

Overview

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Case Id: 30776

Name: George test - 2027

Address: *No Address Assigned

Overview



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
HSDGrants@co.slo.ca.us

Community Development Block Grant (CDBG), Emergency Solutions Grant Program (ESG), and County General Fund Support (GFS) funding is available. [The County of San Luis Obispo 2027 Action Plan Notice of Funding Availability \(NOFA\)](#) is posted on the County's Department of Social Services - Homeless Services Division website at slocounty.gov/HomelessServicesGrants.

Applications for the 2027 Action Plan NOFA will be accepted until the **5:00 pm submission deadline on Friday, October 30, 2026**.

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

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. This may negatively impact scoring of your application.

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 (No selections made)

Non-Profit

For Profit

Government or Public Entity

A.3. Please upload the following documentation:



Proof of Active SAM.gov Registration *Required

**No files uploaded

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

A.4. Address

A.5. Is the organization faith based? (No selections made)

Yes

No

A.6. Annual Operating Budget

\$0.00

CONTACT INFORMATION

A.7. Contact Person Name

A.7a. Contact Person Title

A.7b. Phone Number

A.7c. Email

B. Applicant Capacity

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B. Applicant Capacity

Please provide the following information.

B.1. Summary of Experience Managing Public Funds (Describe past grants or contracts from county, state or federal sources).

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

B.3. Please upload your organization's Most Recent Financial Audit.



Most Recent Financial Audit *Required

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B.4. Income Status Verification (Describe how client income or presumed benefit status will be documented).

C. Proposed Project & Project Details

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C. Proposed Project & Project Details

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 - Not eligible for CDBG or ESG
- ☐ City of Morro Bay
- ☐ City of Paso Robles
- ☐ City of Pismo Beach
- ☐ City of San Luis Obispo
- ☐ Unincorporated Community
- ☐ Countywide

C.4. Please provide a Scope of Work for the proposed project. At minimum, describe the services to be provided and expected outcomes, including the number of people or households to be served.

C.5. For proposed projects serving individuals at risk of or experiencing homelessness, upload your organization's HUD Annual Performance Report (APR) or CE APR generated from HMIS for the prior fiscal year (7/1/25 – 6/30/26).

- The report should be run for a single project type and correspond to the project type (Emergency Shelter, Street Outreach, 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 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](#).

☐ Most Recent Annual Performance Report ***Required**

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C.6. What is the unmet need for the activity you are proposing?

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

- ☐ Low-/moderate-income households
- ☐ Multifamily
- ☐ Age Restricted (including seniors)
- ☐ Persons Experiencing Homelessness
- ☐ Persons with Disabilities
- ☐ Persons Experiencing Chronic Homelessness
- ☐ Persons At Risk of Homelessness
- ☐ Farmworkers
- ☐ Veterans
- ☐ Domestic Violence Survivors
- ☐ Unaccompanied Youth (under 25 years of age)

C.10. Collaboration. Describe collaborations with local jurisdictions and community partners.

C.10a. Please attach any letters of support for the project.

☐ Letters of Support ***Required**

***No files uploaded*

C.11. Indicate the predicted, unduplicated performance outcome listed below:

Population	Number of Individuals Served	Number of Households Served
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**positive housing destinations refer to permanent housing, including owned or rented by client with/without subsidy, permanent supportive housing, staying with family or friends, or other permanent housing situations.*

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.1a. Upload: Project Budget. Must include:

- All project costs
- Staff FTE's
- Match/leveraged funding
- Indirect costs
- Total costs of full project (not only requested funds)

☐ Budget ***Required**

***No files uploaded*

D.1b. Upload Budget Narrative

☐ Budget Narrative ***Required**

***No files uploaded*

D.2. Are you requesting CDBG funds? (No selections made)

No

Yes

D.3. Are you requesting ESG funds? (No selections made)

No

Yes

D.4. Are you requesting General Fund Support funds? (No selections made)

Yes

No

Submit

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Submit

Once an application is submitted, it can only be "Reopened" by an Administrator.

The authorized representative certifies that:

- ☐ The information submitted is true and complete
- ☐ The applicant is eligible for the funding requested
- ☐ The organization agrees to comply with all applicable federal, state, and local requirements
- ☐ All activities and outcomes described in the application will be implemented if funds are awarded.

Authorized Representative Signature

***Not signed*

Authorized Representative Title