



COUNTY OF SAN LUIS OBISPO (GENERAL FUND)
APPLICATION FOR FUNDING TO SUPPORT EMERGENCY SHELTERS/SERVICES
FOR PERIOD JULY 1, 2017 TO JUNE 30, 2018

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 **\$218,000** of County General Fund Support will be allocated for emergency shelter services for the 2017/2018 fiscal year, per the 2016 Board of Supervisors Budget Hearing Recommendation. **The actual amount (if any) is dependent on approval of the budget in June 2017 by the Board of Supervisors.**

Applications must be received by the County of San Luis Obispo. Please email grant applications to ActionPlan@co.slo.ca.us by the application deadline of **5:00 P.M., Friday, October 21, 2016**. Please label your email subject by adding the grant program name and the agency name (Example: GFS- CAPSLO).

Name of Organization: _____

Name of Shelter/Program: _____

Location of Shelter/Program: _____

Contact Person: _____

Email address: _____

Phone Number: _____

Mailing Address: _____

General Fund Request: \$ _____

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/will be proposed for homeless persons (overnight shelters only)?

Fiscal Year Term	Shelter Nights	# of Beds Available
Were provided July 1, 2015 – June 30, 2016		
Proposed to provide July 1, 2017 – June 30, 2018		

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 June 30, 2016? (i.e. capacity) _____persons
5. How many total meals did your organization serve during the period from July 1, 2015 to June 30, 2016? (i.e. 1 lunch for 1 persons = 1 meal) _____meals
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 June 30, 2016? If yes, please describe:
7. Please describe the services your organization is currently providing (regardless of funding source) for the emergency shelter during the period from July 1, 2016 to June 30, 2017 (current term).
8. Please describe the services your organization proposes to provide (regardless of funding source) for the emergency shelter during the period from July 1, 2017 to June 30, 2018.

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 was 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, 2017 to June 30, 2018, 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: _____

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

Performance Measures	Proposed # of Persons	Proposed # of Households
Help Receive Case Management		
Refer to Services/Housing		
Connect to Income Source		
Other:		

13. How does your program/service complement and collaborate with existing efforts? Does your organization partner with other organizations?

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

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.

I certify that the information in this application is true and accurate to the best of my knowledge and ability.

Signature

Date

Printed or typed name

Title