

## COUNTY OF SAN LUIS OBISPO DEPARTMENT OF PLANNING & BUILDING

HSG-1012 08/27/2018

# 2018 California Emergency Solutions and Housing (CESH) Application

The County of San Luis Obispo is pleased to announce the availability of funds for the California Emergency Solutions and Housing (CESH) program. The CESH program provides funding for a variety of activities to assist persons experiencing or at risk of homelessness as authorized by Senate Bill 850. The State CESH Statute can be reviewed at the following address: http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\_id=201720180SB850

Total 2018 CESH Allocation	5% Reserve for Admin	Total Available for Activities
\$727,047	\$36,352	\$690,695

CESH funds may be used for five primary activities: housing relocation and stabilization services (including rental assistance), operating subsidies for permanent housing, flexible housing subsidy funds, operating support for emergency housing interventions, and systems support for homelessness services and housing delivery systems. In addition, some administrative entities may use CESH funds to develop or update a Coordinated Entry System (CES), Homeless Management Information System (HMIS), or Homelessness Plan. Refer to the current Notice of Funding Availability (NOFA) for any limitations on these activities (<a href="http://www.hcd.ca.gov/grants-funding/active-funding/cesh/docs/NOFA CESH.pdf">http://www.hcd.ca.gov/grants-funding/active-funding/cesh/docs/NOFA CESH.pdf</a>).

Eligible applicants include local governments, private non-profits, or for-profit organizations that the County determines is qualified to undertake one or more of the eligible activities described in the NOFA. Applicants must provide a complete, separate application for each proposed eligible activity they wish to administer. **Please submit applications by 5:00pm Friday, September 7, 2018.** 

Please answer all questions as completely as possible. If you need additional space to provide complete answers, please attach additional pages.

#### APPLICANT INFORMATION

Organization Name	
Type of Organization	
DUNS Number	
Contact Person/Title	
Phone/ Fax Numbers	
Email	
Address	
City, State, Zip	

## **CESH Application**

#### AGENCY DETAILS, CAPACITY, AND EXPERIENCE

Type of Agency	☐ Non-Profit ☐ For Profit	Gov't/Public Other:
Date of Incorporation		Annual Operating Budget
Number of Paid Staff		Number of Volunteers
Agency Mission Statem	ent:	
Please describe your ag	gency's experience with the activ	ities proposed in this application (400 word
maximum)		
,		
,		
,		
,		
,		

Does the program participate in Coordinated Entry?
<ul> <li>No, the program does not participate in Coordinated Entry.</li> <li>No, the program does not participate in Coordinated Entry, but plans to participate if funded.</li> <li>Yes, the program participates in Coordinated Entry.</li> </ul>
Is your agency currently participating in HMIS (or a fully compliant comparable database for Victim Service Providers):
☐ Yes ☐ No
Please describe your agency's capacity to participate in HMIS, or a fully compliant database for Victim Service Providers ( <i>Note: participation in HMIS is a requirement for receiving CESH funds</i> ):

D 11 1 1	
<u> </u>	on and project adheres to Housing First practices, particularly low-barrier
access to services:	
PROJECT SUMMARY	
-	
Name of proposed project	
Project/Program address	
Areas served	☐ City of Arroyo Grande ☐ City of Atascadero
	City of Pismo Beach City of Paso Robles
	City of Morro Bay County-wide
	☐ City of Grover Beach
	Unincorporated communities of
For which of the following o	eligible activities will funds be requested? (See RFP for full descriptions o
each activity) <b>Select one a</b> c	-
ederractivity) <b>Sciect one de</b>	ctivity per application.
(1) Rental assistance	e, housing relocation, and stabilization services
(2) Operating subsid	_
(3) Flexible housing	
	ort for emergency housing interventions
(1) Systems support	
(6) Develop or upda	
	a plan addressing actions to be taken within a CoC service area

Brief Project Description:	
T. 15 11 D	-
Total Funding Requested	\$
Total Cost to Complete Project Preferred grant term (1-5 years)	\$
Freierred grant term (1-5 years)	
Describe how the preject will align	with local goal and priorities respecting homologypass (for more
	vith local goal and priorities regarding homelessness (for more o County Homeless Services Oversight Council Recommendations
•	Obispo Board of Supervisors on May 15, 2018:
	nda/sanluisobispo/Proposal.html;jsessionid=4D732162E3F9460D4DB9
<u>C971746BC2F9?select=8636</u> ):	

Describe how the project will meet a	n unmet need within the community:	
PROJECTED ACCOMPLISHMEN	ITS	
Place provide quantified project	ed accomplishments for the proposed contract period.	
riease provide quantified, project	ed accomplishments for the proposed contract period.	
<b>NOTE:</b> Coordinated Entry or HMIS	projects may report zero beneficiaries.	
Total number of persons to		
benefit		
Total number of households to		
benefit		
Of the households listed above, h	ow many	
are households with children		
(include all adults and children)		
are households without children		
(singles/couples without children)		
are households with only children		
(persons under 18 years of age)		
(10000000000000000000000000000000000000		
If selecting activity $(1)$ , $(2)$ , $(3)$ , or $(4)$	), provide the following:	
Projected % of participants the		
program will place into		
permanent housing		
Projected % of participants exiting		
the program who will remain in		
permanent housing		

## **CESH Application**

#### **FINANCIAL INFORMATION**

If applying for multiple activities/grants, plea  Activity	Amount	reals below.	
(1) Rental assistance, housing relocation, and	\$		
stabilization services (2) Operating subsidies	\$		
(3) Flexible housing subsidy funds	\$		
(4) Operating support for emergency housing	\$		
interventions (5) Systems support	\$		
(6) Develop or update a CES	\$		
(7) Development of a plan addressing actions to be taken within a CoC service area	\$		
Total	\$		
CONFLICTS OF INTEREST  Please attach a copy of your organization's Conflicts of Interests policy in place for your organization one in place by October 1, 2018. Please note that October 1, 2018, you will be required to provide a Alliston Rustick at the address noted above no la application will be denied.	inization, pleas t if you indicat either an elect	se indicate whether you will have se you are working to approve a by ronic or hard copy of the policies to	
and copy   but wil	lot yet in place I have in place ctober 1, 2018	No policies in place and do not intend to implement such policies	