



COUNTY OF SAN LUIS OBISPO
DEPARTMENT OF PLANNING & BUILDING
CESH & HEAP Funding Application

HSG-1006
02/15/2019

The San Luis Obispo County Continuum of Care (SLO CoC) is requesting proposals for the **California Emergency Solutions and Housing Program (CESH)** and the **Homeless Emergency Aid Program (HEAP)** to assist persons experiencing or at-risk of homelessness. These two programs are one-time-only, limited-term formula block grants allocated to the SLO CoC by the State of California's Department of Housing and Community Development (HCD) and the Business, Consumer Services and Housing Agency (BCSH). Please refer to the Request for Proposals for information on local priorities and eligible activities:

<https://tinyurl.com/y6pzohdq>

Applications will be due by 9:00 a.m. on March 19, 2019. Submit applications to Allison Rustick, Department of Social Services. Applicants may submit digital or hard copy applications to the locations below:

- | | |
|---|--|
| 1. <i>Soft Copy – Email to</i>
Allison Rustick
arustick@co.slo.ca.us
Subject line:
HEAP/CESH Proposal – (Applicant Name) | 2. <i>Hard Copies – Mail or Drop-off</i>
Attn: Allison Rustick
Department of Social Services
3433 South Higuera Street
San Luis Obispo, CA 93403 |
|---|--|

Please submit one application for each project. Applicants may apply for both funding sources in one application, per the eligible activities listed in the RFP. Only complete applications for eligible activities as described in the RFP shall be considered for awards. When completing the application, be sure to clearly identify and attach any supplemental information and attachments. Should you need additional space to answer any questions, please clearly indicate on the application where the supplemental pages are located. The following documents are required to be submitted as attachments to each application:

- Attachment A – Budget & Budget Narrative
- Attachment B - Timeline
- Attachment C – Letters of Support
- Attachment D – Supplemental answers to questions

The County reserves the right to ask for additional information as necessary to complete review and evaluation of each proposal.

Questions or Need More Information?

Prior to February 25, 2019, contact Laurel Weir, Department of Social Services at (805) 781-1833 or lweir@co.slo.ca.us
From February 25th onward, contact Allison Rustick, Department of Social Services at (805) 781-1896 or arustick@co.slo.ca.us

CESH & HEAP FUNDING APPLICATION

PRIMARY APPLICANT (Lead Agency)

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

PARTNER ORGANIZATIONS

List all subrecipients and their role in project (if applicable)		
Organization Name	Duns Number	Role
Example: Agency Y	00-0000000	Case management component

PROPOSED PROJECT

Proposed Project Name			
Project Location/Address			
Project Type	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Coordinated Entry <input type="checkbox"/> Housing Unit Rehabilitation <input type="checkbox"/> Property Acquisition <input type="checkbox"/> Construction of Homeless Facilities <input type="checkbox"/> Construction of Housing Units <input type="checkbox"/> Detox or Rehab Facilities/Housing <input type="checkbox"/> Immediate Needs (clothing, showers, etc.) </div> <div style="width: 50%;"> <input type="checkbox"/> Safe Parking <input type="checkbox"/> Youth Specific Activities <input type="checkbox"/> Facility Rehabilitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Pilot Project <input type="checkbox"/> Other / Not Listed </div> </div>		
For "Other / Not Listed" Describe activity type:			
FUNDING REQUEST			
CESH	\$		
HEAP	\$	<input type="checkbox"/> Large Project <input type="checkbox"/> Small Project	
Total Request	\$		
REQUESTED TERM OF AGREEMENT			
CESH	<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> 5years		
HEAP	<input type="checkbox"/> Funds must be spent by May 25, 2021		

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PART 1: APPLICANT CAPACITY

1) Type of Organization (501c3, local govt, etc)
2) Describe the organization's experience delivering related programs/projects,
3) Describe applicant's history partnering with identified agencies, and how the partners will collaborate to ensure success of the proposed project/program.
4) Describe the applicant's history of receiving grants from County/State/Federal sources.

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5) Describe the organization's experience with HMIS or other equivalent databases to collect client data, and report on outcomes.

6) For applicants providing housing, are you currently participating in the Coordinated Entry System as required? If not, describe how you will become a participant in the CES.

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PART 2: FINANCIAL CAPACITY

7) Who will be responsible for processing payment requests?
8) Provide a budget and budget narrative for the project. Include a description of the staff positions dedicated to the delivery of the program/project (position name, org chart of staff directly associated with proposed project/program, providing support to program/project, will new staff positions be created/hired). Please provide separate budgets and budget narratives for HEAP and CESH projects if applying for both funding sources.
9) Does the organization comply with the Generally Accepted Accounting Principles?
<input type="checkbox"/> Yes <input type="checkbox"/> No
10) What is the date of the organization's most recent audit?

