



HCD PASS-THROUGH EMERGENCY SOLUTIONS GRANT PROGRAM APPLICATION FOR FY2019 (PY2020-2021)

SAN LUIS OBISPO COUNTY DEPARTMENT OF SOCIAL SERVICES
P.O. Box 8119 • SAN LUIS OBISPO • CALIFORNIA 93403 • (805) 781-1600

The County of San Luis Obispo is pleased to announce the availability of funds for the federal Pass-Through ESG program. The ESG program provides funding to: (1) engage homeless individuals and families living on the street; (2) improve the number and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents, (5) rapidly re-house homeless individuals and families, and (6) prevent families/individuals from becoming homeless. Please review the local RFP and State NOFA for regulatory requirements prior to completing the application. The County will recommend up to two (2) projects for funding. **The minimum grant request for a single year program must be at least \$33,000.**

The source of funding for this grant is federal Emergency Solutions Grant funding that has been awarded to the State and the State has made available for local Continuums of Care. Please note that all activity requests must demonstrate a one-to-one match. County administrative costs are not included in the total 2019 ESG Distribution and are included for information only. The County will reach out to awarded subrecipients after the contract with the State Department of Housing and Community Development has been executed to distribute administrative funds based on pro-rata share, should the final amount awarded by the State differ from the amount indicated in the State's 2019 Notice of Funding Availability for the ESG Program.

CoC #	CoC Name	2019 Total CA CoC ESG Allocation	2019 CA CoC ESG Admin	Minimum for Rapid Rehousing	Balance for other activities (RR, ES, HP, SO)
614	San Luis Obispo County CoC	\$ 105,588	\$ 2,967	\$ 41,048	\$ 61,573

To be considered for ESG assistance, a completed application with any necessary exhibits, budgets or beneficiary data is required. Applications must be received by the County of San Luis Obispo. Please email grant applications to Allison Rustick at arustick@co.slo.ca.us or drop off 6 copies, stapled and 3 hold punched to Allison Rustick at the Department of Social Services, 3433 S. Higuera, Room, Third Floor Reception Desk **by 5:00 pm on Monday, May 6, 2019.** If emailing, please label your email subject by adding the grant program name and the agency name (Example: State CoC ESG – Nonprofit Name).

CONTACT INFORMATION

Organization Name:

DUNS number:

Contact person/title/

Phone: Fax Email:

Mailing Address:

PROJECT DESCRIPTION

- 1. Type of organization - public agency or nonprofit:**
- 2. Name of the proposed project:**
- 3. Physical Address of proposed project (if applicable):**

4. Location of proposed project or activity (Check one or more the following areas)

- | | | | |
|--------------------------|-------------------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | City of Arroyo Grande | <input type="checkbox"/> | City of Atascadero |
| <input type="checkbox"/> | City of Pismo Beach | <input type="checkbox"/> | City of Paso Robles |
| <input type="checkbox"/> | City of Morro Bay | <input type="checkbox"/> | County-wide |
| <input type="checkbox"/> | City of San Luis Obispo | <input type="checkbox"/> | City of Grover Beach |
| <input type="checkbox"/> | Unincorporated communities of _____ | | |

5. Will the program benefit the County's Non-entitlement area (i.e. City of Grover Beach)? Note: Non-entitlement areas within a Continuum of Care must be ensured access to Pass-Through ESG funds

- No, the program will not assist non-entitlement areas.
- Yes, the program will benefit the Non-entitlement area by *(please describe below, 200 words maximum)*:

6. Does the program participate in Coordinated Entry? Note: Pursuant to Section 8409 of the ESG State Regulations, all eligible CoCs must participate in a comprehensive and Coordinated Entry system for all ESG funded activities carried out in their service area. Local CES must seek to prioritize people who are a) unsheltered and living in places not designed for human habitation b) have experienced the longest amount of time homeless and c) have multiple and severe services needs that inhibit their ability to quickly identify and secure housing on their own.

No, the program does not participate in Coordinated Entry.

Yes, the program participates in Coordinated Entry.

7. Describe how the organization and project adheres to Housing First practices, particularly low-barrier access to services (200 words maximum).

8. Is your agency currently participating in HMIS (or a fully compliant comparable database for Victim Service Providers): yes no

9. Please describe your agency's capacity to participate in HMIS, or a fully compliant database for Victim Service Providers (200 word maximum). *Note: participation in HMIS is a requirement for receiving ESG funds.*

FINANCIAL INFORMATION

Review ESG regulations, then list major categories of proposed expenditures by eligible cost category.

10. What is the total amount of ESG funds requested? \$

Activity	Amount Requested
a. Emergency Shelter	
b. Street Outreach *	
c. Rapid Re-Housing – Rental Assistance	
d. Rapid Re-Housing – Housing Relocation and Stabilization Services	
e. Homelessness Prevention – Rental Assistance *	
f. Homelessness Prevention – Housing Relocation and Stabilization Services*	
g. HMIS (Not to exceed 10% of requested ESG funds)	
<i>Subtotal (lines a through g)</i>	
TOTAL	

***See “Notes to Applicants”**

11. Identify the source (both cash and non-cash match) and amount of any non-ESG funding committed to the project which may qualify as local match under the ESG regulations: (There is a local funding match requirement of 100 percent for the amount of ESG funds requested.)

