



# American Rescue Plan Act (ARPA) Public Health Impacts Request for Applications (RFA)

## Section I: Introduction

### 1. Purpose

The County of San Luis Obispo Public Health Department is issuing this Request for Applications (RFA) to solicit funding proposals for projects that address the negative economic and public health impacts brought about by the COVID-19 public health emergency in San Luis Obispo County. IRS 501(c)3 non-profit organizations, governmental agencies, private business entities, or community-based organizations, coalitions, or partnerships are eligible to apply for funding. (NOTE: Individuals are NOT eligible to apply, and coalitions must designate a lead agency/fiscal agent.)

### 2. Source and Funding Amount

On March 11, 2021, the American Rescue Plan Act (ARPA) established the Coronavirus State Fiscal Recovery Fund and Coronavirus Local Fiscal Recovery Fund, which together comprise the Coronavirus State and Local Fiscal Recovery Funds (“SLFRF”) program. This program intends to provide support to State, territorial, local, and Tribal governments for responding to the economic and public health impacts of COVID-19 and in their efforts to contain impacts on their communities, residents, and businesses.

On June 15, 2021, the County of San Luis Obispo Board of Supervisors directed the use of the County’s ARPA allocation, including the Public Health Emergency funding to “manage response measures to protect the public from the direct and indirect consequences and health implications of the global coronavirus spread.”

The County of San Luis Obispo Public Health Department allocated the majority of the emergency funding to direct COVID-19 response and mitigation. However, the Public Health Department recognizes the need to address disparities in the community that have been exacerbated by the pandemic. Subsequently, approximately \$5,925,000 of the ARPA emergency funding will be directed toward the strategic goals of the countywide Community Health Improvement Plan (CHIP) and to advance the goals of ARPA as well.

In early 2020, Public Health Department leadership developed an organizational structure, SLO Health Counts, composed of a Leadership Council and a Steering Committee, to implement strategies to achieve the goals outlined in the CHIP Priority Areas. SLO Health Counts will oversee the process of awarding grants, with the designated ARPA funds (\$5,925,000), to local organizations to fund projects that advance the strategic goals of the CHIP, while also advancing the goals of the ARPA.

This is a competitive funding opportunity, with up to 12 organizations or community coalitions/partnerships being awarded contracts, based upon how effectively their project proposal aligns with the funding priorities. NOTE: Projects that address housing and homelessness will not be considered for funding through this Public Health ARPA award because they are the focus of a separate local ARPA funding process.

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## Section II: General Application Information

### 1. Timeline

The following represents the tentative timeline for this RFA. Any changes in the scheduled dates for Deadline for Final Questions and Application Submission Deadline will be posted on the Health Agency website. The timeline for other milestone dates may be adjusted without notice.

RFA Timeline	Date/Time
Issued	May 26, 2022
Deadline for Final Questions	June 20, 2022 at 11:59 p.m.
Application Submission Deadline	June 30, 2022 at 11:59 p.m.
Evaluation of Applications	July 2022
Award Recommendations Submitted to the Board of Supervisors	August 2022
Award by Board of Supervisors	September 13, 2022
Execute Award Contracts	September – October 2022

### 2. Application Submission Instructions

- Each organization (or lead agency for a coalition/partnership) must submit a separate and complete application for each proposed project.
- Each application, including attachments, should be combined in one PDF document.
- All applications should be clear, concise, and complete.
- Each application must be submitted with the following application naming convention:  
**Organization Name Public Health ARPA22 Project #, e.g., ABC Org. Public Health ARPA22 Project #1**
- The following will not be accepted:
  - Additional information that is not specially requested in this RFA, such as letters of reference, brochures or flyers
  - Paper copies of the application
  - Postmarks or hand-delivered applications
  - Incomplete electronic submittals
  - Additional submission or information after the Application Submission Deadline, unless specifically requested by the County
- All costs associated with the preparation and submission of this application will be borne by the applicant.
- All applications become the property of the County of San Luis Obispo and will become public information after the submission deadline.
- Applications should be **SUBMITTED ELECTRONICALLY ONLY** to the following address:  
[PublicHealth.ARPA@co.slo.ca.us](mailto:PublicHealth.ARPA@co.slo.ca.us)
- Any questions regarding the RFA or the application process should be submitted to:  
[PublicHealth.ARPA@co.slo.ca.us](mailto:PublicHealth.ARPA@co.slo.ca.us)

