

Overview

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Overview

Please provide the following information.



County of San Luis Obispo Public Service Grants Program

Department of Social Services
Adult and Homeless Services
Branch
PO Box 8119
San Luis Obispo, CA 93403-8119
SS_HomelessGrants@co.slo.ca.us

Applications are accepted electronically via Neighborly Software only.

For each Public Services (including Minor Home Repair) funding source, an overview is available that includes program description, federal award information, eligible applicants, eligible activities, eligible beneficiaries, and reporting in the County of San Luis Obispo Notice of Funding Availability, 2025 Action Plan:

- Section II.C for Community Development Block Grant (CDBG) Overview
- Section II.D for Emergency Solutions Grant (ESG) Overview
- Section II.E for HOME-TBRA Investment Partnerships Program (HOME) Overview
- Section II.F for Permanent Local Housing Allocation (PLHA) Overview
- Section II.H for General Fund Support (GFS) Overview

Please note, the online application in Neighborly has branching questions depending on how you answer certain questions. Depending on your project, not all questions that appear on this printed version may be applicable or required.

A. Applicant Information

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A. Applicant Information

Please provide the following information.

PRIMARY APPLICANT INFORMATION-LEAD AGENCY

A.1. Organization Name

A.2. Type of Organization

A.2.a. Define Other:

A.2.b. Please upload the following documentation:

☐ Attachment A - Proof of Active SAM.gov Registration ***Required**

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A.3. UEI Number: For more information, visit [SAM.GOV](https://sam.gov)

A.4. Address

A.5. Is the organization faith based?

A.6. Date of Incorporation

A.6.a. Please upload the following documentation:

☐ Attachment B – Incorporation Documents ***Required**

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☐ Attachment C – Organization Mission Statement ***Required**

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A.7. Required Acknowledgement of Insurance Requirements. Has your organization read and understood the insurance requirements listed in “Example Exhibit D – General Conditions” in the Library?

A.8. Annual Operating Budget

\$0.00

A.9. Number of Paid Staff

A.10. Number of Volunteers

CONTACT INFORMATION

A.11. Contact Person Name

A.12. Contact Person Title

A.13. Phone Number

A.14. Email

B. Applicant Capacity

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Please provide the following information.

B.1. Describe the organization's history of receiving and managing grants from County/State/Federal sources.

B.2. Describe how the organization participates in HMIS, Coordinated Entry, and the San Luis Obispo County Continuum of Care.

B.3. Briefly describe your organization's auditing requirements, including those for the proposed project. As outlined in 2 CFR § 200.500 and 24 CFR § 5.801

B.3.a. Please upload the following documentation:

☐ Attachment D - Most Recent Audit ***Required**

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B.4. Describe the organization's experience delivering related programs/projects.

B.5. How will you document and maintain income status or presumed benefit status of each beneficiary in compliance with regulations?

B.6. Briefly describe your agency's record keeping system with relevance to the proposed project.

B.7. Identify all budgeted funds for project related costs. Include leveraged funding to exhibit financial sustainability of the project beyond the grant term if awarded.

**B.8. Does your organization comply with the Generally Accepted Accounting Principles?
As outlined in 2 CFR § 200**

Required Acknowledgement for Federal Grants or Contracts

B.9. Does your organization certify that, if awarded funds, it will comply with the requirements as shown as [Example Exhibit D-General Conditions](#) and [Example Exhibit E- Special Conditions](#)?

C. Proposed Project & Project Details

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Please provide the following information.

C.1. Name of Proposed Project

C.2. Project/Program Address

C.3. Areas Served-Select all that apply

- ☐ City of Arroyo Grande
- ☐ City of Atascadero
- ☐ City of Grover Beach
- ☐ City of Morro Bay
- ☐ City of Paso Robles
- ☐ City of Pismo Beach
- ☐ City of San Luis Obispo
- ☐ Unincorporated Community

Name of Unincorporated Community:

- ☐ Countywide

C.4. Provide a brief narrative of the proposed project, including projected outcomes:

- ☐ Attachment E – If applicable, attach most recent annual performance report

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C.5. What is the level of need for this activity within SLO County? Please include data to support your answer.

