

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2022 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2022 Continuum of Care (CoC) Program Competition. For more information see FY 2022 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2022 CoC Program NOFO and the FY 2022 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2022 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/31/2022

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. Legal Name:** San Luis Obispo County
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 95-6000939
- c. Unique Entity Identifier:** J1EJZCHH23K8

d. Address

Street 1: 3433 S Higuera St
Street 2:
City: San Luis Obispo
County: San Luis Obispo
State: California
Country: United States
Zip / Postal Code: 93401

e. Organizational Unit (optional)

Department Name: Social Services
Division Name: Homeless Services

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: George
Middle Name:
Last Name: Solis
Suffix:
Title: Program Manager
Organizational Affiliation: San Luis Obispo County
Telephone Number: (805) 781-1866
Extension:

Fax Number: (805) 781-1833

Email: gdsolis@co.slo.ca.us

1C. SF-424 Application Details

9. Type of Applicant: B. County Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program
CFDA Number: 14.267

12. Funding Opportunity Number: FR-6600-N-25
Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Coordinated Entry Expansion

16. Congressional District(s):

16a. Applicant: CA-024

16b. Project: CA-024
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 06/01/2023

b. End Date: 05/31/2024

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Devin

Middle Name:

Last Name: Drake

Suffix:

Title: Director, Department of Social Services

Telephone Number: (805) 781-1834
(Format: 123-456-7890)

Fax Number: (805) 781-1846
(Format: 123-456-7890)

Email: ddrake@co.slo.ca.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/31/2022

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: San Luis Obispo County

Prefix: Mr.

First Name: Devin

Middle Name:

Last Name: Drake

Suffix:

Title: Director, Department of Social Services

Organizational Affiliation: San Luis Obispo County

Telephone Number: (805) 781-1834

Extension:

Email: ddrake@co.slo.ca.us

City: San Luis Obispo

County: San Luis Obispo

State: California

Country: United States

Zip/Postal Code: 93401

2. Employer ID Number (EIN): 95-6000939

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received

4a. Total Amount Requested for this project: \$72,585.00
 (Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? Yes
 For further information, see 24 CFR Sec. 4.9.

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA		NA	\$0.00	0%
NA		NA	\$0.00	0%
NA		NA	\$0.00	0%
NA		NA	\$0.00	0%
NA		NA	\$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE:

Name / Title of Authorized Official: Devin Drake, Director, Department of Social Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/31/2022

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: San Luis Obispo County
Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
<p>a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.</p>	<p>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p>
<p>b. Establishing an on-going drug-free awareness program to inform employees — (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</p>	<p>f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted — (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;</p>
<p>c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will — (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;</p>	

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Devin

Middle Name

Last Name: Drake

Suffix:

Title: Director, Department of Social Services

Telephone Number: (805) 781-1834
(Format: 123-456-7890)

Fax Number: (805) 781-1846
(Format: 123-456-7890)

Email: ddrake@co.slo.ca.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/31/2022

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: San Luis Obispo County

Name / Title of Authorized Official: Devin Drake, Director, Department of Social Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/31/2022

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: San Luis Obispo County

Street 1: 3433 S Higuera St

Street 2:

City: San Luis Obispo

County: San Luis Obispo

State: California

Country: United States

Zip / Postal Code: 93401

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Mr.

First Name: Devin

Middle Name:

Last Name: Drake

Suffix:

Title: Director, Department of Social Services

Telephone Number: (805) 781-1834
(Format: 123-456-7890)

Fax Number: (805) 781-1846
(Format: 123-456-7890)

Email: ddrake@co.slo.ca.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/31/2022

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

- | | |
|-----|--|
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: San Luis Obispo County
Prefix: Mr.
First Name: Devin

Middle Name:

Last Name: Drake

Suffix:

Title: Director, Department of Social Services

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.

Date Signed: 08/31/2022

1L. SF-424D

Are you requesting CoC Program funds for No
construction costs in this application?

No SF-424D is required. Select "Save and Next" to move to the next screen.

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$72,585

Organization	Type	Sub-Award Amount
Community Action Partnership of San Luis Obispo...	M. Nonprofit with 501C3 IRS Status	\$72,585

2A. Project Subrecipients Detail

a. Organization Name: Community Action Partnership of San Luis Obispo Co. Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 95-2410253

d. Unique Entity Identifier: GBL8FWVCLC5

e. Physical Address

Street 1: 1030 Southwood Dr.

Street 2:

City: San Luis Obispo

State: California

Zip Code: 93401

f. Congressional District(s): CA-024
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$72,585

j. Contact Person

Prefix: Ms.

