALIFORNIA 93408 ♦ (805) 781-5600

Promoting the Wise Use of Land ♦ Helping to Build Great Communities

This application is for emergency/homeless shelter programs only. Emergency shelter facilities include those whose primary purpose is to provide temporary overnight and day shelter and services for homeless. Such services include, for example, case management, child care, education services, employment assistance, outpatient health services, legal services, life skills training, mental health services, and substance abuse treatment.

This application assumes that \$180,000 of County General Fund Support will be allocated for emergency shelter services for the 2016/2017 fiscal year. The actual amount (if any) is dependent on approval of the budget in June 2016 by the Board of Supervisors.

Name of Organization: _____

Name of Shelter/Program: _____

Location of Shelter/Program: _____

Contact Person: _____

Email address: _____

Phone Number: _____

Mailing Address: _____

Budget Request(s) for the Shelter/Program:

General Fund Support Request:
(This application/\$180,000 estimated max) _____

Report CDBG* Request Amount:
(\$104,764 est max for public services) _____

Report ESG* Request Amount:
(\$77,232 estimated max for emergency shelter activities) _____

TOTAL: _____

Please note that this application is for General Fund **only; this section requires you to report the amount requested in the separate CDBD and/or ESG application.*

The following questions involve shelter and/or services your organization provided and proposes to provide at least in part with support from County General Funds.

1. How many shelter nights and beds were provided for homeless persons during the period from July 1, 2015 to September 30, 2015 (for overnight shelters only)?
_____ shelter nights _____ # of beds available each night

2. How many shelter nights and beds does your organization propose to provide for homeless persons during the period from July 1, 2016 to June 30, 2017 (for overnight shelters only)?
_____ shelter nights _____ # of beds available each night

3. How many homeless persons can your organization shelter currently serve each day during the daytime hours (capacity)? _____persons
4. On average, how many homeless persons did your organization shelter serve each day during the daytime hours during the period July 1, 2015 to September 30, 2015? (i.e. capacity) _____persons
5. How many total meals did your organization serve during the period from July 1, ~~2014~~ to September 30, 2015? ²⁰¹⁵ _____meals
(i.e. 1 lunch for 1 persons = 1 meal)
6. Did your organization provide services other than meals and/or overnight beds or day shelter (regardless of funding source) to homeless persons during the period from July 1, 2015 to September 30, 2015? If yes, please describe:
7. Please describe the services your organization will provide (regardless of funding source) for the emergency shelter during the period from July 1, 2015 to June 30, 2016.
8. Please describe the services your organization proposes to provide (regardless of funding source) for the emergency shelter during the period from July 1, 2016 to June 30, 2017.

9. Please mark an “x” next to the activities your organization anticipates to fund using the General Fund support, and the estimated amount of the request for each activity:

Activity	Mark 'x' if applicable	Amount requested
Operations (i.e. maintenance, repair, utilities)	<input type="checkbox"/>	
Services (please list. i.e. case management, food, health care, child care, life skills training, etc.):	<input type="checkbox"/>	
Administration	<input type="checkbox"/>	
HMIS	<input type="checkbox"/>	
Other :	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	
TOTAL		

10. What is the total budget for your organization’s homeless shelter/services program for the period from July 1, 2015 to June 30, 2016, including both costs and sources of funding? – attach additional pages if necessary.

11. What is the total proposed/anticipated budget for your organization’s homeless shelter/services program for the period from July 1, 2016 to June 30, 2017, including both costs and sources of funding? (You do not need to include funding for which you have applied but have not been awarded) – attach additional pages if necessary.

12. What is your agency’s General Fund request, proposed goal(s), performance measures, and use of the funds (including the proposed number of persons served using the funds)?

Requested Amount: _____

Goals: _____

Performance Measures: _____

Proposed number of persons and households to be served:
_____persons _____households

Proposed use of the funds (please provide a narrative that describes the proposed activities):

13. How does your program/service complement and collaborate with existing efforts?

14. Describe your organizational capacity to successfully carry out the proposed activities.

The application must be **received** by the deadline of **Friday, October 23rd, 2015 at 4:30 pm.** Please either 1) hand deliver to Ivana Yeung, Planner II at 1035 Palm Street, Room 370, San Luis Obispo, CA, 2) mail to Ivana Yeung, Planner II, Department of Planning and Building, 976 Osos Street, San Luis Obispo, CA 93405, or 3) email to iyeung@co.slo.ca.us. Please contact Ivana Yeung at (805) 781-4099 with any questions.

Programs will be reviewed and prioritized based, among other things, on local need, funding sources/ability to leverage funds, program cost compared to number of people served, and collaboration with other agencies and programs. The Homeless Services Oversight Council (HSOC) will make a funding recommendation to the County at one of its meetings, and the Board of Supervisors will subsequently make a final recommendation for allocation of funding.

Signed: _____ Date: _____

Title: _____