

COUNTY OF SAN LUIS OBISPO DEPARTMENT OF SOCIAL SERVICES HOMELESS SERVICES DIVISION

Homeless Housing, Assistance and Prevention Program Round 2 (HHAP-2) Application

The Homeless Services Division of the County of San Luis Obispo Department of Social Services is pleased to announce the availability of funds for the Homeless Housing, Assistance and Prevention Round 2 (HHAP-2) program.

CoC Allocation

Total HHAP CoC	7% Reserve for	8% set aside to serve homeless youth**	Total Available for
Allocation	CoC Admin*		Application
\$826,609.00	\$57,862.63	\$66,128.72	\$768,746.37

County Allocation

Total HHAP County	7% Reserve for	8% set aside to serve homeless youth**	Total Available for
Allocation	County Admin*		Application
\$739,865.00	\$51,790.55	\$59,189.20	\$688,074.55

^{*} Administrative funds refer to the cost of the County to administer the CoC and County grants. This does not include staff costs or other costs directly related to implementing or carrying out activities funded by the program allocation.

Please submit Application by email to SS_HomelessGrants@co.slo.ca.us or deliver to Trisha Raminha at County of San Luis Obispo, Department of Social Services, 3433 South Higuera Street, San Luis Obispo, CA. Application must be received no later than Friday, February 24, 2023, at 5 pm.

I. PRIMARY APPLICANT INFORMATION (LEAD AGENCY)

Organization Name	
Type of Organization	Non-Profit For Profit Gov't/Public Other:
UEI Number	
Contact Person/Title	
Phone Number	
Email	
Address	
City, State, Zip	
Please Identify CoC or	
County Application	CoC County

^{**} A minimum of 8% is reserved for activities assisting homeless and at-risk youth. Applicants may request more than the minimum amount to assist youth.

II. PARTNER ORGANIZATIONS

List all subrecipients and	their role in	project (if applicab	ole)
Organization Name		Duns Number	Role
Example: Agency Y		00-0000000	Case management component
III. PROPOSED PROJEC	Т		
Name of proposed			
project			
Project/Program address			
Areas served	City of A	Arroyo Grande	City of Atascadero
	City of P	Pismo Beach	City of Paso Robles
	City of N	Лorro Bay	City of Grover Beach
	City of S	an Luis Obispo	Countywide
	Unincor	porated communiti	es of
Total Funding Req	uested \$		
Provide a brief narrative describe your project to the p		•	ng projected outcomes. How would you
describe your project to the p	bublic ili olle p	urugrupn:	
For which of the following	g eligible acti	vities will funds be	e requested? (See RFP for full descriptions of
each activity) Select one ac	tivity per ap	plication.	
Rapid rehousing, i	ncluding ren	tal subsidies and	incentives to landlords, such as security
deposits and holdi	ng fees.		
Operating subsidies in new and existing affordable or supportive housing units, emergency			
shelters, non-congregate shelters, interim or bridge housing, and navigation centers.			
Operating subsidies may include operating reserves.			
Street outreach to	assist persor	ns experiencing ho	melessness to access permanent housing
and services.			
Services coordinat	ion (which r	may include acces	ss to workforce, education, and training
programs) or othe	r services ne	eded to promote h	nousing stability in supportive housing.

Systems support for activities necessary to create regional partnerships and maintain a homeless services and housing delivery system particularly for vulnerable populations including families and homeless youth.
Delivery of permanent housing and innovative housing solutions (such as hotel and motel conversions).
Prevention and shelter diversion including crisis resolution, mediation, and conflict resolution, creative problem solving, connection to mainstream resources, and light-touch financial assistance directly resulting in housing solutions.
New navigation centers and emergency shelters, with clients obtaining housing as the primary goal, based on demonstrated need.
Will the proposed project serve the specific needs of homeless youth?
☐ Yes ☐ No
IV. ADDI ICANIT CADACITY
IV. APPLICANT CAPACITY
1. Describe the organization's experience delivering related programs/projects.
2. Describe applicant's history partnering with identified agencies, and how the partners will
collaborate to ensure success of the proposed project/program.
collaborate to ensure success of the proposed project/program.

3.	Describe the applicant's history of receiving and managing grants from County/State/Federal sources.
4.	Describe the organization's experience with HMIS or other equivalent databases to collect client data, and report on outcomes.
E	For applicants providing housing, are you currently participating in the Coordinated Entry
3.	System (CES) as required? If not, describe how you will become a participant in the CES.

