

## Overview

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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  
[SS\\_HomelessGrants@co.slo.ca.us](mailto:SS_HomelessGrants@co.slo.ca.us)

Homeless Housing, Assistance and Prevention (HHAP) Round 4 and 5 funding is available. **The County of San Luis Obispo August 2025 Request for Proposals (RFP)** is posted on the County's Department of Social Services – Homeless Services Division website at [slocounty.gov/HomelessServicesGrants](http://slocounty.gov/HomelessServicesGrants).

Applications for the August 2025 RFP will be accepted until the **5:00 pm submission deadline on August 29, 2025**.

If you have any questions about the application process, please contact the Homeless Services Division directly at [SS\\_HomelessGrants@co.slo.ca.us](mailto:SS_HomelessGrants@co.slo.ca.us).

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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 50220.5(g).

HHAP-4, the fourth 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 builds on the regional coordination established in previous HHAP rounds, focusing on local jurisdictions' unified responses to reduce and end homelessness. HHAP-4 emphasizes prevention, shelter diversion, and permanent housing solutions, with a specific focus on serving homeless youth populations.

HHAP-5 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.

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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

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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**

##### 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**

☐ Organization Mission Statement **\*Required**

☐ General Liability Insurance **\*Required**

**A.8. Required Acknowledgement of Insurance Requirements.** Has your organization read and understood the insurance requirements listed in ["HHAP Example Exhibit C – County 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

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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**

**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 D-Program Requirements](#), [HHAP-4 Example Exhibit E- Standard Agreement](#) and [HHAP-5 Example Exhibit E-Standard Agreement](#)?**

## C. Proposed Project - General Information

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### C. Proposed Project - General Information

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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:

#### C.6. Please upload your Most Recent Annual Performance Report, if applicable:

- ☐ Most Recent Annual Performance Report

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

C.8. Please upload a timeline for key steps of project implementation.



Timeline **\*Required**

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

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.

## D. Budget and Funding Detail

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Please provide the following information.

#### D.1. Total Funding Requested

\$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**

## E. Housing Activity and Funding Detail

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Please provide the following information.

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

**E.2. Amount of funds requested:**

\$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**

**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**

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 I – 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**

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:**

☐ **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?

E.20a. 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**

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**

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	Units at 30% AMI	Units at 31 to 50% AMI	Units at 51 to 80% AMI	Unrestricted Resident	Units at 81% and higher

**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	Units at 30% AMI	Units at 31 to 50% AMI	Units at 51 to 80% AMI	Unrestricted Resident	Units at 81% and higher

**E.31b. Please indicate the number of units AFTER rehabilitation**

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

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Please provide the following information.

**F.1. Are you applying for rapid re-housing (including rental subsidies and landlord incentives), operating subsidies, street outreach, services coordination, systems support, prevention and diversion, interim sheltering, or shelter improvements?**

**F.2. Amount of funds requested:**

\$0.00

**F.3. Estimated number of unduplicated persons to benefit from HHAP funds:**

**F.4. Estimated number of unduplicated households to benefit from HHAP funds:**

**F.5. Identify all eligible activities and their amounts that apply to the proposed project:**

**HHAP-4:**

☐ **Rapid Re-Housing**

\$0.00

☐ **Operating Subsidies**

\$0.00

☐ **Street Outreach**

\$0.00

☐ **Services Coordination**

\$0.00

☐ **Systems Support**

\$0.00

☐ **Permanent Housing and Innovative Solutions**

\$0.00

☐ **Prevention and Diversion**

\$0.00

☐ **Interim Sheltering**

\$0.00

☐ **Shelter Improvements**

\$0.00

☐ **Administrative Costs**

\$0.00

**HHPA-5:**

☐ **Rapid Re-Housing**

\$0.00

☐ **Operating Subsidies**

\$0.00

☐ **Prevention and Shelter Diversion**

\$0.00

☐ **Delivery of Permanent Housing and Innovative Housing Solutions**

\$0.00

☐ **Operating Subsidies – Permanent Housing**

\$0.00

☐ **Operating Subsidies – Interim Housing**

\$0.00

☐ **Interim Housing**

\$0.00

☐ **Improvements to Existing Interim Housing**

\$0.00

☐ **Street Outreach**

\$0.00

☐ **Services Coordination**

\$0.00

☐ **Systems Support**

\$0.00

☐ **Additional 1% for HMIS**

\$0.00

☐ **Administrative Costs**

\$0.00

**F.6. Describe all eligible activities that apply to the proposed project:**



**F.7. Select all population(s) expected to be served through this project and include number of individuals 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:**

☐ **Farmworkers**

**Expected number of households:**

☐ **Veterans**

**Expected number of households:**

☐ **Transition-Aged Youth (ages 18-24)**

**Expected number of households:**

## G. Supplemental Documents

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### Documentation

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Supplemental Documentation

## Submit

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### Submit

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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

Authorized Representative Title