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PART 3: CESH (If not applying for CES activities, skip to Part 4, page 9)

11) Describe your proposed project and populations to be served.

12) How does your program/service complement and collaborate with existing efforts in the County? Describe how the program/project will increase capacity of the Coordinated Entry System for homeless and at-risk persons in the County.

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13) How has the applicant consulted with existing CES agencies to gain support for the project?

14) List and describe partner agencies and how they will participate in the delivery of the proposed activity.

15) What area of the county will be served?

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16) Please indicate the predicted performance outcomes listed below. If not applicable, mark N/A or zero.	
Number of unsheltered persons to become sheltered:	
Number of homeless persons to be entering permanent housing:	
Number of Chronically Homeless persons served:	
Number of persons At-Risk of Homelessness served:	
Number of Unaccompanied Youth served:	
Number of Youth At-Risk of Homelessness served:	
Persons in families with children served:	
Total:	

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PART 4: HEAP (If not applying for HEAP, skip to Part 5, page 16)

17) Are you seeking a grant or a forgivable loan to complete the proposed project?

☐ Grant ☐ Loan

18) How will the proposed project/program assist homeless persons, persons at-risk of homelessness, or homeless youth in the County? Please specify if you are proposing to serve particular subpopulations.

19) How does the proposed project/program address local needs identified by the HSOC recommendations and public input process, as mentioned in the RFP?

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20) 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 homeless and at-risk persons in the County.

21) Describe the eligible activities to be funded by request (See the RFP and links to NOFAs).

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

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

24) How will the project be sustained following the expiration of the HEAP grants?

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25) How will the applicant measure the outcomes of the program/project? (persons served, units created, etc.)

26) What area of the county will be served?

27) Describe how the project will be staffed and the timeline for staffing.

28) Please indicate the predicted performance outcomes listed below. If not applicable, mark N/A or zero.

Number of unsheltered persons to become sheltered:	
Number of homeless persons to be entering permanent housing:	
Number of Chronically Homeless persons served:	
Number of persons At-Risk of Homelessness served:	
Number of Unaccompanied Youth served:	
Number of Youth At-Risk of Homelessness served:	
Persons in families with children served:	
Total:	
29) Number and type of housing units to be created:	
30) Number of persons to be served by facility or program:	

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CAPITAL IMPROVEMENT PROJECTS (If not planning to use HEAP funds for capital projects, skip to Part 5, page 16)

31) Timeline of project milestones
32) Does the property already have correct zoning and/or entitlements for the proposed project? If not, please provide information about whether zoning changes are being sought and expected timing.
33) Does the project already have the necessary permits (excluding ministerial permits) needed to proceed? If not, please describe what steps are needed to obtain the permits and when they are anticipated to be provided.

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34) Is CEQA or NEPA environmental review required? If so, has CEQA or NEPA review been completed?

CEQA: ☐ Complete ☐ In Progress ☐ Not applicable
NEPA: ☐ Complete ☐ In Progress ☐ Not applicable

35) Has Phase I Environmental Assessment been completed?

☐ Yes ☐ No

If no, please describe the status of environmental assessment.

36) Have schematic designs or site plans been completed for the proposed project?

☐ Yes ☐ No

If Yes, please provide a copy for review as an attachment.

37) Describe the quality of current site control (e.g. own the site; lease-to-own; have an accepted offer to purchase, etc.).

38) If proposing a construction/rehabilitation project, is it subject to State prevailing wages?

☐ Yes ☐ No

39) How will the constructed or acquired site be linked to existing services?

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40) Will applicant be hiring a prime contractor?

☐ Yes ☐ No

41) Will the project require relocation of existing tenants? If so, please describe the relocation plan and expected timing of relocation.

42) Describe additional funding sources and provide a timeline for existing and potential funding sources. (Have you received commitments? If not, when do you anticipate receiving them?)

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PART 5: Attachments

Attachment A – Budget & Budget Narrative (Required)

Please attach a Budget and Budget Narrative for each type of project (CESH, HEAP) for which you are applying. If your organization is applying for HEAP and is applying for a youth grant and a separate, small- or large-scale project, please include separate budgets for each. The budget narrative should include FTEs to be provided. While matching funding is not required, it may be helpful to include the value of any matching funding.

Attachment B – Timeline (Required)

Attach a timeline for key steps of project implementation.

Attachment C – Letters of Support (Optional)

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

Attachment D – Supplemental Answers to Questions (Optional)

If you need more room to answer any of the application questions, please attach the 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 E – “Title”).

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