

## 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](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto: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](mailto: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) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO and the FY 2023 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 2023 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: 09/26/2023

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:** Ms.  
**First Name:** Erica  
**Middle Name:**  
**Last Name:** Jaramillo  
**Suffix:**  
**Title:** Program Manager  
**Organizational Affiliation:** San Luis Obispo County  
**Telephone Number:** (805) 788-9453  
**Extension:**

**Fax Number:** (805) 788-2457

**Email:** [ejaramillo@co.slo.ca.us](mailto:ejaramillo@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-6700-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 2023

16. Congressional District(s):

16a. Applicant: CA-024

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

17. Proposed Project

a. Start Date: 06/01/2024

b. End Date: 05/31/2025

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:** 09/26/2023



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2501-0017 (exp. 1/31/2026)**

## 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: \$121,173.00**

(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)? For further information, see 24 CFR Sec. 4.9. Yes**

**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**

**Do you need to disclose interested parties for this grant according to the criteria below?** No

**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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.

X
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**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:** 09/26/2023

# 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:	
a.	<p>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>
b.	<p>Establishing an on-going drug-free awareness program to inform employees —</p> <ul style="list-style-type: none"> <li>(1) The dangers of drug abuse in the workplace</li> <li>(2) The Applicant's policy of maintaining a drug-free workplace;</li> <li>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and</li> <li>(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</li> </ul>
c.	<p>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>
d.	<p>Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will —</p> <ul style="list-style-type: none"> <li>(1) Abide by the terms of the statement; and</li> <li>(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;</li> </ul>
e.	<p>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>
f.	<p>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 —</p> <ul style="list-style-type: none"> <li>(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</li> <li>(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;</li> </ul>
g.	<p>Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</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
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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:** 09/26/2023

## **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:** 09/26/2023

# 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:** 09/26/2023

## 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:** 09/26/2023

## 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: \$121,173**

Organization	Type	Sub-Award Amount
Community Action Partnership of San Luis Obispo...	M. Nonprofit with 501C3 IRS Status	\$121,173

## 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:** GBL8FWWWVCLC5

**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:** \$121,173

**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:** 805-544-4355  
**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.

**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 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  
OIG audit findings for any HUD grants (including  
ESG) under your organization?** No

### 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 2023

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

10. Is this project applying for Rural costs on screen 6A? No

### 3B. Project Description

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

agencies by five: Transition Mental Health Association (TMHA), Salvation Army, LUMINA, the Center for Family Strengthening (CFS), and Family Care Network (FCN). The new agencies bring expertise and various services that address broader housing stability issues, including medical, mental health, substance use, and employment challenges. However, CES will seek to further expand to all providers who provide homeless services or related services to this population in the coming grant year, including but not limited to Good Samaritan, Family Care Network (FCN), People Assisting the Homeless (PATH), SLO County Department of Social Services, SLO County Drug and Alcohol, SLO County Public Health, SLO County Behavioral Health, SLO City Mobile Crisis Unit (MCU), C and any other agencies that are providing homeless services in SLO County.

This grant application continues and expands the current CES in SLO County. This system has been established to increase efficiency in delivering services and resources to those experiencing homelessness in SLO. In the previous grant year, CES participating agencies met and showed improvements to the current CES. This project will further clarify and expand the CES program areas: CES Management, Policy Oversight, and Evaluation. Currently, the Community Action Partnership of San Luis Obispo (CAPSLO) is the designated CES management entity, SLO County DSS and HSOC are the appointed policy oversight entities, and CAPSLO will work with SLO County DSS and HSOC to establish a qualified third-party evaluation organization.

**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	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	30			
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.**

CAPSLO has participated in various community meetings that are focused on a diverse array of populations, with staff in leadership roles in multiple aspects of the social safety net. There is a frequent collaboration between CAPSLO departments and other nonprofits with a focus on addressing any service delivery gaps that are brought forward in those spaces. For example, it was identified in multiple community meetings that those who are in a shelter and experience homelessness in SLO County are increasing in overall age, and there have been increases in age-related incidents (falls) within these facilities. This was reinforced by multiple program suggestions by current participants to support better those who have increased geriatric conditions while experiencing homelessness.

CAPSLO also has implemented a functional model approach to its homeless services division, focusing on the ability to deliver the full continuum of services with ease through partner agencies or via CAPSLO itself. Through this process, CAPSLO was able to identify a gap in services being offered to individuals in outreach, safe parking, shelter programs for families, and housing navigation.

In addition to being embedded in planning or coordination meetings with service providers, CAPSLO regularly solicits and integrates feedback from program participants through participant advisory bodies, annual satisfaction surveys, and monthly town hall meetings.