First Name: Elizabeth
Middle Name:
Last Name: Steinberg
Suffix:
Title: Chief Executive Officer
E-mail Address: esteinberg@capslo.org
Confirm E-mail Address: esteinberg@capslo.org
Phone Number: 805-544-4335
Extension:
Fax Number:

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

Since its designation as the county’s federal Community Action Agency in 1965, CAPSLO has been awarded countless government grants. For over 17 years, CAPSLO has consistently received US Department of Housing and Urban Development (HUD) funding, successfully providing services to San Luis Obispo County’s homeless population. CAPSLO also receives funding through the US Departments of Health and Human Services (HHS), Energy, Agriculture, and Veterans Affairs (VA). State grants include Community Services Block Grants (CSBG), and those through the Departments of Housing Community Development, HHS, and Social Services (DSS). Numerous County of SLO grants is received annually. With over 225 grants awarded each year, CAPSLO is meticulous in completing the required program activities and outcomes as requested by the funder and has a long record of passing all audits/reviews with no findings.

2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

With the necessary infrastructure to successfully implement and monitor complex grants and contracts, CAPSLO undergoes an agency-wide, rigorous audit process annually, including inquiry and observation to understand and evaluate CAPSLO’s internal controls, confirmations, interim testing, and compliance audits, and substantive, procedural analysis. Critical audit areas include compliance with federal and state awards, program and support services expenses, accounts payable and accrued liabilities, program revenue and unearned deferred revenue, cash, property, equipment, and long-term debt.

3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.

CAPSLO's Finance Department will be responsible for processing payment requests. They have a long history of working with the County of San Luis Obispo in submitting payment requests for many grants from various County departments.

**4. Are there any unresolved HUD monitoring or No
OIG audit findings for any HUD grants (including
ESG) under your organization?**

3A. Project Detail

1. CoC Number and Name: CA-614 - San Luis Obispo County CoC

2. CoC Collaborative Applicant Name: County of San Luis Obispo

3. Project Name: Coordinated Entry Expansion

4. Project Status: Standard

5. Component Type: SSO

5a. Select the type of SSO Project: Coordinated Entry

6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

In 2016, CAPSLO, 5 Cities Homeless Coalition (5CHC), and El Camino Homeless Organization (ECHO) were awarded funding for the Coordinated Entry System (CES) to provide a system of screening, diversion, and case management services to homeless individuals and families throughout the county. Together with county staff, the partners have developed an integrated system that prevents duplication of services and streamlines access to the most appropriate service provider to meet client needs. Since its inception in 2017, this collaborative program has served approximately 5,000 households. This expansion of the CES builds upon the success and the lessons learned from the past six years of CES in SLO County. This bonus will include five additional agencies, Transition Mental Health Association (TMHA), Salvation Army, LUMINA, and the Center for Family Strengthening (CFS), and will strive to include all other agencies such as SLO County Behavioral Health and Family Care Network (FCN), among other groups. These other providers in SLO county provide outreach, shelter, navigation, and housing resources to those experiencing homelessness, although on a much smaller scale than the CES agencies. This expansion will allow SLO County CES to address its largest barrier – the bifurcation of the homeless services system and CES between CAPSLO, ECHO, and 5CHC and those agencies not part of the CES. By including these providers, CES will now provide a foundation for prioritizing services for those who are unsheltered, have experienced homelessness for the longest time, and have multiple and severe service needs that inhibit their ability to identify and secure housing on their own quickly. The new agencies bring a wealth of expertise and various services that address broader housing stability issues, including medical, mental health, substance use, and employment challenges.

Since 1989, the Community Action Partnership of San Luis Obispo County (CAPSLO) has provided comprehensive services that shelter, feed, support, and offer case management to individuals and families to end their experience of homelessness, helping them achieve self-sufficiency. CAPSLO’s 40 Prado Homeless Services Center provides 24/7 services, 124 beds allocated for individuals and families experiencing homelessness, a 4-day/week clinic administered by CHC (a community partner), and mental health care onsite five days/week co-administered by CAPSLO and SLO County Behavioral Health.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

Project Milestones	Days from Execution of Grant Agreement			
	A	B	C	D
Begin hiring staff or expending funds	1			

Begin program participant enrollment	1			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin				
Leased or rental assistance units or structure, and supportive services near 100% capacity				
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

N/A - Project Serves All Subpopulations	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

4. As an SSO-Coodinated Entry project answer the following questions:

4a. Will the coordinated entry process cover the CoC's entire geographic area? Yes