V. FINANCIAL CAPACITY

6.	Who will be responsible for processing payment requests?
7.	Provide a budget and budget narrative for the project. Include a description of the staff
	positions dedicated to the delivery of the program/project (position name, org chart of staff directly associated with proposed project/program, providing support to
	program/project, will new staff positions be created/hired).
8.	Does the organization comply with the Generally Accepted Accounting Principles?
	☐ Yes ☐ No
9.	What is the date of the organization's most recent audit?

VI. PROJECT DETAILS

10. Describe how the project will align with a Line of Effort to support the San Luis Obispo Countywide Plan to address homelessness (2022-2027).		
11. Check any specific population(s) expected to be served through this project:	Adults with children Adults without children Parenting Youth Chronically Homeless Veterans Domestic Violence Survivors Unaccompanied Youth (12-24 yrs. of age per definition in HHAP statute) Individuals with Co-occurring Disorders (Substance Use and Mental Health) COVID High Risk – individuals at high-risk for contracting COVID	
Service Oversi a. Homel b. Operat emergency	the proposed project addresses local preferences identified by the Homeless ght Council (HSOC) on January 18, 2023: ess Prevention ting subsidies in new and existing affordable or supportive housing units, a shelters, non-congregate shelters, interim or bridge housing, and navigation perating subsidies may include operating reserves.	

13. 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 homeless and at-risk persons in the County.
14. Describe any consultation with local jurisdictions to gain support for the project. Describe any support you have from local jurisdictions.
15. Name partner agencies as applicable and describe how they will be participating in the
delivery of the proposed activity.

16. 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.
17. Describe how you will ensure that your program and services will be accessible to persons
for whom English is not their primary language.
18. If the proposed project is expected to serve youth experiencing homelessness (as defined in HSC § 50216 (k)) what youth-specific best practices will be utilized to ensure they can access the services?

19. Indicate the predicted performance outcomes listed below.			
If not applicable, mark N/A or zero.			
Number of un	sheltered persons to become sheltered:		
Number of homeless pers	sons to be entering permanent housing:		
Number o	of Chronically Homeless persons served:		
Number of p	ersons At-Risk of Homelessness served:		
Nu	umber of Unaccompanied Youth served:		
Number of	f Youth At-Risk of Homelessness served:		
Persons in families with children served:			
	Total:		
20. Number and type of			
housing units to be			
created:			
21. Number of persons to			
be served by facility or			
program:			

VII. PROMISING AND EVIDENCE-BASED PRACTICES

Per <u>Health and Safety Code Section 50217(a)</u>, the Homeless Housing Assistance and Prevention (HHAP) program requires that program spending be informed by a best-practices framework focused on moving individuals and families experiencing homelessness into permanent housing, and in accordance with eligible activities. Refer to the state's guidance via this link:

https://www.bcsh.ca.gov/hcfc/documents/hhap promising practices.pdf

22. Describe how the project aligns with the state's guidance on Promising and Evidence-Based Practices.

VIII. HOUSING FIRST

Housing First-oriented programs are low or no barrier and client-centered, emphasizing client-choice. Housing is not viewed as a reward or incentive for achieving specific goals or participating in a specific program, but as necessary to help a family or individual stabilize and meaningfully access services, which are offered as needed on a voluntary basis. In practice, this means that programs connect participants to permanent housing as quickly as possible with few to no preconditions, behavioral contingencies, or other barriers at enrollment or throughout the program.

Health and Safety Code Section 50220.5(g) mandates that all recipients of state homelessness funding shall comply with Housing First as provided in Chapter 6.5 (commencing with Section 8255) of Division 8 of the Welfare and Institutions Code.

23. Describe how the organization and project adheres to Housing First practices, particula low-barrier access to services:	rly

IX. Attachments

Attachment A - Budget & Budget Narrative (Required)

Please attach a Budget and Budget Narrative for the project for which you are applying. The budget narrative should include FTEs to be provided. While matching funding is not required, it may be helpful to include the value of any matching funding.

Attachment B - Timeline (Required)

Attach a timeline for key steps of project implementation.

Attachment C - Letters of Support (Optional)

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

Attachment D - Supplemental Answers to Questions (Optional)

If you need more room to answer any of the application questions, please attach the additional information here. Include the question number for each question being answered.

For other additional or optional attachments, please label them clearly (e.g. Attachment E – "Title").

X. APPLICATION SUBMISSION:

Applications and accompanying documents are due to Homeless Services Division, Department of Social Services by 5:00 pm on February 24, 2023.

Applicants may submit digital or hard copy applications to the locations below:

- Soft Copy email to SS_HomelessGrants@co.slo.ca.us
 Subject line: HHAP-2 Application (Applicant Name)
- 2. Hard Copies Mail or Drop-off Attn: Trisha Raminha Homeless Services Division County of San Luis Obispo Department of Social Services 3433 South Higuera Street San Luis Obispo, CA 93403