

Overview

No data saved

Case Id: 30779

Name: George test - 2027

Address: *No Address Assigned

Overview

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

Emergency Solutions Grant (ESG) funding administered by the California Department of Housing and Community Development (HCD) 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 and this may negatively impact scoring of your application.

A. Applicant Information

No data saved

Case Id: 30779

Name: George test - 2027

Address: *No Address Assigned

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. UEL 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? (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

No data saved

Case Id: 30779

Name: George test - 2027

Address: *No Address Assigned

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 the following documentation:



Most Recent Financial Audit ***Required**

***No files uploaded*

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

B.5. Housing First Requirements. Describe how your agency will comply with Housing First (as outlined in [CA Welfare & Institutions Code 8255-8256](#))

C. Proposed Project & Project Details

No data saved

Case Id: 30779
Name: George test - 2027
Address: *No Address Assigned

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
- ☐ 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 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 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 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 (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 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**

***No files uploaded*

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. Coordination and Collaboration. Describe collaborations with local jurisdictions and community partners.

C.9a. Please attach any letters of support for the project.



Letters of Support ***Required**

***No files uploaded*

C.10. 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.11. Indicate the predicted performance outcome listed below:

Population	Number of Individuals Served	Number of Households Served
------------	------------------------------	-----------------------------

**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

No data saved

Case Id: 30779

Name: George test - 2027

Address: *No Address Assigned

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. 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

Submit

No data saved

Case Id: 30779

Name: George test - 2027

Address: *No Address Assigned

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