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### 3. Review and Recommendation

The Leadership Council and Steering Committee of SLO Health Counts will review and evaluate the applications. Their recommendations will be considered by the Board of Supervisors during a regularly scheduled meeting as noted in the [Timeline](#) above.

The County will evaluate applications based on, but not limited to, the following criteria:

Application Evaluation Parameters	Points
SLO County CHIP Critical Health Impact Areas metrics & the impact of COVID	30
Populations to be Served to Enhance Access to Care	30
Organizational Capacity & Project Components	20
Project Work Plan	10
Project Budget	10
<b>Total</b>	<b>100</b>

Once the Board has approved funding, projects will be expected to begin upon contract execution.

### 4. Compliance and Reporting

A recipient must comply with all other applicable Federal statutes, regulations, and executive orders, and a recipient shall provide for compliance with the American Rescue Plan Act and any interpretive guidance by other parties in any agreements it enters into with other parties relating to these funds.

A recipient must comply with eligible uses for funding under the Coronavirus State and Local Fiscal Recovery Funds (SLFRF) Final Rule, found here: [SLFRF-Final-Rule.pdf \(treasury.gov\)](#).

A recipient must commit and agree to provide quarterly workplan progress reports and quarterly spending reports, by the 15th of the month following the end of each quarter. A template will be provided to awardees. Awardees will also agree to abide by all conditions in the funding contract.

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## Section III: Eligibility Requirements Worksheet

Put a check mark in the “Yes” or “No” column next to each question below to assess your organization’s eligibility to apply for one-time Public Health ARPA funding through the County of San Luis Obispo.

Eligibility Requirements:	Yes	No
<p>1. <b>SLO County CHIP Critical Health Impact Areas:</b> Will the proposed project address and/or contribute to <b>one or more</b> of the following Health Impact Areas?            See <a href="#">Critical Needs</a> data in <a href="#">SLOHealthCounts.org Stories</a></p> <p><b><u>Access to Care:</u></b>            SLO County has long faced healthcare workforce challenges and disparities in access to care. The pandemic has made these challenges even more extreme. Building a robust healthcare workforce and ensuring equitable access to care will be key to a healthy future for our community. Some metrics include:</p> <ul style="list-style-type: none"> <li>• Decrease healthcare worker shortages (Access to Care)</li> <li>• Reduce ethnic disparities in access to usual source of healthcare (Access to Care)</li> </ul> <p><b><u>Mental Health &amp; Substance Abuse:</u></b>            The pandemic and related social isolation exacerbated mental health and substance abuse problems that were already on the rise for many populations in the years prior to the pandemic. Addressing these complex challenges will be key to building individual and communitywide foundations for long-term health. Some metrics include:</p> <ul style="list-style-type: none"> <li>• Reduce number of deaths by suicide (Social/Emotional Wellness)</li> <li>• Reduce drug induced deaths (Social/Emotional Wellness)</li> <li>• Reduce % of youth who report chronic sad or hopeless feelings (Social/Emotional Wellness)</li> <li>• Reduce binge drinking associated with pregnancy (Maternal, Child, &amp; Adolescent Health)</li> <li>• Decrease % of pre-natal women experiencing depressive symptoms (Maternal, Child, &amp; Adolescent Health)</li> </ul> <p><b><u>Food Access:</u></b>            Many households struggled to meet their basic needs during the pandemic, including access to healthy food. Addressing this need will be key to a robust and complete recovery as a community. Some metrics include:</p> <ul style="list-style-type: none"> <li>• Increase enrollment of eligible individuals in the SLO County CalFresh program (Social Determinants of Health)</li> <li>• Decrease % of population that experienced food insecurity at some point during the year (Social Determinants of Health)</li> </ul> <p><b><u>Healthy Aging:</u></b>            Seniors worldwide, including in SLO County, faced a disproportionate burden of both the physical and emotional impacts of the pandemic and the related grief and social isolation. Alleviating those physical and emotional burdens can increase the quality and length of our seniors' lives. Some metrics include:</p> <ul style="list-style-type: none"> <li>• Reduce incidence of Alzheimer’s Disease (Chronic Disease &amp; Health Behaviors)</li> <li>• Reduce number of deaths due to Alzheimer’s Disease (Chronic Disease &amp; Health Behaviors)</li> </ul>		
<p>2. <b>Addressing the Impact of the COVID-19 Pandemic:</b> Will the proposed project directly or indirectly address one of the CHIP Critical Health Impact Areas (see #1 above) exacerbated by the impact of the COVID-19 pandemic?</p>		
<p>3. <b>Service Area:</b> Will your project focus on serving residents in the San Luis Obispo County geographical area?</p>		

