

# Overview

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**Case Id:** 30661  
**Name:** NBLY 2026 Test - 2026  
**Address:** \*No Address Assigned

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## Overview

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Please provide the following information.



### County of San Luis Obispo State ESG Program

**Department of Social Services**  
**Adult and Homeless Services Branch**  
PO Box 8119  
San Luis Obispo, CA 93403-8119  
[HSDGrants@co.slo.ca.us](mailto:HSDGrants@co.slo.ca.us)

Emergency Solutions Grant (ESG) funding administered by the California Department of Housing and Community Development (HCD) is available. **The County of San Luis Obispo Spring 2026 Request for Proposals (RFP)** is posted on the County's Department of Social Services – Homeless Services Division website at [slocounty.gov/HomelessServicesGrants](http://slocounty.gov/HomelessServicesGrants).

Applications for the Spring 2026 RFP will be accepted until **the 5:00 pm submission deadline on April 24, 2026**.

If you have any questions about the application process, please contact the Homeless Services Division directly at [HSDGrants@co.slo.ca.us](mailto:HSDGrants@co.slo.ca.us)

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State ESG funding is awarded to Eligible Applicants and may be used for two program components approved by the Homeless Services Oversight Council: Emergency Shelter and, Rapid Rehousing.

The ESG Program provides funding for the following objectives:

- Improving the number and quality of Emergency Shelters (ES) for individuals and families experiencing homelessness by helping to operate and provide essential services in emergency shelters.
- Rapidly re-housing individuals and families experiencing homelessness.

This RFP should be read in conjunction with the following regulations, statutes, and plans, which establish state and federal ESG requirements, all of which may be amended from time to time:

- [Federal Emergency Solutions Grants, as amended, 42 U.S.C.11371-11378 et. seq.](#)
- [Federal ESG Regulations \(24 C.F.R. Part 576\) Annual Action Plan Requirements \(24 C.F.R. Part 91\)](#)
- [Environmental Reviews \(24 C.F.R. Part 58\)](#)
- [ESG Program Interim Rule](#)
- [Chronically Homeless Definition Final Rule](#)
- [Homeless Definition Final Rule](#)

- [2 C.F.R. Part 25, Appendix A to Part 25](#), relating to Office of Management and Budget (OMB) award requirements;
- [ESG Program Final Guidelines](#), as may be amended from time to time; and
- Other helpful resources, including HUD policy guidance for the ESG Program can be found at [HUD Policy Programs](#)

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Please note that all documents uploaded into this application **must be less than 100 MB in file size**. We cannot accept documents via email or through another platform, such as Dropbox or Google Drive. Applicants may split larger documents into multiple smaller files, label them appropriately with “part X of X” and then upload them directly into this application.

**Do not upload password-protected documents into this application.** All password-protected documents will be removed during threshold review and this may negatively impact scoring of your application.

## A. Applicant Information

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### A. Applicant Information

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Please provide the following information.

#### PRIMARY APPLICANT INFORMATION-LEAD AGENCY

##### A.1. Organization Name

##### A.2. Type of Organization

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

##### A.3a. Please upload the following documentation:

Proof of Active SAM.gov Registration \*Required

\*\*No files uploaded

##### A.4. Address

##### A.5. Is the organization faith based?

##### A.6. Date of Incorporation

##### A.7. Please upload the following documentation:

Incorporation Documents \*Required

\*\*No files uploaded

Organization Mission Statement \*Required

\*\*No files uploaded

Certificate of General Liability Insurance \*Required

\*\*No files uploaded

##### A.8. Required Acknowledgement of Insurance Requirements. Has your organization read and understood the

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insurance requirements listed in [State ESG Example Exhibit D- County of San Luis Obispo Insurance and Indemnification Requirements?](#)

**A.9. Annual Operating Budget**

\$0.00

**A.10. Number of Paid Staff**

**A.11. Number of Volunteers**

**CONTACT INFORMATION**

**A.12. Contact Person Name**

**A.12a. Contact Person Title**

**A.12b. Phone Number**

**A.12c. Email**

**FINANCE CONTACT INFORMATION**

**A.13. Finance Contact Person Full Name**

**A.13a. Finance Contact Person Title**

**A.13b. Finance Phone Number**

**A.13c. Finance Email**

## B. Applicant Capacity

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### 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 (as outlined in [2 CFR § 200.500](#) and [24 CFR § 5.801](#)), including those for the proposed project.**

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

Most Recent Financial Audit **\*Required**

*\*\*No files uploaded*

**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 the proposed project. Include leveraged funding in the budget attachment 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](#))?**

**B.9. Does your organization certify that, if awarded funds, it will comply with the requirements as shown on [State ESG Example Exhibit D - San Luis Obispo Insurance and Indemnification Requirements](#) and [State ESG Example Exhibit E - Conditions](#)?**



## C. Proposed Project & Project Details

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### 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
- Countywide

C.4. Provide a brief narrative of the proposed project, including projected outcomes (This will be used as the project description on all HSOC and Board of Supervisors reports):

#### C.5.

For proposed projects serving individuals experiencing or at risk of homelessness, upload your organization's HUD Annual Performance Report (APR) or CE APR generated from HMIS for the previous 12-month period. The report should be run for a single project type and correspond to the project type (i.e. Emergency Shelter, Rapid Rehousing, etc.) for which you are applying. This information will be used by the grant review committee to assess past performance, outcomes, and alignment with funding priorities. Please be sure to not include any Client PII, including Clarity ID, along with the reports. Many review committee members will not be HMIS users.

If your organization does not currently have a project in HMIS, please provide a comparable performance report

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that includes outcome data and performance metrics relevant to your proposed project type.

For guidance on how to run reports in HMIS, please visit the HMIS Knowledge Base.

C.6. What is the level of need for this activity within SLO County? Please include data to support your answer.

C.7. Provide a narrative timeline describing the major activities, milestones, responsible parties, and expected completion dates for your proposed project. Your narrative should explain the sequencing of activities and how they support successful implementation.

C.8. Is this effort new, continuing, or expanding? Please describe.

C.9. 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.10. 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.11. Describe any consultation with local jurisdictions to gain support for the project. Describe any support you have from local jurisdictions.

C.11a. Please attach any letters of support or commitment from local governments or community partners.

Letters of Support **\*Required**

*\*\*No files uploaded*

C.12. 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.13. Name partner agencies as applicable and describe how they will be participating in the delivery of the proposed activity.

C.14. Indicate the predicted 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

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Please provide the following information.

#### D.1. Total Funding Requested

\$0.00

D.1a. Please upload a Budget, Leveraged Funds & 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.

Budget, Leveraged-Funds, & Budget Narrative **\*Required**

*\*\*No files uploaded*

D.2. Please upload policies and procedures for each activity you are applying for.

ESG Activity Policies and Procedures **\*Required**

*\*\*No files uploaded*

D.3. Identify all eligible activities and their amounts that apply to the proposed project:

Eligible Activities	Amount	Approximate Persons Served
Total	\$0.00	0

D.4. ESG Matching Funds

Funding Source(s)	Amount
Total	\$0.00

## E. Supplemental Documents

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### E. Supplemental Documents

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### Documentation

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Supplemental Documentation

*\*\*No files uploaded*

## Submit

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## Submit

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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