C.5.a. Please upload the following documentation:

☐ Attachment F – Timeline: Attach a timeline for key steps of project implementation. ***Required**

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C.6. Is this effort new, continuing, or expanding? Please describe.

C.7. Describe how the project will align with a (or multiple) Line(s) of Effort to support the [San Luis Obispo Countywide Plan to Address Homelessness \(2022-2027\)](#).

C.8. Select all population(s) expected to be served through this project:

- ☐ Adults with children
- ☐ Adults without children
- ☐ Elderly/Senior
- ☐ Parenting Youth
- ☐ Persons Experiencing Chronic Homelessness
- ☐ Persons At Risk of Homelessness
- ☐ Veterans
- ☐ Domestic Violence Survivors
- ☐ Persons with Disabilities
- ☐ Unaccompanied Youth (under 25 years of age)
- ☐ Individuals with Co-occurring Disorders (Substance Use and Mental Health)
- ☐ Low – Moderate Income Persons or Households

C.9. 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 persons experiencing homelessness and at-risk persons in the County.

C.10. Describe any consultation with local jurisdictions to gain support for the project. Describe any support you have from local jurisdictions.

☐ Attachment G – Letters of Support: Please attach any letters of support or commitment from local governments or community partners.

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C.11. Describe how you will ensure that the proposed project is accessible to communities of color which are disproportionately impacted by homelessness, particularly Black, Latinx, Asian, Pacific Islander, and Native and Indigenous communities. If you have previously received a grant to serve any of the affected communities, please provide a brief description of those grant activities and the outcomes you achieved.

C.12. Name partner agencies as applicable and describe how they will be participating in the delivery of the proposed activity.

C.13. Indicate the predicted, unduplicated performance outcome listed below:

Population	Number of Individuals Served	Number of Households Served
Total	0	0

D. Funding & Eligible Activities

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D. Funding & Eligible Activities

Please provide the following information.

D.1. Total Funding Requested

\$0.00

D.1.a. Please upload the following documentation:

☐ [Attachment H – Budget , Leveraged-Funds, and Budget Narrative](#): Attach a Budget and Budget Narrative for the project for which you are applying. The budget narrative should include FTEs to be provided. Please include the value of any matching funding. ***Required**

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D.2. Are you requesting HOME-TBRA funds?

D.2.a. Amount of HOME-TBRA funds requested:

\$0.00

D.2.b. Estimated number of unduplicated persons to benefit from HOME-TBRA funds:

D.2.c. Estimated number of unduplicated households to benefit from HOME-TBRA funds:

D.2.d. Provide proposed funding amounts and approximate number of households to be served:

Funding Type	Amount	Approximate Households Served
Total	\$0.00	0

D.2.e. Please describe your organization's client application, intake, and preliminary assessment process.

D.2.f. Describe your organizational collaboration with other local organizations to assist TBRA income eligible households.

D.2.g. HOME-TBRA Matching Funds

Funding Source	Amount
Total	\$0.00

Please upload the following documentation:

☐ Attachment I – Match Certification Letter: 25% match required for HOME TBRA ***Required**

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☐ Attachment J – HOME-TBRA Policies and Procedures

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D.3. Are you requesting CDBG funds?

D.3.a. Amount of CDBG funds requested:

\$0.00

D.3.b. Please indicate the amount you are requesting for each jurisdiction:

Jurisdiction	Amount
Total	\$0.00

D.3.c. Estimated number of unduplicated persons to benefit from CDBG funds:

D.3.d. Estimated number of unduplicated households to benefit from CDBG funds:

D.3.e. Please select the national objective that best applies to the proposed project.

Please refer to ["Basically CDBG"](#) or the ["CDBG Guide to National Objectives and Eligible Activities"](#) for more information regarding CDBG national objectives.

LOW/MODERATE INCOME: Select which criteria the proposed project intends to qualify under to meet the Low/Moderate Income objective.