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4. <b>Organizational Structure:</b> Is your organization an IRS 501(c)3 non-profit organization, a governmental agency, a private business entity, or a community-based organization, coalition, or partnership? (NOTE: Individuals are NOT eligible to apply, and coalitions must designate a lead agency/fiscal agent.)		
5. <b>Proposed Project Budget:</b> Is your proposed project budget valued at a <i>minimum</i> of \$50,000 for a capital expense project (e.g., vehicles, equipment, or other one-time purchases) or a <i>minimum</i> of \$200,000 for an operating expense project or a service or program project?		
6. <b>Budget Expenditure Timeline:</b> Funds must be obligated* by 12/31/2024 and expended by 12/31/2026. If your project is awarded funding, will funds be obligated prior to 12/31/2024 and expended by 12/31/2026?		
7. <b>Supplemental Funding:</b> If your project is awarded funding, will the funds be used to supplement, not supplant or replace, other sources of revenue for this project?		

If you answered “Yes” to **all 7 of the questions above**, your organization is eligible to apply for ARPA Public Health Impacts Funding. Please review [Section IV: Funding Priorities Worksheet](#) which follows to see how well your proposed project aligns with the funding priorities.

\* “Obligations are orders placed for property and services, contracts and subawards made, and similar transactions during a given period that require payment by the non-Federal entity during the same or a future period.” 2 CFR § 200.71 – Obligations under Part 200 Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards

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## Section IV: Funding Priorities Worksheet

In addition to the Eligibility Requirements listed in [Section III](#) above, projects will be reviewed and considered based on the following funding priorities. Put a check mark in the “Yes” or “No” column next to each question below to assess how well your proposed project aligns with these funding priorities:

Populations to be Served	Yes	No
Will the proposed project improve health metrics for the above SLO County CHIP Critical Health Impact Areas by enhancing access to care in any of the following ways?		
1. <b>Geographical Areas:</b> Will your project serve residents in one or more under-resourced communities in SLO County? (Census tracts designated as “under-resourced” based upon Healthy People Index and SLOCOG data include: downtown Paso Robles, San Miguel, Shandon, downtown Atascadero, North Coast, Morro Bay, Los Osos, San Luis Obispo near Cal Poly & S. Higuera, Grover Beach, Oceano, and Nipomo.) See <a href="#">Health Status by Geography</a> data on <a href="#">SLOHealthCounts.org Stories</a>		
2. <b>Populations of Focus:</b> Will your proposed project increase your organization’s capacity to serve families with young children, youth, seniors, non-English-speaking individuals or families, immigrants, farmworkers, racial or ethnic minorities, low-income persons or families, or other underserved populations?		
3. <b>Health Disparities:</b> Will this project address health disparities that have been exacerbated by the pandemic, remove barriers or hurdles to accessing services for community members, address root causes of inequities (i.e., racism, gender inequality, power imbalances), or improve health equity in SLO County?		
Organizational Capacity and Project Components	Yes	No
1. <b>Complement Existing Services:</b> Does your proposed project complement, rather than duplicate, existing services provided by your organization or other organizations in the community? NOTE: Expansion of existing services is acceptable.		
2. <b>Evidence-Based Practices:</b> If your proposed project will implement a program and/or service, will it leverage existing evidence-based or evidence-informed practice(s) or models?		
3. <b>Community-Based Coalitions, Partnerships:</b> Are you the lead organization / agency that is representing a community-based coalition or partnership, or are you planning to engage grassroots organizations that represent the needs of those you will serve with your project?		
4. <b>Funding Sources:</b> Will your proposed project be funded 100% for a one-time expense or will your organization leverage other funding to ensure effective project implementation?		
5. <b>Project Sustainability:</b> Since ARPA funding is a one-time award, will your project be sustainable after the ARPA funds are exhausted?		
6. <b>Project Implementation &amp; Evaluation:</b> Does your organization have the capacity to implement project components and conduct effective evaluation to determine results and impact?		

If you answered “Yes” to a majority of the above priorities, your project may be aligned with this funding opportunity and, therefore, you may be interested in proceeding with the application process. NOTE: Answering “Yes” to these questions and submitting an application does not imply or guarantee funding.

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## Section V: Application

Submit the following Application components in one electronic PDF file for each project proposal (detailed instructions on each component follow):

1. Summary Sheet
2. Background on your Organization or Community Coalition/Partnership
3. Project Information Narrative
4. Project Work Plan
5. Project Budget
6. Attachments A, B, C, D & E for all organizations;  
Attachments F, G, H, I & J, as appropriate to your organization

### Detailed Instructions for each Application component:

#### 1. Summary Sheet

The application must have a one-page summary sheet that clearly identifies:

- A. RFA Applying for: Public Health ARPA 22
- B. Project Title
- C. Organization, Agency, or Coalition Name
- D. If Coalition, name of fiscal agent and lead agency, if different
- E. Project Contact Person
- F. Current Mailing Address
- G. Phone number
- H. E-mail address
- I. Project Summary: One paragraph that briefly describes the project for which your organization (or coalition/partnership) requests funding
- J. Amount of funding your organization or coalition/partnership is requesting for this project (minimum must be \$50,000 for capital expense projects, such as vehicles, equipment, or other one-time purchases and \$200,000 for operating expense projects / service or program projects)

#### 2. Background on Your Organization or Community Coalition/Partnership:

- A. **Single Organization Information:** Complete this section if applying as a single organization
  1. List organizational structure:
    - a. IRS 501(c)3 non-profit organization
    - b. Governmental agency
    - c. Private business entity
    - d. Other community-based organization
  2. What is the organizational mission statement?
  3. What is the primary type of programs/services/products that you deliver?
  4. What is the annual operating budget of your organization?
  5. What are the organization's primary sources of revenue/income?

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6. How many people support the delivery of existing programs/services?
    - a. Number of employees:
    - b. Number of actively engaged volunteers:
  7. What funding, if any, has the organization already received through the federal ARPA legislation since 2020?
  8. What non-ARPA related funding, if any, did the organization receive from the County of San Luis Obispo in 2021? Please include the amount of funding as well as the project objectives for this funding.
- B. Community Coalition/Partnership Information** (complete this section if your organization is the lead agency applying on behalf of a community coalition or partnership):
- A. List the names of the organizations that are engaged in this coalition/partnership
  - B. In what year was this coalition/partnership formed?
  - C. For each coalition/partner organization, list the:
    - a. Organizational structure:
      - i. IRS 501(c)3 non-profit organization
      - ii. Governmental agency
      - iii. Private business entity
      - iv. Other community-based organization
    - b. Organizational mission statement
    - c. Primary type of programs/services/products that the organization delivers
    - d. Annual operating budget of the organization
    - e. Primary sources of revenue/income for the organization
    - f. Number of people who support the delivery of existing programs/services
      - i. Number of employees:
      - ii. Number of actively engaged volunteers:
    - g. The funding that each organization already received through the federal ARPA legislation since 2020, if any.
    - h. Non-ARPA related funding received by each organization from County of San Luis Obispo in 2021, if any. Please include the amount of funding as well as the project objectives for this funding.

