

Grant Purpose

The purpose of this program is to consider providing grant funds to non-profit organizations and public agencies in financial support of on-going projects and services. These grants are funded out of the County's Contributions to Outside Agencies' budget. The application is for programs/projects that are **not** health and human services related.

Timeline

Funding for this category will be considered during the County's annual budget hearings in June 2024. A total of \$134,596 was distributed to community based non-profit organizations and public agencies in FY 2023-24. The total amount of funds available for the FY 2024-25 Other Agency Grant Program has not been determined as of the release date of the Request for Application (RFA).

The deadline for submittal of applications is **April 17, 2024.** Completed **electronic** applications will be accepted until **11:59 p.m. on that day.** The applicants will be evaluated shortly after receipt.

NOTE:

• Grant applications should be one complete PDF document.

Application Naming Convention:

your organization Other Agency grant 24-25, e.g., Coastal San Luis RCD Other Agency grant 24-25

- No paper copies of the grant application will be accepted.
- Incomplete electronic submittals will not be accepted.

Please note:

- If you are planning on using a fiscal sponsor, the application should be created/submitted by your fiscal sponsor.
- If the programs/projects you are applying for are health and human services related please refer to our other grant opportunity <u>The Community Based Organization/Preventive Health Grant (CBO/PHG).</u>

Review and Selection Criteria

Applications will be reviewed and ranked according to how well it addresses the following:

- Local Need;
- Identified funding sources showing the ability to leverage the other funds;
- Organizational ability to leverage the grant funds (if applicable);
- Requirement to obtain a funding public match (if applicable);
- Projected program/project goals, results, and outputs/outcomes;



- Projected program results, outputs/outcomes from prior year's grant (if applicable);
- Program cost compared with number of people served;
- · Geographic distribution of services;
- Percentage of requested funding being used for direct services;
- Program/project sustainability with funds granted;
- Collaboration with other community-based agencies and County departments (if applicable).

General Application Information

Programs/projects must be carried out in San Luis Obispo County and serve only San Luis Obispo County residents. Applicants must offer their services to all residents of San Luis Obispo County, regardless of political or religious opinions or affiliations, age, sex, race, color, national origin, marital status, disability, sexual orientation.

All costs associated with the preparation and submission of this application will be borne by the applicant. All applications become the property of the County of San Luis Obispo and will become public information after the submission deadline.

Information Submission

The application should be submitted, as one electronic PDF (see Exhibit 2), in the following order:

PROPOSALS SHOULD CONTAIN THE FOLLOWING:

COVER SHEET

Application must have a **COVER SHEET** which clearly identifies:

- 1. Project Title
- 2. Organization/Agency Name
- 3. Executive Director and/or Program Contact Person
- Address
- 5. Phone number
- 6. E-mail address
- 7. Amount of funds being requested
- 8. If applicable, funds received in the prior year (or most recent fiscal year when funds were received)
- 9. A brief (50 words or less) description of proposed project

PROGRAM/PROJECT INFORMATION:

The application must contain the following information:



- 1. Briefly describe your organization and its mission.
- 2. Summarize your program/project by providing a brief description.
- Describe:
 - a. How this program or service is beneficial to County residents?
 - b. How was the local need for this project/program determined?
 - c. How does your organization collaborate with County departments or community organizations in providing the identified program or service?
 - d. Your organization's ability to build and maintain a high level of collaboration with other community organizations or resources providing the same type of program or service.
 - e. How will your organization use and leverage the grant funds?
- 4. What type of experience and knowledge does your organization's staff have that would demonstrate knowledge and understanding of the program or services.
- 5. Describe your organization's capacity to successfully carry out the proposed program or service (i.e., past performance and history of the organization will be considered in order to assess the organization's prospects for achieving its goals and objectives).

SCOPE OF WORK OR WORK PLAN

The following information should be provided in the format shown below.

FY 2024-25 Scope of Work or Work Plan:

Organization scope of work should answer these questions:

- o What is the program/project goals?
- o How will those goals be achieved including time frame?
- What is your evaluation mythology for measuring results?

FY 2023-24 Program Results:

If the applicant has received County funding in prior years, please describe the achievements of the FY 2023-24 to date.



EXHIBIT A SCOPE OF WORK/WORK PLAN FORMAT

Requested Grant Funds in Fiscal Year 2024-25

Program/Project Summ	ary:				
Goal/Objective	Major Tasks	Timeline	Evaluation		
(refer to 1.A above)	(in order to achieve		methodology		
(refer to fire above)	goal)		(refer to 1.C above)		
	(refer to 1.B above)				
Program/Project OUTP	UTS				
Program/Project OUTC	OMES				
Program/Project Summ	ary:				
Goal/Objective	Major Tasks	Timeline			
(refer to 1.A above)		Tittleiiite	Evaluation Mythology		
,	(in order to achieve	Timemic	Evaluation Mythology (refer to 1.C above)		
	(in order to achieve goal)	Timeline	, ,		
	,	Timemic	, ,		
	goal)	Timemic	, ,		
	goal)	Timemic	, ,		
Program/Project OUTF	goal) (refer to 1.B above)		, ,		
Program/Project OUTF	goal) (refer to 1.B above)		, ,		
Program/Project OUTP	goal) (refer to 1.B above) PUTS		, ,		



SCOPE OF WORK/WORK PLAN EXAMPLE

RESULTS:

A meaningful, measurable result will demonstrate the difference the proposed project makes, or is intended to make, in the lives of the people receiving the service.