MATCHING FUNDS	
SOURCE OF FUNDING	AMOUNT OF MATCH
Cash Match*	
Local Match Funding (i.e. General Fund):	
State Government Match Funding	
Federal Government Match Funding	
Private source:	
Private source:	
Private source:	
Non-Cash Match	
Donated Material or Building:	
Equipment:	
Services**:	
Services**:	
TOTAL MATCH FUNDING	

**Costs paid by program income shall count toward meeting the recipient’s matching requirements, provided the costs are eligible ESG costs that supplement the ESG program.*

***Services must be valued at rates consistent with those ordinarily paid for similar work in the subrecipient’s organization.*

PROGRAM INFORMATION

- 12. Please provide a brief program description and description of activities for the organizations' proposed use for the ESG funds, citing compliance with Federal ESG regulations and priorities (400 maximum).**

- 13. Please describe your agency's experience with the activities proposed in this application (400 word maximum):**

14. Total number of homeless persons the proposed activity is targeted to serve:

- a. Total number of persons to benefit: _____
Total number of households to benefit: _____
- b. Of the total households listed above:
*How many are households with children (include all adults and children): _____
*How many are households without children (singles/couples without children): _____
*How many are households with only children (persons under 18 years of age): _____

15. Please provide quantified, projected accomplishments for the 12-month contract period for the persons and households described in question #12 above:

Emergency Shelter:

- Projected persons to be served: _____
- Projected % of participants exiting the program that will move into permanent housing: _____
- Projected % of adult participants exiting the program that have more income at exit: _____
- Projected % of adult participants exiting the program that have employment income at exit: _

Street Outreach:

- Projected persons to be served: _____
- Other (please describe): _____

Rapid Re-Housing:

- Projected persons to be served: _____
- Projected % of participants exiting the program that will remain in permanent housing: _____
- Projected % of adult participants exiting the program that have more income at exit: _____
- Projected % of adult participants exiting the program that have employment income at exit: _

Homelessness Prevention:

- Projected persons to be served: _____
- Projected % of participants exiting the program that will remain in permanent housing: _____
- Projected % of adult participants exiting the program that have more income at exit: _____
- Projected % of adult participants exiting the program that have employment income at exit: _

16. In the next section (a-e), provide a brief description of each project for which you are requesting funds, and mark "N/A" for components that are not a part of this application.

Include a schedule of milestones and a description of how the project will benefit the target population, and describe the eligible types of services proposed under each component.

a. ***Emergency Shelter (for homeless in emergency shelters only):***

N/A (mark if not applying)

Number of Persons/Households to be served under Emergency Shelter	
Number of persons	
Number of households	

Service	Mark with an "X" if requesting funds for this activity	Amount of Request for this Activity
Essential Services (<i>i.e. case management, child care, education services, employment assistance and job training, transportation, etc.</i>)		
Shelter Operations (<i>i.e. maintenance, rent, security, insurance, food, etc</i>)		
Minor renovations (<i>i.e. labor, materials, tools</i>)		

- Provide a brief narrative about the proposed project services/activities and a description of how the project will benefit the target population (**Maximum 300 words**):

b. **Street Outreach (for unsheltered homeless only):**

N/A (mark if not applying)

Number of Persons/Households to be served under Street Outreach	
Number of persons	
Number of households	

Service	Mark with an "X" if requesting funds for this activity	Amount of Request for this Activity
Engagement		
Case Management		
Emergency Health Services		
Emergency Mental Health Services		
Transportation		
Services for Special Populations		

- Provide a brief narrative about the proposed project services/activities and a description of how the project will benefit the target population (**Maximum 300 words**):

c. **Rapid Re-Housing:**

N/A (mark if not applying)

Number of Persons/Households to be served under Rapid Re-Housing	
Number of persons	
Number of households	

Service	Mark with an "X" if requesting funds for this activity	Amount of Request for this Activity
Housing Relocation and Stabilization Services		
Application fees, deposits, utility payments, last month's rent		
Moving costs		
Housing search and placement		
Housing stability case management		
Mediation		
Legal services		
Credit repair		
Short-Term and Medium Term Rental Assistance		
Short and long-term rental assistance		

- Provide a brief narrative about the proposed project services/activities and a description of how the project will benefit the target population (**Maximum 300 words**):

d. **Homelessness Prevention:** N/A (mark if not applying)

Number of Persons/Households to be served under Homelessness Prevention	
Number of persons	
Number of households	

Service	Mark with an "X" if requesting funds for this activity	Amount of Request for this Activity
Housing Relocation and Stabilization Services		
Application fees, deposits, utility payments, last month's rent		
Moving costs		
Housing search and placement		
Housing stability case management		
Mediation		
Legal services		
Credit repair		
Short-Term and Medium Term Rental Assistance		
Short and long-term rental assistance		

- Provide a brief narrative about the proposed project services/activities and a description of how the project will benefit the target population:

e. **HMIS:** N/A (mark if not applying)

Activity	Mark with an "X" if requesting funds for this activity	Amount of Request for this Activity
Purchasing software/licenses		
Purchasing/leasing hardware or equipment		
Technical support		
Leasing office space		
Utility services necessary to operate HMIS		
Salaries for operating HMIS		
Travel to attend approved HMIS training		
Travel costs to conduct HMIS intake		

CERTIFICATION

Provide the following information for the person(s) in your organization responsible for the preparation and submittal of the quarterly reports and for collecting and reporting the beneficiary data to the Urban County.

Contact person/Title:

Phone number/ E-mail address:

I certify that the information in this application is true and accurate to the best of my ability and knowledge. I also certify that I have read the most recently approved Policies and Procedures for the ESG program located at: <https://www.hudexchange.info/esg/esg-law-regulations-and-notices>.

Signature Date

Printed or typed name Title