### 3. Project Information Narrative

**(Recommended page limit for this section is 10 pages)**

Please answer the following questions in your application in this order:

- A. **Proposed Project:** Please describe the project for which the organization (or coalition/partnership) requests funding through the ARPA Public Health Impacts funding opportunity.
- B. **SLO County CHIP Critical Health Impact Areas metrics & the impact of COVID-19 (Maximum 30 points):**
  1. **SLO County CHIP Critical Health Impact Areas:**
    - a. How will the proposed project address and/or contribute to one or more of the critical health impact areas identified in [Section III: Eligibility Requirements Worksheet](#), Item 1?



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6. **Project Implementation:** What resources does the organization have in place to ensure effective implementation of the project (e.g., staff, board, and volunteer engagement; facilities; policies and procedures; equipment and materials; etc.)?
7. **Project Evaluation Methodology:** How will the organization conduct effective evaluation to determine the results and impact of the project on the SLO County CHIP Critical Health Impact Areas?



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**5. Project Budget (Maximum 10 points)**

**Revenues**

*Please list the anticipated Revenue Sources for the project, including the requested Public Health ARPA funding. Other possible Revenue Sources include other grants, donations from individuals, business support, events, fees for service, etc.*

Source of Income	Amount Budgeted	Amount Already Secured	Description/Explanation
	\$	\$	
<b>TOTAL</b>	\$	\$	

**List In-kind (Non-cash) Contributions Requested/Secured**

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**Expenditures**

*Provide budget information for all Expenditure Categories. You may add additional lines as needed. Please provide, by category, both the amount budgeted for the entire project as well as the amount requested from Public Health (PH) ARPA funds. In the Description/Explanation section, provide specific details about the expenditures.*

<b>Budget Category</b>	<b>Amount Budgeted for Entire Project</b>	<b>Amount Requested from PH APRA</b>	<b>Description/Explanation</b>
Project Personnel	\$	\$	Detail positions and project duties, % of time spent on project, annual salary, fringe and benefits
Supplies/Materials	\$	\$	
Technology/Equipment	\$	\$	
Marketing/Outreach	\$	\$	
Travel	\$	\$	
Training/Registration	\$	\$	
Rent	\$	\$	
Subcontracts	\$	\$	Detail subcontracting entities and their Scope of Work
Other:	\$	\$	
Indirect (up to 10% of total expenditures)	\$	\$	
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	

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**Explanatory Notes** *(Use the Description/Explanation column above to provide any explanations for a particular Expenditure Category or Revenue Source. Use this space, if needed, to provide any explanation related to the overall financial health of the program seeking funding.)*

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## 6. Application Attachment List

**Include the following attachments in the same application PDF electronic file as items 1 to 5:**

- A. Attachment A: Current Year Organizational Budget or Coalition Operating Budget
- B. Attachment B: Key Project Personnel—include a short description of their background
- C. Attachment C: Board of Directors Roster and/or Relevant Advisory Board Rosters
- D. Attachment D: Organization’s adopted policy or statement on inclusion, diversity, or affirmative action
- E. Attachment E: Risk Assessment Questionnaire (found in [Appendix A](#))

For Coalitions/Partnerships:

- F. Attachment F: Coalition/Partnership Member Roster with organizational affiliation
- G. Attachment G: Coalition/Partnership Memorandums of Understanding (MOUs), Coalition Bylaws/Charters, or Letters of Support from partner organizations

For Non-Profit Organizations:

- H. Attachment H: Tax-exempt status documentation, e.g., IRS determination letter, Current status of non-profit organization from Secretary of State and Attorney General Office. (See [Appendix B: Instructions for Obtaining Tax Status Documentation](#))

For Private Organizations:

- I. Attachment I: Tax status documentation, e.g., IRS determination letter, Current business or organization status from Secretary of State and Attorney General Office. (See [Appendix B: Instructions for Obtaining Tax Status Documentation](#))

For Governmental Agencies:

- J. Attachment J: SAM (CCR) Status check from the Federal Contractor Registry (See [Appendix C: Instructions for Obtaining SAM Status Documentation](#))

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## Appendix A: Risk Assessment Questionnaire

- List the full names of any partners, owners, officers or other persons occupying a position of authority or responsibility in your organization, as well as their DUNS number.

DUNS Number	Organization

NOTE: A DUNS number is not required but must be listed if the entity has one.

- Have the individual(s) in item #1 been subject to bankruptcy, insolvency or receivership proceedings in the last five (5) years? Yes  No  If yes, please enclose details.
- Has your business/company/organization filed for bankruptcy within the last five (5) years? Yes  No  If so, please enclose details.
- Has your business/company/organization/individual(s) in item #1 ever had a contract for the general type of services/product sought by the County terminated for non-compliance or inadequate performance? Yes  No  If yes, please enclose details.
- Has your business/company/organization/individual(s) in item #1 ever defaulted on a contract for the general type of services/product being sought by the County? Yes  No  If yes, please enclose details.
- Has there been, in the last five (5) years, or is there now pending or threatened, any litigation, arbitration, governmental proceeding or regulatory proceeding involving claims in excess of \$100,000 with respect to the performance of any services or the provision of any product by your business/company/organization/individual(s) in item #1? Yes  No  If yes, please enclose details.
- Has your business/company/organization/individual(s) in item #1 ever defaulted in fulfilling all of its obligations relating to the payment of county taxes, fees, or other obligations? Yes  No  If yes, please enclose details.

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8. In the last five (5) years, has your business/company/organization/individual(s) in item #1, been or currently involved in any action, audit or investigation brought by any federal government agency or authority or by any state or local governmental agency? Yes  No  If yes, please enclose details.
9. In the last five (5) years, has your business/company/organization/individual(s) in item #1 been debarred or suspended for any reason by any federal, state or local government or refrained from bidding on a project due to an agreement with such governmental agency? Yes  No  If yes, please attach a full explanation.
10. In the past five (5) years, has your business/company/organization/individual(s) in item #1 had its surety called upon to complete any contract, whether government or private sector? Yes  No  If yes, please enclose details.
11. In the past five (5) years, has your business/company/organization/individual(s) in item #1 had a revocation, suspension or disbarment of any business or professional permit and/or license? Yes  No  If yes, please enclose details.
12. Has your firm or any of its owners, officers or partners ever been convicted of a federal or state crime of fraud, theft, or any other act of dishonesty? Yes  No  If "yes," identify on a separate signed page the person or persons convicted, the court (the county if a state court, the district or location of the federal court), the year and the criminal conduct.

**Signature**

THE UNDERSIGNED HEREBY CERTIFIES THAT THE RESPONSES PROVIDED ARE CORRECT AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE AND FOR THOSE RESPONSES GIVEN WHICH ARE BASED ON INFORMATION AND BELIEF, THOSE RESPONSES ARE TRUE AND CORRECT BASED ON MY PRESENT BELIEF AND INFORMATION.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ of the year \_\_\_\_\_

Name of organization: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name and title: \_\_\_\_\_

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## Appendix B: Instructions for Obtaining Tax Status Documentation

### Secretary of State Documentation

The screenshot shows the California Secretary of State website. At the top, it features the state seal and the name "Alex Padilla, California Secretary of State". A navigation bar includes links for "About", "Business", "Notary & Authentications", "Elections", "Campaign & Lobbying", "State Archives", "Registries", "News", and "Contact".