4b. Will the coordinated entry process be affirmatively marketed and easily accessible by program participants seeking assistance? Yes

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

Upon receipt of funds, CAPSLO, 5CHC, ECHO, TMHA, Salvation Army, CFS, and other collaborative agencies will notify and train all staff regarding the coordinated entry process and inform the entire network of services providers and other essential agencies and organizations which serve the same target population. One example of sharing information is the HSOC meetings that all homeless service providers attend. Data is distributed in person, over the phone, or through email. In addition, to reach those with the highest barriers to access, All agency staff visit locations frequented by the chronically homeless community, including off-beat locations such as creek beds. Word-of-mouth among the population is a key aspect of outreach - case managers are sought out by those who need that assistance. Clients routinely drop in looking for assistance and resources. Moreover, with the inclusion of additional CES participating agencies, CES will be profoundly more effective in reaching new harder-to-reach populations.

4d. Will the coordinated entry process use a comprehensive, standardized assessment process? Yes

4e. Describe the standardized assessment and referral process that directs individuals and families to appropriate housing and services.

The last page of the universal screening tool has an attached referral sheet, which identifies all the referrals provided to the participant. A copy of this sheet is provided to the participant with the information they need to access necessary services. All participating agencies will use the same assessment and screening tool and upload responses in HMIS and Clienttrack (CAPSLO tracking software). This tool, once completed, now gives CES enough information to match individuals to the appropriate housing resources.

4f. If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following groups: Yes

- (1) adults without children;
- (2) adults accompanied by children;
- (3) unaccompanied youth;
- (4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and
- (5) persons at risk of homelessness?

4g. Will this coordinated entry project refer program participants to projects that specifically coordinates and integrates mainstream health, social services, and employment programs for which they may be eligible? Yes

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project? Yes

Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2022 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: CA1628

1b. Eligible Renewal Grant Project Name: Coordinated Entry

2. Will this expansion project increase the Coordinated Entry process? Yes

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2024? Yes

2. What type of CoC funding is this project applying for in this CoC Program Competition? CoC Bonus

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

* 5. Select the costs for which funding is requested:

Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months?
(13 to 18 months) No

6F. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	Expansion of CES to include additional CES providers. Specifically providing funding to THMA, Salvation Army, LUMINA, CFS, and additional funds to CAPLSO as lead agency.	\$72,585
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$72,585
Grant Term		1 Year
Total Request for Grant Term		\$72,585

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

Total Amount of Cash Commitments:	\$20,000
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$20,000

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Name of Source	Amount of Commitments
Cash	Private	Center for Family...	\$3,000
Cash	Private	Community Action ...	\$17,000

Sources of Match Detail

1. **Type of Match commitment:** Cash
2. **Source:** Private
3. **Name of Source:** Center for Family Strengthening
(Be as specific as possible and include the office or grant program as applicable)
4. **Amount of Written Commitment:** \$3,000

Sources of Match Detail

1. **Type of Match commitment:** Cash
2. **Source:** Private
3. **Name of Source:** Community Action Partnership San Luis Obispo
(Be as specific as possible and include the office or grant program as applicable)
4. **Amount of Written Commitment:** \$17,000

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$72,585	1 Year	\$72,585
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$72,585
8. Admin (Up to 10%)			
9. Total Assistance Plus Admin Requested			\$72,585
10. Cash Match			\$20,000
11. In-Kind Match			\$0
12. Total Match			\$20,000
13. Total Budget			\$92,585

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	CAPSLO non-profit...	08/31/2022
3) Other Attachment(s)	No	Match letters	08/31/2022
2) Other Attachment(s)	No	Indirect rate	08/31/2022

Attachment Details

Document Description: CAPSLO non-profit status

Attachment Details

Document Description: Match letters

Attachment Details

Document Description: Indirect rate

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Devin Drake

Date: 08/31/2022

Title: Director, Department of Social Services

Applicant Organization: San Luis Obispo County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

X

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	08/30/2022
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/31/2022
1E. SF-424 Compliance	08/30/2022

New Project Application FY2022	Page 41	08/31/2022
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1F. SF-424 Declaration	08/30/2022
1G. HUD 2880	08/30/2022
1H. HUD 50070	08/30/2022
1I. Cert. Lobbying	08/30/2022
1J. SF-LLL	08/30/2022
IK. SF-424B	08/30/2022
1L. SF-424D	08/30/2022
2A. Subrecipients	08/31/2022
2B. Experience	08/31/2022
3A. Project Detail	08/31/2022
3B. Description	08/31/2022
3C. Expansion	08/31/2022
6A. Funding Request	08/31/2022
6F. Supp Srvcs Budget	08/31/2022
6I. Match	08/31/2022
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/31/2022
7D. Certification	08/31/2022

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248226129
Aug. 18, 2009 LTR 4168C E0
95-2410253 000000 00
00012792
BODC: TE

COMMUNITY ACTION PARTNERSHIP OF SAN
LUIS OBISPO COUNTY INC
1030 SOUTHWOOD DR
SN LUIS OBISP CA 93401-5813

29993

Employer Identification Number: 95-2410253
Person to Contact: Ms. K. Hilson
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Aug. 07, 2009, regarding your tax-exempt status.