**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 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. Also, the case manager contacts the referral source and provides them with the participant's information if the participant consents to the transfer of information. Additionally, in the current grant year, this screening tool was adopted as the universal intake for all CES providers and added in questions that would allow agencies to determine a participant's eligibility for all housing programs, increasing efficiencies for all programs and making this process more client-centered.

**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?

### 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 2023 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: CA1628

1b. Eligible Renewal Grant Project Name: Coordinated Entry Renewal 2023

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, 2025? **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? **Yes**

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

### 3a. Complete the indirect cost rate table below

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Plan approved by cognizant agency or will use 10% de minimis rate
Department of Health and Human Services	8%	\$121,173	

**The applicant must complete the row in the indirect cost rate schedule.**

4. Select a grant term: **1 Year**

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

Supportive Services	X
HMIS	
VAWA	X
Rural	

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

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
<b>1. Assessment of Service Needs</b>	Expansion of CES to include additional CES providers. Specifically providing funding to additional agencies and non-profits providing homeless services, and additional funds to all agencies to address the need to increase capacity in joining CES. Additional Funds to ECHO and 5CHC to develop regional lead agencies in CES.	\$111,173
<b>2. Assistance with Moving Costs</b>		
<b>3. Case Management</b>		
<b>4. Child Care</b>		
<b>5. Education Services</b>		
<b>6. Employment Assistance</b>		
<b>7. Food</b>		
<b>8. Housing/Counseling Services</b>		
<b>9. Legal Services</b>		
<b>10. Life Skills</b>		
<b>11. Mental Health Services</b>		
<b>12. Outpatient Health Services</b>		
<b>13. Outreach Services</b>		
<b>14. Substance Abuse Treatment Services</b>		
<b>15. Transportation</b>		
<b>16. Utility Deposits</b>		
<b>17. Operating Costs</b>		
<b>Total Annual Assistance Requested</b>		\$111,173
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$111,173

Click the 'Save' button to automatically calculate totals.

# VAWA Budget

## VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.



Enter the estimated amount(s) you are requesting for this project’s Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	\$0
Estimated budget amount for VAWA Confidentiality Requirements:	\$10,000

CoC VAWA BLI Total:	\$10,000
Grant Term	1 Year
Total Request for Grant Term	\$10,000

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:	\$32,785
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$32,785

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	Community Action ...	\$22,285
Cash	Private	El Camino Homeles...	\$4,500
Cash	Private	5 Cities Homeless...	\$6,000

## 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: \$22,285

## Sources of Match Detail

1. Type of Match commitment: Cash  
2. Source: Private  
3. Name of Source: El Camino Homeless Organization  
(Be as specific as possible and include the office or grant program as applicable)  
4. Amount of Written Commitment: \$4,500

## Sources of Match Detail

1. Type of Match commitment: Cash  
2. Source: Private  
3. Name of Source: 5 Cities Homeless Coalition  
(Be as specific as possible and include the office or grant program as applicable)  
4. Amount of Written Commitment: \$6,000

## 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 (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			\$0
1b. Rehabilitation (Screen 6B)			\$0
1c. New Construction (Screen 6B)			\$0
2a. Leased Units (Screen 6C)	\$0	1 Year	\$0
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$0	1 Year	\$0
4. Supportive Services (Screen 6F)	\$111,173	1 Year	\$111,173
5. Operating (Screen 6G)	\$0	1 Year	\$0
6. HMIS (Screen 6H)	\$0	1 Year	\$0
&nbsp;7. VAWA	\$10,000	1 Year	\$10,000
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$121,173
10. Admin (Up to 10% of Sub-total in #9)			
11. HUD funded Sub-total + Admin. Requested			\$121,173
12. Cash Match (From Screen 6I)			\$32,785
13. In-Kind Match (From Screen 6I)			\$0
14. Total Match (From Screen 6I)			\$32,785
15. Total Project Budget for this grant, including Match			\$153,958

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...	08/16/2023
2) Other Attachment(s)	No	Match letters	08/16/2023
3) Other Attachment(s)	No		

## Attachment Details

**Document Description:** CAPSLO non-profit status & Indirect

## Attachment Details

**Document Description:** Match letters

## Attachment Details

**Document Description:**



## 7D. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)  
U.S. Department of Housing and Urban Development OMB Approval No.  
2501-0017  
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

**Name of Authorized Certifying Official:** Devin Drake  
**Date:** 09/26/2023  
**Title:** Director, Department of Social Services  
**Applicant Organization:** San Luis Obispo County

**PHA Number (For PHA Applicants Only):**

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **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, 1014; 31 U.S.C. §3729, 3802).**

X
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## 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	09/26/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/26/2023

