

Overview

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

Supplemental County General Fund Support (GFS) funding is available. The **County of San Luis Obispo August 2025 Request for Proposals (RFP)** is posted on the County's Department of Social Services - Homeless Services Division website at slocounty.gov/HomelessServicesGrants.

Applications for the August 2025 RFP will be accepted until the **5:00 pm submission deadline** on **August 29, 2025**.

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

The County of San Luis Obispo provides GFS to support and strengthen local efforts to prevent and reduce homelessness. These discretionary county funds are allocated annually to help fill gaps left by time-limited or restricted state/federal grants to enhance service delivery through partnerships with local agencies for homelessness prevention, emergency and interim shelter services, street outreach, rental assistance, and other supportive programs.

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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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](https://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 [“Example Exhibit D – Insurance 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

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

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:

C.5. Please upload your Most Recent Annual Performance Report, if applicable.

- ☐ Most recent annual performance report

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. For projects which may serve multiple areas of the county, please explain what areas you propose to serve with a description of how those cities participate in the project.

C.12a. All requests for funds must be accompanied by a letter from City leadership outlining how City participates in funding or operational support of the proposed project which operates within their jurisdiction. Please also attach any additional letters of support or commitment from local governments or community partners.

☐ Letters of Support ***Required**

C.13. 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.14. Name partner agencies as applicable and describe how they will be participating in the delivery of the proposed activity.

C.15 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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Please provide the following information.

D.1. Amount of Supplemental General Fund Support funds requested:

\$0.00

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.



Budget and Budget Narrative *Required

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

D.3. 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.4. Describe all eligible activities that apply to the proposed project:

E. Supplemental Documents

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Documentation

☐ Supplemental Documentation

Submit

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

Authorized Representative Title