OUTPUTS: are measurements that show the amount of work performed or services received - e.g., number of patients treated, number of meals served, number of childcare slots created, etc.

Output Measures: 500 people will participate in health screening clinics and receive referrals for

follow-up when indicated.

75 people will be enrolled in the Healthy Families MediCal program to improve

utilization of health services.

XX number of meals will be served to seniors during the year.

OUTCOMES: are measurements that show the quality of performance and answer the question: who is better off by doing this project? Here are some examples:

Outcome Measures: At least XX% of smokers who participate in services will successfully

quit using tobacco.

XX% of clients that receive substance abuse treatment services and are

drug and alcohol free one year later.

XX% of program participants in the prevention program will demonstrate their commitment to an alcohol and drug-free lifestyle.



PROGRAM/PROJECT BUDGET

- A. Provide a program/project budget that includes the following information (format attached):
 - 1. A description of <u>all</u> sources of funding for the proposed program/project, including funding not yet secured or funding from County sources (if applicable).
 - 2. Identifies the part of the proposed program/project the requested funds will be used for.
- B. A one (1) page budget narrative that:
 - 1. Describes individual line items pertaining to "in-kind" funding or funding sources not yet secured.
 - 2. If the requested funds are to be used for a public match that is required by another funding source, identify:
 - a. the other funding source
 - b. amount of match required
 - c. type of match (e.g., 1:1, mandatory public funds only, combination of public/private funds, in-kind)
- C. If your organization is submitting one application for multi-programs/projects, please submit a separate budget for each program/project request.
- D. A current year operating statement for your organization.



PROGRAM BUDGET REQUEST FORM

		T	Ta .	Tail = 1:
		Project	Grant	Other Funding
		Expense	Budget	Available*
			Requested	Amount & source
I.	PERSONNEL EXPENSES			
	(associated with the proposed project)			
Sub	ototal – Personnel Expenses			
II.	OPERATING EXPENSES			
	(associated with the proposed project)			
	(associated martine proposed project)			
C	stotal - Operating Evpenses			
Jul	ototal – Operating Expenses INDIRECT @ OF PERSONNEL			
1111.	INDIRECT @ OF PERSONNEL			
T	al Curant Businet Francisco			
rot	al Grant Project Expenses			

^{*}List in this column all agency funds available to support the project. Indicate with a "@" next to the amount that are in-kind and a "NS" for those not yet secured.



GENERAL SUBMISSION INFORMATION

- 1. All applications should be clear, concise, and complete. No additional information will be accepted past the **April 17, 2024**, deadline unless specifically requested by the County.
- All applications should be <u>one complete PDF electronic submittal</u>, including the information requested in #3 below. There should not be any separate attachments as part of the grant submittal. Postmarks and hand delivered applications will <u>not</u> be accepted.

Application Naming Convention:

your organization Other Agency grant 24-25, e.g., Coastal San Luis RCD Other Agency grant 24-25

- 3. All applications should also include the following:
 - a) Organizational operating budget.
 - b) Key program personnel (include a short description of their background.)
 - c) Board of Directors of your organization and relevant advisory boards (please include member affiliations.)
 - d) Adopted organization policy or statement on inclusion, diversity, or affirmative action.
 - e) Tax-exempt status documentation, e.g., IRS determination letter.
 - f) A copy (each) of the current status of non-profit organization from Secretary of State and Attorney General Office. These documents can be accessed at the specific agency's web site at Secretary of State and Attorney General's Office.

See **Exhibit 1** for examples of these status reports. Please do not send your organization's Statement of Information.

Grant applications from organizations that do not include this documentation or whose non-profit status is "<u>inactive</u>" or "<u>delinquent</u>" will not be accepted. This requirement does not apply to grant applications from public agency such as a school district, County agency or department.

- 4. Please DO NOT include electronic attachments such as letters of references, brochures, or flyers. If necessary, this information will be requested later.
- 5. All costs associated with the preparation and submission of this application will be borne by the applicant.



- 6. All applications become the property of the County of San Luis Obispo and will become public information after the submission deadline.
- 7. Applications should be <u>submitted electronically (PDF) only format</u> to the following address: <u>AD Admin Grants@co.slo.ca.us</u>

Any questions regarding the RFA or process should be directed to Olena Nagorna of the County Administrative Office at (805) 781-5496.

