



CBO-PHG FY 2024-25 Grant Application

EXHIBIT A

1. COVER SHEET

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|---|--|
| Organization Name: | |
| Year Established: | |
| EIN Number: | |
| Address: | |
| Contact Person # 1 : | |
| Title: | |
| Phone: | |
| Email: | |
| Contact Person #2: | |
| Title: | |
| Phone: | |
| Email: | |
| Executive Director or CEO: | |
| Most recent CBO-PHG funds awarded: | |
| Other funding received from County | |
| Grant Request Amount: | |
| Project Title: | |
| Project Description (50 words or less): | |



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2. ELIGIBILITY REQUIREMENTS

All responses must be yes to be eligible to apply.

Are you a registered 501(c)(3) non-profit organization or public agency? Yes No

Are proposed activities addressing needs other than homelessness and housing? Yes No

If no, please apply through Dept of Social Services.

Are proposed activities carried out in SLO County and serve only SLO County residents? Yes No

Are proposed activities not fundraising -related? Yes No

These grant funds are only for health and human services related programs/projects.

Additional requirements.

Are you planning on using a fiscal sponsor? Yes No

If your answer is yes, your fiscal sponsor needs to apply on your behalf.

Are you planning on using this grant on the program/project that supports and complements the efforts of the County's health and human services departments? Yes No

If your answer is no, please refer to our other grant opportunity (Other Agency Grants) that focuses on providing funding for programs/projects that are not related to health and human services.

3. ORGANIZATIONAL BACKGROUND

Please provide information about your organization, including mission, brief history, and programs.
(250 words max.)

4. PROJECT NARRATIVE

Describe the program that will utilize this grant.
(400 words max.)



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5. COMMUNITY NEED

Describe community need for this program. How is the program or service beneficial to County residents? How does it complement and collaborate with existing efforts? Describe how the proposed program or service is different than health and human services programs provided by the County or other community-based organizations? How was the local need for this program/project determined?

(450 words max.)

6. ORGANIZATIONAL CAPACITY

Describe your organizational capacity to successfully carry out the proposed activities (i.e., past performance and history of the organization will be considered to assess the agency's prospects for achieving its goals and objectives).

(250 words max.)

7. LONG-TERM SUSTAINABILITY

If the program is not fully funded, how will the program continue?

(250 words max.)