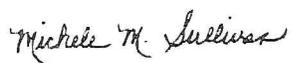
Our records indicate that a determination letter was issued in May 1966, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,



Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

Center for Family Strengthening is dedicated to strengthening families through education and advocacy. Center for Family Strengthening partners with family support organizations in San Luis Obispo County to provide resources to families in need, protect children from abuse and neglect, and ensure that strong families are a community priority.



August 30, 2022

Mr. Devin Drake
Dept. of Social Services Director
San Luis Obispo County
3433 South Higuera
San Luis Obispo, CA 93401

Re: Coordinated Entry Program – Collaboration with Center for Family Strengthening

Dear Mr. Drake,

Center for Family Strengthening the nonprofit home for the Medically Fragile Homeless Program has entered into a Memorandum of Understanding with the Community Action Partnership of San Luis Obispo. The role of Center for Family Strengthening is to provide coordinated entry services as detailed in the Continuum of Care Grant #CA1628L9D141802 between June 1, 2022, and May 31, 2023.

Per the conditions of the grant, Center for Family Strengthening certifies that it will provide a cash match of \$3,000 through private donations and other fundraising activities.

Please feel free to contact me should I be able to answer any additional questions.

Sincerely,

Lisa Fraser

Lisa Fraser, Executive Director
Center for Family Strengthening
lfraser@cfsslo.org 805.543.6216



Wednesday, August 31, 2022

Devin Drake, Director
Department of Social Services
County of San Luis Obispo
3433 South Higuera St.
San Luis Obispo, CA 93401

Dear Mr. Drake:

Per the conditions of FY 2022 Continuum of Care Grant Program, Community Action Partnership of San Luis Obispo Co., Inc. (CAPSLO) certifies that it will provide a match as detailed below:

Type	Source	Contributor	Value
Cash Match	Private Donations	Private Donations	\$12,000.00

Sincerely,

John "Jack" Lahey, MSW
Homeless Services Director

NONPROFIT RATE AGREEMENT

EIN: 95-2410253

DATE: 02/15/2019

ORGANIZATION:

FILING REF.: The preceding agreement was dated 05/09/2017

Community Action Partnership of San Luis Obispo County
FKA: EOC of SLO County
1030 Southwood Drive

San Luis Obispo, CA 93401

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FINAL	04/01/2017	03/31/2018	8.00	All	All Programs
PROV.	04/01/2018	03/31/2021	8.00	All	All Programs

*BASE

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations) and subawards.

ORGANIZATION: Community Action Partnership of San Luis Obispo
County FKA: EOC of SLO County
AGREEMENT DATE: 2/15/2019

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

This organization charges the actual cost of each fringe benefit direct to Federal projects. However, it uses a fringe benefit rate which is applied to salaries and wages in budgeting fringe benefit costs under project proposals. The following fringe benefits are treated as direct costs:

FICA, WORKERS COMPENSATION, AND MAJOR MEDICAL.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

The next indirect cost proposal based on fiscal year ending 03/31/2019 is due by 09/30/2019.

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000.

ORGANIZATION: Community Action Partnership of San Luis Obispo
County FKA: EOC of SLO County

AGREEMENT DATE: 2/15/2019

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted: such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Community Action Partnership of San Luis Obispo County FKA: EOC of
SLO County

(INSTITUTION)

(SIGNATURE)

Elizabeth Steinberg

(NAME)

Chief Executive Officer

(TITLE)

2/21/2019

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Arif M. Karim -S

Digitally signed by Arif M. Karim -S
DN: c=US, o=U.S. Government, ou=HHS,
ou=PSC, ou=People, cn=Arif M. Karim -S,
0.9.2342.19200300.100.1.1=2000212895
Date: 2019.02.19 09:29:39 -06'00'

(SIGNATURE)

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

2/15/2019

(DATE) 2419

HHS REPRESENTATIVE:

Tyra Tallie

Telephone:

(214) 767-3261