

Overview

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Case Id: 30670
Name: NBLY 2026 Test - 2026
Address: *No Address Assigned

Overview

Please provide the following information.



County of San Luis Obispo Homeless Housing, Assistance, and Prevention Program (HHAP)

Department of Social Services
Adult and Homeless Services
Branch
PO Box 8119
San Luis Obispo, CA 93403-8119
HSDGrants@co.slo.ca.us

Homeless Housing, Assistance and Prevention (HHAP) Round 5 and 6 funding is available. **The County of San Luis Obispo Spring 2026 Request for Proposals (RFP)** is posted on the County’s Department of Social Services – Homeless Services Division website at slocounty.gov/HomelessServicesGrants.

Applications for the Spring 2026 RFP will be accepted until the **5:00 pm submission deadline on April 24, 2026**.

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

HHAP funding may be utilized on evidence-based solutions that prevent, reduce and end homelessness. Grantees may not use HHAP grant funding to supplant existing local funds for homeless housing, assistance, or prevention, and funds must be expended in compliance with Housing First requirements per Health and Safety Codes Section HSC 50234(f) and 50241(f).

HHAP-5, the fifth round of California’s Homeless Housing, Assistance and Prevention (HHAP) Program, provides flexible grant funding to Continuums of Care (CoCs), large cities, and counties to address homelessness. This round is established for the purpose of organizing and deploying the full array of homelessness programs and resources comprehensively and effectively, and to sustain existing federal, state, and local investments towards long term sustainability of housing and supportive services

HHAP-6 is intended to reflect the state’s priorities to prevent and expeditiously reduce unsheltered homelessness through homelessness prevention activities and sustain existing interim housing solutions and permanent housing solutions, including long-term sustainability of permanent affordable housing.

Please note that all documents uploaded into this application **must be less than 100 MB in file size**. We cannot accept documents via email or through another platform, such as Dropbox or Google Drive. Applicants may split larger documents into multiple smaller files, label them appropriately with “part X of X” and then upload them directly into this application.

Do not upload password-protected documents into this application. All password-protected documents will be removed during threshold review and this may negatively impact scoring of your application.

A. Applicant Information

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A. Applicant Information

Please provide the following information.

PRIMARY APPLICANT INFORMATION-LEAD AGENCY

A.1. Organization Name

A.2. Type of Organization

A.2.a. Define Other:

A.3. UEI Number: For more information, visit [SAM.GOV](https://sam.gov)

A.3.a. Please upload the following documentation:

Proof of Active SAM.gov Registration ***Required**

***No files uploaded*

A.4. Address

A.5. Is the organization faith based?

A.6. Date of Incorporation

A.7. Please upload the following documentation:

Incorporation Documents ***Required**

***No files uploaded*

Organization Mission Statement ***Required**

***No files uploaded*

General Liability Insurance ***Required**

***No files uploaded*

A.8. Required Acknowledgement of Insurance Requirements. Has your organization read and understood the insurance requirements listed in ["HHAP Example Exhibit D - Insurance Requirements"](#)?

A.9. Annual Operating Budget

\$0.00

A.10. Number of Paid Staff

A.11. Number of Volunteers

CONTACT INFORMATION

A.12. Contact Person Name

A.12a. Contact Person Title

A.12b. Phone Number

A.12c. Email

FINANCE CONTACT INFORMATION

A.13. Finance Contact Person Name

A.13a. Finance Contact Person Title

A.13b. Finance Phone Number

A.13c. Finance Email

B. Applicant Capacity

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B. Applicant Capacity

Please provide the following information.

B.1. Describe the organization's history of receiving and managing grants from County/State/Federal sources.

B.2. Describe how the organization participates in HMIS, Coordinated Entry, and the San Luis Obispo County Continuum of Care.

B.3. Briefly describe your organization's auditing requirements (as outlined in [2 CFR § 200.500](#) and [24 CFR § 5.801](#)), including those for the proposed project.