<b>1E. SF-424 Compliance</b>	09/26/2023
<b>1F. SF-424 Declaration</b>	09/26/2023
<b>1G. HUD 2880</b>	09/26/2023
<b>1H. HUD 50070</b>	09/26/2023
<b>1I. Cert. Lobbying</b>	09/26/2023
<b>1J. SF-LLL</b>	09/26/2023
<b>IK. SF-424B</b>	09/26/2023
<b>1L. SF-424D</b>	09/26/2023
<b>2A. Subrecipients</b>	09/26/2023
<b>2B. Experience</b>	09/26/2023
<b>3A. Project Detail</b>	09/26/2023
<b>3B. Description</b>	09/26/2023
<b>3C. Expansion</b>	09/26/2023
<b>6A. Funding Request</b>	09/26/2023
<b>6F. Supp Srvcs Budget</b>	09/26/2023
<b>VAWA Budget</b>	No Input Required
<b>6I. Match</b>	09/26/2023
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/26/2023
<b>7D. Certification</b>	09/26/2023

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.

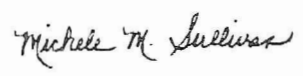
Our records indicate that a determination letter was issued in May 1966, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

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

**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.

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**SECTION I: INDIRECT COST RATES**

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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

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**SECTION II: SPECIAL REMARKS**

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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

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**SECTION III: GENERAL**

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**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)

(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



# ECHO

El Camino Homeless Organization



— EST. 2001 —

## President & CEO

Wendy Lewis

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Kelly Rubio  
Tess David Cheek

6370 Atascadero Avenue  
Atascadero, CA 93422

1134 Black Oak Drive,  
Paso Robles, CA 93446

[www.echoshelter.org](http://www.echoshelter.org)  
(805) 462-3663

**All contributions to ECHO  
are tax-deductible.**

501(c)(3)  
Tax ID# 77-0545434

August 16, 2023

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 CAPLSO

Dear Mr. Drake,

The El Camino Homeless Organization (ECHO) has entered into a Memorandum of Understanding, in the amount of \$18,000, with the Community Action Partnership of San Luis Obispo. The role of ECHO is to provide coordinated entry services as detailed in the Continuum of Care Grant #CA1628L9D141802 between June 1, 2024 and May 31, 2025.

Per the conditions of the grant, ECHO certifies that it will provide a cash match of \$4,500 through private donations.

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

Sincerely,

A handwritten signature in cursive script that reads "Wendy Lewis".

Wendy Lewis  
CEO/President  
ECHO  
805.792.0090



5cities homeless coalition  
resources. support. hope.

**5Cities Homeless Coalition  
Board of Directors**

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- Jeff Lee, Vice President
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- Adam Verdin
- Mike Wooten

**Executive Director**

Janna Nichols  
Janna.Nichols@5chc.org

**www5CHC.org**

P.O. Box 558  
Grover Beach, CA 93483  
Office (805) 574-1638  
Fax (805) 668-2380

**5Cities Homeless Coalition**

A 501(c)(3)  
Nonprofit Corporation  
ID #27-041359

August 16, 2023

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

Re: CA1628L9D141802 Coordinated Entry Program  
– Continuum of Care

Dear Mr. Drake,

5Cities Homeless Coalition has entered into a Memorandum of Understanding in Community Action Partnership of San Luis Obispo for submittal of a Bonus Grant application to expand Coordinated Entry Services in San Luis Obispo County.

We have been a founding partner in developing the Coordinated Entry System for our county, and are committed to formalizing our role as a Regional Lead to facilitate improved access and referral services with additional area partners. As has been our practice, 5Cities Homeless Coalition is committed to serving the southern portion of San Luis Obispo County for Coordinated Entry services, including the Cities of Pismo Beach, Arroyo Grande, Grover Beach, and the unincorporated areas of Avila Beach to the County’s southern border including Oceano and Nipomo.

Per the conditions of this grant application, 5Cities Homeless Coalition certifies that it will provide a minimum of \$6,000 in-kind match as detailed below:

Match	Type	Source	Contributor	Value
Match	Cash	Private Donations	Private Donations	\$6,000

If I can answer additional questions, please contact me.

Sincerely,

Janna Nichols  
Executive Director  
(805) 574-1638, ext. 102  
5Cities Homeless Coalition





1030 Southwood Drive  
San Luis Obispo, California 93401  
P 805.544.4355  
F 805.781.3989  
[www.capslo.org](http://www.capslo.org)

August 2023

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 2024-25 Continuum of Care Grant Program, the Community Action Partnership of San Luis Obispo Co., Inc. (CAPSLO) certifies that it will provide a match as detailed below:

	Type	Source	Contributor	Value
Annual	Cash Match	Private Donations	Private Donations	\$22,285

John "Jack" Lahey, MSW  
Director of Homeless Services