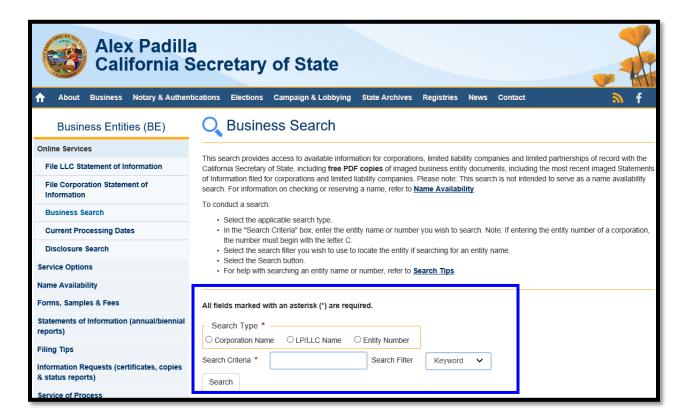


EXHIBIT #1

SECRETARY OF STATE EXAMPLE

Please include your organization's information in your electronic submittal.

Search Screen:



Provide a copy of either page:



or



Entity Address:

Entity Mailing Address:

Notice of Funding Availability Other Agency Grant FY 2024-25

Registration Date: 07/17/1945 Jurisdiction: CALIFORNIA Entity Type: DOMESTIC NONPROFIT Status: ACTIVE Agent for Service of Process: MEL MCCOLLOCH 2760 MARLBOROUGH CAMBRIA CA 93428

C0198740 CAMBRIA CHAMBER OF COMMERCE

CAMBRIA CA 93428 767 MAIN ST. CAMBRIA CA 93428 767 MAIN ST.

CAMBRIA CA 93428

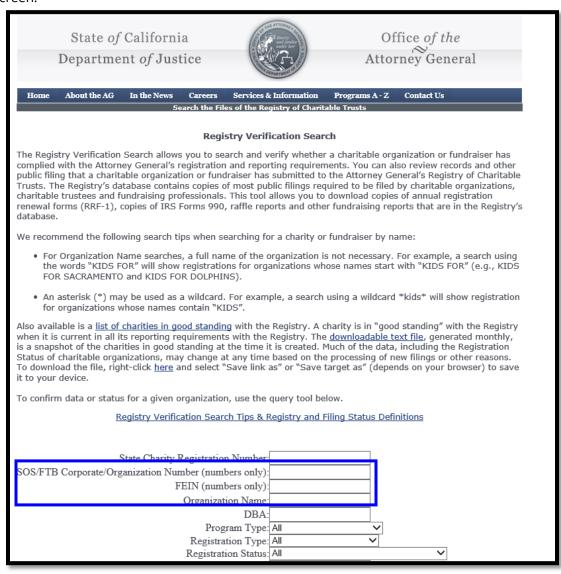
A Statement of Information is due EVERY ODD-NUMBERED year beginning five months before and through the end of July.

Document Type 11	File Date	PDF
SI-COMPLETE	05/24/2017	
SI-COMPLETE	06/29/2016	
REGISTRATION	07/17/1945	Image unavailable. Please request paper copy.



Department of Justice/Office of Attorney General example:

Search Screen:





Provide a copy of either page:

Organization Name	Registration Type	Registration Status	Registration Number	Applicant Number	FEIN	City	State
	Charity Registration	Current	CT0193692	1461783	462180142	NIPOMO	CA
1							

or

Entity Type is either the Corporate Class as registered with the Secretary of State or based on founding and registration documents submitted to th Registry.						
Organization Name:	SOUTH COUNTY VISITOR SERVICES	S IRS FEIN:		462180142		
Entity Type:	Public Benefit SOS/FTB Corporate/Organization Number:					
RCT Registration Num	ber: CT0193692					
Program Type:	Charity	Registration Type:	Charity Registration			
Issue Date:	3/29/2013	Renewal Due Date:	5/15/2018			
Registry Status:	Current	Date This Status:	3/29/2013			
Date of Last Renewal:	2/27/2017					
	Ma	iling Address				
Street:	Street: 180 S MARY AVENUE					
Street Line 2:						
City, State Zip:	City, State Zip: NIPOMO CA 93444					
Annual Renewal Data Reported to the Registry						
Status of Filing:		Accepted				
Accounting Period Beg	n Date:	1/1/2013				
Accounting Period End	Date:	12/31/2013				
Total Assets:		\$0.00				
Total Revenue:		\$0.00				



Exhibit #2

ELECTRIONIC APPLICATION PDF should contain the following:

- 1. Cover sheet
- 2. Program/project information maximum 5 pages
- 3. Scope of work using format shown in the RFA
 - a. FY 2024-25
 - b. FY 2023-24 results to date
- 4. Program/Project budget using format shown in RFA
- 5. Organizational operational budget
- 6. Key program personnel
- 7. Board of Directors
- 8. Adopted organization policy or statement on inclusion, diversity, or affirmative action
- 9. Tax-exemption status documentation, e.g., IRS determination letter
- 10. Status of non-profit from both the California Secretary of State and Attorney's General Office