The main content area is titled "Business Entities (BE)" and "Business Search". The "Business Search" section includes a search form and instructions. The search form is highlighted with a blue border and contains the following elements:

- A heading: "All fields marked with an asterisk (\*) are required."
- A "Search Type \*" dropdown menu with radio button options for "Corporation Name", "LP/LLC Name", and "Entity Number".
- A "Search Criteria \*" text input field.
- A "Search Filter" dropdown menu currently set to "Keyword".
- A "Search" button.

Below the search form, there are instructions on how to conduct a search:

To conduct a search:

- Select the applicable search type.
- In the "Search Criteria" box, enter the entity name or number you wish to search. Note: If entering the entity number of a corporation, the number must begin with the letter C.
- Select the search filter you wish to use to locate the entity if searching for an entity name.
- Select the Search button.
- For help with searching an entity name or number, refer to [Search Tips](#).

On the left side of the page, there is a sidebar menu with the following items:

- Online Services
  - File LLC Statement of Information
  - File Corporation Statement of Information
  - Business Search
  - Current Processing Dates
  - Disclosure Search
- Service Options
- Name Availability
- Forms, Samples & Fees
- Statements of Information (annual/biennial reports)
- Filing Tips
- Information Requests (certificates, copies & status reports)
- Service of Process

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Provide a copy of either page:

Show  entities per page

Narrow search results:

Entity Number	Registration Date	Status	Entity Name	Jurisdiction	Agent for Service of Process
C0198740	07/17/1945	ACTIVE	<a href="#">CAMBRIA CHAMBER OF COMMERCE</a>	CALIFORNIA	MEL MCCOLLOCH

or

## C0198740 CAMBRIA CHAMBER OF COMMERCE

**Registration Date:** 07/17/1945  
**Jurisdiction:** CALIFORNIA  
**Entity Type:** DOMESTIC NONPROFIT  
**Status:** ACTIVE  
**Agent for Service of Process:** MEL MCCOLLOCH  
 2760 MARLBOROUGH  
 CAMBRIA CA 93428

**Entity Address:** 767 MAIN ST.  
 CAMBRIA CA 93428

**Entity Mailing Address:** 767 MAIN ST.  
 CAMBRIA CA 93428

A Statement of Information is due EVERY ODD-NUMBERED year beginning five months before and through the end of July.

Document Type	File Date	PDF
SI-COMPLETE	05/24/2017	
SI-COMPLETE	06/29/2016	
REGISTRATION	07/17/1945	Image unavailable. Please request paper copy.

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Department of Justice/Office of Attorney General Documentation

State of California  
Department of Justice



Office of the  
Attorney General

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[Search the Files of the Registry of Charitable Trusts](#)

**Registry Verification Search**

The Registry Verification Search allows you to search and verify whether a charitable organization or fundraiser has complied with the Attorney General's registration and reporting requirements. You can also review records and other public filing that a charitable organization or fundraiser has submitted to the Attorney General's Registry of Charitable Trusts. The Registry's database contains copies of most public filings required to be filed by charitable organizations, charitable trustees and fundraising professionals. This tool allows you to download copies of annual registration renewal forms (RRF-1), copies of IRS Forms 990, raffle reports and other fundraising reports that are in the Registry's database.

We recommend the following search tips when searching for a charity or fundraiser by name:

- For Organization Name searches, a full name of the organization is not necessary. For example, a search using the words "KIDS FOR" will show registrations for organizations whose names start with "KIDS FOR" (e.g., KIDS FOR SACRAMENTO and KIDS FOR DOLPHINS).
- An asterisk (\*) may be used as a wildcard. For example, a search using a wildcard \*kids\* will show registration for organizations whose names contain "KIDS".