D.3.f. Identify all eligible activities that apply to the proposed project:

- ☐ Public Services -General
- ☐ Operating Costs of Homeless/AIDS Patients Programs
- ☐ Senior Services
- ☐ Handicapped Services
- ☐ Legal Services
- ☐ Youth Services
- ☐ Transportation Services

- ☐ Substance Abuse Services
- ☐ Services for Battered and Abused Spouses
- ☐ Crime Awareness or Neighborhood Cleanups
- ☐ Fair Housing Activities
- ☐ Tenant/Landlord/Housing Counseling
- ☐ Child Care Services
- ☐ Health Services
- ☐ Services for Abused and Neglected Children
- ☐ Mental Health Services
- ☐ Job Training and Job Placement Services
- ☐ Subsistence Payments, Homeless Assistance, Rental Housing Subsidies or Security Deposits
- ☐ Assistance to microenterprises (technical assistance, business support services, and other similar services to owners of microenterprises or persons developing microenterprises)
- ☐ Minor Home Repair

D.3.g. Explain how the proposed project meets the selected National Objective:

D.3.h. Will the services offered by your organization increase or expand as a result of CDBG assistance?

Explain how your services will increase or expand as a result of CDBG assistance:

D.3.i. Describe how the project will directly benefit the populations identified.

D.4. Are you requesting PLHA funds?

D.4.a. Amount of PLHA funds requested:

\$0.00

D.4.b. Estimated number of unduplicated persons to benefit from PLHA funds:

D.4.c. Estimated number of unduplicated households to benefit from PLHA funds:

D.4.d. Identify all eligible activities that apply to the proposed project:

- ☐ Rapid Re-Housing
- ☐ Rental Assistance
- ☐ Supportive/Case Management
- ☐ Operating and Capital Costs for Navigation Centers
- ☐ Operating and Capital Costs for Emergency Shelters
- ☐ Operating and Capital Costs for New Construction, Rehabilitation, and Preservation of Permanent and Transitional Housing

D.4.e. Describe all eligible activities that apply to the proposed project:

D.5. Are you requesting ESG funds?

D.5.a. Amount of ESG funds requested:

\$0.00

☐ Attachment K – ESG Policies and Procedures for each activity you are applying for ***Required**

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D.5.b. Identify all eligible activities and their amounts that apply to the proposed project:

Eligible Activities	Amount	Approximate Persons Served
Total	\$0.00	0

D.5.c. ESG Matching Funds (1:1 Match Required)

Funding Source	Amount
Total	\$0.00

D.6. Are you requesting General Fund Support funds?

D.6.a. Amount of GFS funds requested:

\$0.00

D.6.b. Estimated number of unduplicated persons to benefit from GFS funds:

D.6.c. Estimated number of unduplicated households to benefit from GFS funds:

D.6.d. Identify all eligible activities that apply to the proposed project:

- ☐ Emergency Shelters
- ☐ Warming Centers
- ☐ Safe Parking
- ☐ Street Outreach
- ☐ Essential Services for Persons Experiencing Homelessness
- ☐ Tenant Based Rental Assistance-TBRA

D.6.e. Describe all eligible activities that apply to the proposed project:

E. Required Documents

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Please provide the following information.

Documentation

☐ Attachment L – Supplemental Documentation

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Submit

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Submit

Please provide the following information.

☐ The applicant certifies that all information contained in this application, and supporting documentation, given for the purpose of obtaining assistance, is true and complete to the best of the applicant's knowledge.

☐ I hereby certify that our organization has complied with all applicable laws and regulations pertaining to the application and is an eligible applicant for the requested funding. The organization proposes to provide the program services or complete the project identified in this application. If this application is approved and this organization receives the requested funding this organization agrees to adhere to all relevant Federal, State, and local regulations and other assurances as required by the Commission.

☐ I hereby certify that the organization is fully capable of fulfilling its obligation under this application, as stated herein.

☐ I further certify that the information provided in this Funding Application is correct, accurate, and complete.

In addition, the content of the application shall be incorporated as part of the written agreement and, as such, will be used to monitor performance. Activities, commitments, and representations described in the written agreement that are not subsequently made a part of the program/project as funded shall be considered a material contract failure and may result in a repayment of all awarded funds and/or suspension from participation in future funding rounds.

Authorized Representative Signature

***Not signed*

Authorized Representative Title