



COUNTY OF SAN LUIS OBISPO
DEPARTMENT OF PLANNING & BUILDING

HSG-1006
08/24/2018

General Fund Emergency Shelter and Service Support
Application FY 2019

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 persons. Such services include 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 **\$253,000** of County General Fund Support will be allocated for emergency shelter services and **\$35,000 set aside for warming shelters** for the 2019/2020 fiscal year, per the 2018 Board of Supervisors Budget Hearing Recommendation. **The actual amount (if any) is dependent on approval of the budget in June 2019 by the Board of Supervisors.** Please email grant applications to **ActionPlan@co.slo.ca.us** by the application deadline of **5:00 P.M., Friday, October 19, 2018**. Please label your email subject with the grant program name and the agency name (Example: GFS – CAPSLO). *Note: Supplemental documents and information or answers which exceed the allotted space or character limit may be added as attachments.

APPLICANT INFORMATION

(1-1) Organization Name	
DUNS Number	
Project Manager/Title	
Phone Number	
Fax	
Email	
Address	
City, State, Zip	
Name of Shelter/Program	
Location of Shelter/Program	
General Fund Request	

PROJECT INFORMATION (45 points)

(2-1) 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, 2017 to June 30, 2018		
Proposed to provide July 1, 2019 to June 30, 2020		
How many homeless persons can your organization's shelter currently serve each day during the daytime hours?		
On average, how many homeless persons did your organization's shelter serve each day during the daytime hours during the program year of July 1, 2017 to June 30, 2018?		
How many total persons did your organization serve during the program year of July 1, 2017 to June 30, 2018?		

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(2-2) 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, 2017 to June 30, 2018? If yes, please describe:

(2-3) Please describe the services your organization is **currently providing** (regardless of funding source) for the emergency shelter during the period from July 1, 2018 to June 30, 2019.

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(2-4) Please describe the services your organization **proposes to provide** (regardless of funding source) for the emergency shelter during the period from July 1, 2019 to June 30, 2020.

(2-5) Please indicate which of the following activities your organization anticipates to fund using the General Fund support, and the estimated amount of the request for each activity.	Mark if applicable	Amount requested
Operations (e.g. maintenance, repair, utilities)	<input type="checkbox"/>	
Services (e.g. case management, food, health care, child care, life skills training)	<input type="checkbox"/>	
Administration	<input type="checkbox"/>	
HMIS	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
TOTAL		

Please specify how funding under "Services" and "Other" will be broken down, and for what activities it will be used.

2019 GENERAL FUND APPLICATION

(2-6) What was the total 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? Attach additional pages if necessary.

(2-7) What is the total proposed/anticipated budget for your organization's homeless shelter/services program for the period from July 1, 2018 to June 30, 2019, 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.

2019 GENERAL FUND APPLICATION

(2-8) What are 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	
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Goals

Proposed use of the funds:

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

(2-9) Please provide a narrative description of the proposed activities.

2019 GENERAL FUND APPLICATION

(2-10) How does your program/service complement and collaborate with existing efforts? Does your organization partner with other organizations?

(2-11) Describe your organizational capacity to successfully carry out the proposed activities.

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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.

Do not hesitate to contact Allison Rustick at: arustick@co.slo.ca.us, or by phone at 805-781-1141 if you have any questions.

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