B.3.a. Please upload your organization's Most Recent Financial Audit.



Most Recent Financial Audit ***Required**

***No files uploaded*

B.4. Describe the organization's experience delivering related programs/projects.

B.5. How will you document and maintain income status or presumed benefit status of each beneficiary in compliance with regulations?

B.6. Briefly describe your agency's record keeping system with relevance to the proposed project.

B.7. Identify all budgeted funds for project related costs. Include leveraged funding to exhibit financial sustainability of the project beyond the grant term if awarded.

B.8. Does your organization comply with the Generally Accepted Accounting Principles (as outlined in [2 CFR § 200](#))?

REQUIRED ACKNOWLEDGEMENT FOR GRANTS OR CONTRACTS

B.9. Does your organization certify that, if awarded funds, it will comply with the requirements as shown as [HHAP Example Exhibit E - Special Conditions](#), and [HHAP-5 Example Exhibit E - Standard Agreement](#)?

C. Proposed Project - General Information

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C. Proposed Project - General Information

Please provide the following information.

C.1. Name of Proposed Project

C.2. Are you applying for Youth-Set-Aside

C.3. Project/Program Address

C.4. Areas Served-Select all that apply

- City of Arroyo Grande
- City of Atascadero
- City of Grover Beach
- City of Morro Bay
- City of Paso Robles
- City of Pismo Beach
- City of San Luis Obispo
- Unincorporated Community

Name of Unincorporated Community:

- Countywide

C.5. Provide a brief narrative of the proposed project, including projected outcomes (This will be used as the project description on all HSOC and Board of Supervisors reports):

C.6.

For proposed projects serving individuals experiencing or at risk of homelessness, upload your organization's HUD

Annual Performance Report (APR) or CE APR generated from HMIS for the previous 12-month period. The report should be run for a single project type and correspond to the project type (i.e. Emergency Shelter, Street Outreach, Rapid Rehousing, etc.) for which you are applying. This information will be used by the grant review committee to assess past performance, outcomes, and alignment with funding priorities. Please be sure to not include any Client PII, including Clarity ID, along with the reports. Many review committee members will not be HMIS users.

If your organization does not currently have a project in HMIS, please provide a comparable performance report that includes outcome data and performance metrics relevant to your proposed project type.

For guidance on how to run reports in HMIS, please visit the HMIS Knowledge Base.

Most Recent Annual Performance Report ***Required**

***No files uploaded*

C.7. What is the level of need for this activity within SLO County? Please include data to support your answer.

C.8. Provide a narrative timeline describing the major activities, milestones, responsible parties, and expected completion dates for your proposed project. Your narrative should explain the sequencing of activities and how they support successful implementation.

C.9. Is this effort new, continuing, or expanding? Please describe.

C.10. Describe how the project will align with a (or multiple) Line(s) of Effort to support the [San Luis Obispo Countywide Plan to Address Homelessness \(2022-2027\)](#).

C.11. How does your program/service complement and collaborate with existing efforts in the County? Describe how the program/project will increase capacity of services/housing for persons experiencing homelessness and at-risk persons in the County.

C.12. Describe any consultation with local jurisdictions to gain support for the project. Describe any support you have from local jurisdictions.

C.12a. Please attach any letters of support or commitment from local governments or community partners.

Letters of Support

***No files uploaded*

C.13. Describe how you will ensure that the proposed project is accessible to communities of color which are disproportionately impacted by homelessness, particularly Black, Latinx, Asian, Pacific Islander, and Native and Indigenous communities. If you have previously received a grant to serve any of the affected communities, please provide a brief description of those grant activities and the outcomes you achieved.

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

proposed activity.

C.15. Indicate the predicted performance outcome listed below:

Population	Number of Individuals Served	Number of Households Served
Total	0	0

D. Budget and Funding Detail

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D. Budget and Funding Detail

Please provide the following information.

