

Overview

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Case Id: 30782

Name: George test - 2027

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 6 funding is available. [The County of San Luis Obispo 2027 Action Plan of Funding Availability \(NOFA\)](#) is posted on the County's Department of Social Services – Homeless Services Division website at slocounty.gov/HomelessServicesGrants.

Applications for the 2027 Action Plan NOFA will be accepted until the **5:00 pm submission deadline on Friday, October 30, 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 50241(f).

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 (No selections made)

Non-Profit

For Profit

Government or Public Entity

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? (No selections made)

Yes

No

A.6. Annual Operating Budget

\$0.00

CONTACT INFORMATION

A.7. Contact Person Name

A.7a. Contact Person Title

A.7b. Phone Number

A.7c. Email

B. Applicant Capacity

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B. Applicant Capacity

Please provide the following information.

B.1. Summary of Experience Managing Public Funds. (Describe past grants or contracts from county, state, or federal sources).

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

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



Most Recent Financial Audit ***Required**

***No files uploaded*

B.4. Income Status Verification (Describe how client income or presumed benefit status will be documented).

B.5. Housing First Requirements. Describe how your agency will comply with Housing First (as outlined in [CA Welfare & Institutions Code 8255-8256](#))

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 (No selections made)

Yes

No

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
- ☐ Countywide

C.5. Please provide a Scope of Work for the proposed project. At minimum, describe the services to be provided and expected outcomes, including the number of people or households to be served.

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 prior fiscal year (7/1/25-6/30/26).

- The report should be run for a single project type and correspond to the project type (i.e. Emergency Shelter, 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 unmet need for the activity you are proposing?

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.

For capital projects, please include key steps or phases of project implementation such as, but not limited to, the following: predevelopment, financing, use permitting, construction permitting, demolition, grading, construction finance close, construction milestones, placed in service date, permanent loan conversion, etc.

C.9. 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.10. Coordination and Collaboration. Describe collaborations with local jurisdictions and community partners.

C.10a. Please attach any letters of support.



Letters of Support ***Required**

***No files uploaded*

C.11. Provide a description of how key actions will ensure racial and gender equity in service delivery, housing placements, and housing retention and changes to procurement or other means of affirming racial and ethnic groups that are overrepresented among residents experiencing homelessness have equitable access to housing and services.

C.12. Indicate the predicted performance outcome listed below:

Population	Number of Individuals Served	Number of Households Served
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* positive housing destinations refer to permanent housing, including owned or rented by client with/without subsidy, permanent supportive housing, staying with family or friends, or other permanent housing situations.

D. Budget and Funding Detail

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D. Budget and Funding Detail

Please provide the following information.

D.1. Total Funding Requested

Total Funding Request

\$0.00

D.1a. Upload: Project Budget. Must include:

- All project costs
- Staff FTE's
- Match/leveraged funding
- Indirect costs
- Total costs of full project (not only requested funds)

Capital Projects:

- Acquisition costs
- Construction costs
- Soft costs
- Leveraged funding

☐ Budget ***Required**

***No files uploaded*

D.1b. Upload Budget Narrative

☐ Budget Narrative ***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 capital for permanent housing? (No selections made)

Yes

No

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 permanent housing services and coordination, interim housing services coordination, or rapid rehousing/rental subsidies? (No selections made)

No

Yes

Submit

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Submit

Once an application is submitted, it can only be "Reopened" by an Administrator.

The authorized representation certifies that:

- ☐ The information submitted is true and complete
- ☐ The applicant is eligible for the funding requested
- ☐ The organization agrees to comply with all applicable federal, state, and local requirements
- ☐ All activities and outcomes described in the application will be implemented if funds are awarded

Authorized Representative Signature

***Not signed*

Authorized Representative Title