Overview

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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

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 2026 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 2026 Action Plan NOFA will be accepted until the **5:00 pm submission deadline on Friday, October 10, 2025**.

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

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For each Public Service funding source, an overview is available in the **County of San Luis Obispo 2026 Action Plan Notice of Funding Availability (NOFA)**. These overviews include program descriptions, federal award information, eligible applicants, eligible activities, eligible beneficiaries, and reporting requirements:

- Section I.C for Community Development Block Grant (CDBG) Overview
- Section I.D for Emergency Solutions Grant Program (ESG) Overview
- Section I.G for General Fund Support (GFS) Overview

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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.

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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.2.a. Define Other:

A.3. Please upload the following documentation:

☐   **Proof of Active SAM.gov Registration *Required**

A.3.a UEI Number: For more information, visit SAM.GOV

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**

☐   **Organization Mission Statement *Required**

☐   **General Liability Insurance *Required**

A.8. REQUIRED ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS. Has your organization read and understood the insurance requirements listed in "CDBG Example Exhibit D-General Conditions"?

A.9 Annual Operating Budget

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

B. Applicant Capacity

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

☐ **Most Recent Financial Audit *Required**

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?

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. REQUIRED ACKNOWLEDGEMENT FOR FEDERAL GRANTS OR CONTRACTS. Does your organization certify that, if awarded funds, it will comply with the requirements as shown on "CDBG Example D-General Conditions" and "CDBG Example Exhibit E-Special Conditions"?

B.9. Does your organization comply with the Generally Accepted Accounting Principles (as outlined in 2 CFR § 200)?

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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 - 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**
Name of Unincorporated Community:

☐ **Countywide**

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

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 previous 12-month period. 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

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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**.

☐ **HUD Annual Performance Report (APR)**

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

C.7. Please upload a timeline for key steps of project implementation.

☐ **Timeline *Required***

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. 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.11. 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.12. Describe any consultation with local jurisdictions to gain support for the project.

C.12a. Please attach any letters of support or commitment from local governments or community partners.

☐ **Letters of Support *Required**

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, unduplicated performance outcome listed below:

Population	Number of Individuals Served	Number of Households Served
Number of unsheltered persons to become sheltered		
Number of people experiencing homelessness to be entering permanent housing		
Number of people experiencing Chronic Homelessness served		
Number of persons At-Risk of Homelessness served		
Number of Unaccompanied Youth served		
Number of Youth At-Risk of Homelessness served		
Number of persons in families with children served		
Total	0	0

D. Funding & Eligible Activities

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Please provide the following information.

D.1. Total Funding Requested

D.1a. Please upload a Budget & 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. Project budget must include committed and anticipated funding for total project cost--not just for funding requested in this application.

☐ **Budget and Budget Narrative *Required**

D.2. Are you requesting CDBG funds?

D.2a. Amount of CDBG funds requested:

D.2.b. Please indicate the amount you are requesting for each jurisdiction:

Jurisdiction	Amount
Arroyo Grande	$0.00
Atascadero	$0.00
Morro Bay	$0.00
Paso Robles	$0.00
Pismo Beach	$0.00
San Luis Obispo	$0.00
County	$0.00
TOTAL	$0.00

D.2c. Estimated number of unduplicated persons to benefit from CDBG funds:

D.2d. Estimated number of unduplicated households to benefit from CDBG funds:

D.2.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.2.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)**

D.2g. Explain how the proposed project meets the selected National Objective:

D.2h. Will the services offered by your organization increase or expand as a result of CDBG assistance?

D.2i. Explain how your services will increase or expand as a result of CDBG assistance:

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D.2j. Describe how the project will directly benefit the populations identified.

D.3. Are you requesting ESG funds?

D.3a. Amount of ESG funds requested:

D.3b. Please upload your ESG Policies and Procedures for each activity for which you are applying.

☐ **ESG Policies and Procedures** ***Required**

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

Eligible Activities	Amount	Approximate Persons Served
Emergency Shelter	$0.00	0
Street Outreach	$0.00	0
Rapid Re-Housing	$0.00	0
Homelessness Prevention	$0.00	0
HMIS	$0.00	0
TOTAL	$0.00	0

D.3.d. ESG Matching Funds (1:1 Match Required)

Funding Source	Amount
TOTAL	$0.00

D.4. Are you requesting General Fund Support funds?

D.4a. Amount of GFS funds requested:

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

	Amount	Approximate Persons Served
Emergency Shelters	$0.00	0
Safe Parking	$0.00	0
Essential Services for Persons Experiencing Homelessness	$0.00	0
Warming Centers	$0.00	0
Street Outreach	$0.00	0
Tenant Based Rental Assistance-TBRA	$0.00	0
TOTAL	$0.00	0

E. Supplemental Documents

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Documentation
Please upload any other documentation that should be considered during review of your application. Multiple files may be uploaded if needed.

☐ **Supplemental Documentation**

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 County.**

☐ **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

Authorized Representative Title