D.1. Total Funding Requested

HHAP-5 Amount

\$0.00

HHAP-6 Amount

\$0.00

Total Funding Request

\$0.00

D.2. Please upload a Budget & Budget Narrative or a Sources & Uses table for the project for which you are applying. The budget narrative should include FTEs to be provided.

Budget & Budget Narrative; or Sources & Uses *Required

***No files uploaded*

E. Housing Activity and Funding Detail

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E. Housing Activity and Funding Detail

Please provide the following information.

E.1. Are you applying for permanent housing and innovative solutions?

E.2. Amount of funds requested:

HHAP - 5 Amount
\$0.00

HHAP-6 Amount
\$0.00

Total Funding Request
\$0.00

E.3. Identify all eligible activities that apply to the proposed project:

- Predevelopment of Permanent Housing
- Development/Construction of Permanent Housing
- Acquisition
- Rehabilitation of Permanent Housing
- Hotel/Motel Conversion

E.3a. If "Acquisition" is checked above, please upload the following documentation and answer questions E.3.b. and E.3.c.:

Appraisal of Property ***Required**

***No files uploaded*

E.3b. What is the proposed purchase amount?
\$0.00

E.3c. What is the anticipated escrow closing date?

E.4. Accessor's Parcel Number(s). *If applicable

E.5. Estimated number of unduplicated persons to benefit from HHAP funds:

E.6. How many units will be constructed with HHAPS funds:

E.7. Describe your project staff's experience with Section 3 (as outlined in [24 CFR Part 75](#)).

E.7a. Section 3 Manager Name

E.7b. Section 3 Manager Title

E.8. Will the current owner, residential occupants, and/or commercial occupants be displaced by the project?

E.8a. Please upload the following documentation:

Relocation Plan or Certified Tenant Notifications *Required

***No files uploaded*

E.8b. Will the displacement be temporary or permanent?

E.8c. How long will the displacement last?

E.8d. Describe how the relocation costs will be paid. Include these costs in Attachment – Budget & Budget Narrative; or Sources & Uses.

E.9. Provide a complete description of the proposed project and proposed outcomes:

E.10. Describe how the project will directly benefit the populations identified.

E.11. Number and Unit Type (size) of Proposed Units Created and/or Rehabilitated:

Unit Type (Size)	Created Units	Rehabbed Units
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E.12. Of the total number of new units created, how many will be deed-restricted?

E.13. Please upload a complete set of drawings/plans here:

Maps, Photos, Drawings, Plans ***Required**

***No files uploaded*

E.14. Describe site and neighborhood standards including proximity to services, transportation, and employment:

E.15. What is the current zoning designation of the project site?

E.16. Is the proposed project consistent with the site's current land use and zoning designation?

E.17. Provide an explanation of efforts and a timetable to obtain the necessary jurisdictional amendments to bring forth the project:

E.18. Have necessary Land Use Permits and/or Construction Building Permits been issued?

E.18a. If yes, what is their current expiration date(s)?

E.18b. If no, indicate when the permit(s) will be applied for or issued:

E.19. Select all population(s) expected to be served through this project and include number of households (not units) expected to be served for each chosen population:

Low-/moderate-income households

Expected number of households:

Families with Minor Children

Expected number of households:

Seniors (65 and Older)

Expected number of households:

Persons with Disabilities

Expected number of households:

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Farmworkers

Expected number of households:

Veterans

Expected number of households:

Transition-Aged Youth (ages 18-24)

Expected number of households:

E.20. Has your organization previously received a grant to serve any of the selected populations expected to be served?

E20a. If yes, provide a brief description of those grant activities and the outcomes you achieved:

E.21. Has an environmental review been completed, CEQA and/or NEPA?

E.22. Has a Phase I or Phase II environmental assessment been conducted for the property?

E.22a. Please upload the following documentation:

Environmental Assessment, Phase I or II ***Required**

***No files uploaded*

E.23. Has a Phase I or Phase II archeological/historical survey been conducted at the project site?