Also available is a [list of charities in good standing](#) with the Registry. A charity is in "good standing" with the Registry when it is current in all its reporting requirements with the Registry. The [downloadable text file](#), generated monthly, is a snapshot of the charities in good standing at the time it is created. Much of the data, including the Registration Status of charitable organizations, may change at any time based on the processing of new filings or other reasons. To download the file, right-click [here](#) and select "Save link as" or "Save target as" (depends on your browser) to save it to your device.

To confirm data or status for a given organization, use the query tool below.

[Registry Verification Search Tips & Registry and Filing Status Definitions](#)

State Charity Registration Number:

SOS/FTB Corporate/Organization Number (numbers only):

FEIN (numbers only):

Organization Name:

DBA:

Program Type: All

Registration Type: All

Registration Status: All

Provide a copy of either page:

Organization Name	Registration Type	Registration Status	Registration Number	Applicant Number	FEIN	City	State
<a href="#">SOUTH COUNTY VISITOR SERVICES</a>	Charity Registration	Current	CT0193692	1461783	462180142	NIPOMO	CA
1							

Or

County of San Luis Obispo  
 American Rescue Plan Act (ARPA) Public Health Impacts  
 Request for Applications (RFA)

Entity Type is either the Corporate Class as registered with the Secretary of State or based on founding and registration documents submitted to the Registry.			
<b>Organization Name:</b>	SOUTH COUNTY VISITOR SERVICES	<b>IRS FEIN:</b>	462180142
<b>Entity Type:</b>	Public Benefit	<b>SOS/FTB Corporate/Organization Number:</b>	3500439
<b>RCT Registration Number:</b>	CT0193692	<b>Registration Type:</b>	Charity Registration
<b>Program Type:</b>	Charity	<b>Renewal Due Date:</b>	5/15/2018
<b>Issue Date:</b>	3/29/2013	<b>Date This Status:</b>	3/29/2013
<b>Registry Status:</b>	Current		
<b>Date of Last Renewal:</b>	2/27/2017		
Mailing Address			
<b>Street:</b>	180 S MARY AVENUE		
<b>Street Line 2:</b>			
<b>City, State Zip:</b>	NIPOMO CA 93444		
Annual Renewal Data Reported to the Registry			
<b>Status of Filing:</b>	Accepted		
<b>Accounting Period Begin Date:</b>	1/1/2013		
<b>Accounting Period End Date:</b>	12/31/2013		
<b>Total Assets:</b>	\$0.00		
<b>Total Revenue:</b>	\$0.00		

County of San Luis Obispo  
American Rescue Plan Act (ARPA) Public Health Impacts  
Request for Applications (RFA)

## Appendix C: Instructions for Obtaining SAM Status Documentation

Please follow the instructions in the following website and provide a copy with your application.

<http://federalcontractorregistry.com/sam-ccr-status-check/>

**FEDERAL CONTRACTOR REGISTRY**

Call **800-985-7658** for a SAM Registration Specialist

TrustedSite  
CERTIFIED SECURE

HOME RECENT NEWS GOVERNMENT CONTRACTING SAM (CCR) STATUS REGISTER ONLINE CONTACT US

### SAM (CCR) Status Check

**SAM Status Check**  
SYSTEM FOR AWARD MANAGEMENT

**Register Online Now**

**SAM Entity (CCR/ORCA) Status**

Please fill in the form on this page. A registration specialist will research your status and email the results to you.

Please remember to include your legal business name, city, state and email address.

**\*Note:** Each submission is checked and verified by an FCR registration specialist. You will receive your SAM/CCR status check in approximately one (1) hour from time of submission. Thank you for your patience.

DUNS (if available)

**Contact Information**

**General Information/New & Prospective Clients:**  
**CALL:** 1-800-985-7658, Press 2

**Customer Service/Existing Clients:**  
**CALL:** 1-800-985-7658, Press 3  
**EMAIL:** [customerservice@ccorca.com](mailto:customerservice@ccorca.com)

**Send all completed forms to:**  
**FAX:** 1-202-568-6401 or  
**EMAIL:** [inbound@ccorca.com](mailto:inbound@ccorca.com)