E.23a. Please upload the following documentation:

Archeological/Historical Survey, Phase I or II ***Required**

***No files uploaded*

E.24. List and describe any known hazards-e.g., asbestos, radon, lead-based paint, storage tanks – aboveground, underground. Please enter “N/A” if not applicable.

E.25. Is the project on a property designated or been determined to be potentially eligible for designation as a local, state, or national historical site?

E.26. Are the building(s)/structure(s) located on a historic site or within a local historic district?

E.27. Is the project located within a 100-year and/or 500-year flood zone?

E.27a. If yes, how will the project mitigate potential flooding on the site?

E.27b. If yes, does your organization have flood insurance for the project site?

E.28. Will demolition be required?

E.29. Are there any existing buildings on the project property that were constructed prior to 1978?

E.29a. Has an asbestos risk assessment report(s) been prepared for the building(s)?

E.29b. Has the building(s) been abated for asbestos?

E.29c. Has a lead hazard risk assessment report(s) been prepared for the building(s)?

E.29d. Has the building(s) been abated for lead paint?

E.29e. Will children occupy the building(s)?

E.29f. Indicate the age range of the children that will occupy the building:

E.30. Please indicate the number of units CREATED

ADA Accessible	Reserved for Formerly Homeless Individuals	Units at 30% AMI	Units at 31 to 50% AMI	Units at 51 to 80% AMI	Unrestricted Resident Manager	Units at 81% and higher AMI
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E.31. Is your project for REHABILITATION of existing units only?

E.31a. Please indicate the number of EXISTING Units:

ADA Accessible	Reserved for Formerly Homeless Individuals	Units at 30% AMI	Units at 31 to 50% AMI	Units at 51 to 80% AMI	Unrestricted Resident Manager	Units at 81% and higher AMI
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E.31b. Please indicate the number of units AFTER rehabilitation

ADA Accessible	Reserved for Formerly Homeless Individuals	Units at 30% AMI	Units at 31 to 50% AMI	Units at 51 to 80% AMI	Unrestricted Resident Manager	Units at 81% and higher AMI
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F. Services Activity and Funding Detail

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F. Services Activity and Funding Detail

Please provide the following information.

F.1. Are you applying for rapid rehousing (including rental subsidies and landlord incentives), operating subsidies for permanent supportive housing, operating subsidies for interim shelters, or prevention and shelter diversion.

F.2. Please enter requested funding amounts and approximate number of persons / households to be served by activity:

HHAP-5

Eligible Activities	Amount	Approximate Persons Served	Approximate Households Served
Total	\$0.00	0	0

HHAP - 6

Eligible Activities	Amount	Approximate Persons Served	Approximate Households Served
Total	\$0.00	0	0

F.3. Please provide a Scope of Work for the proposed project:

G. Supplemental Documents

No data saved

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G. Supplemental Documents

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Documentation

Supplemental Documentation

***No files uploaded*

Submit

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Submit

Please provide the following information.

The applicant certifies that all information contained in this application, and supporting documentation, given for the purpose of obtaining assistance, is true and complete to the best of the applicant's knowledge.

I hereby certify that our organization has complied with all applicable laws and regulations pertaining to the application and is an eligible applicant for the requested funding. The organization proposes to provide the program services or complete the project identified in this application. If this application is approved and this organization receives the requested funding this organization agrees to adhere to all relevant Federal, State, and local regulations and other assurances as required by the Commission.

I hereby certify that the organization is fully capable of fulfilling its obligation under this application, as stated herein.

I further certify that the information provided in this Funding Application is correct, accurate, and complete.

In addition, the content of the application shall be incorporated as part of the written agreement and, as such, will be used to monitor performance. Activities, commitments, and representations described in the written agreement that are not subsequently made a part of the program/project as funded shall be considered a material contract failure and may result in a repayment of all awarded funds and/or suspension from participation in future funding rounds.

Authorized Representative Signature

***Not signed*

Authorized Representative Title