

## Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2024 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2024 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It  
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2024 CoC Program Competition on behalf of your CoC.  
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

### Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

### Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

## 1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

**1A-1. CoC Name and Number:** CA-614 - San Luis Obispo County CoC

**1A-2. Collaborative Applicant Name:** County of San Luis Obispo

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** County of San Luis Obispo

## 1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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<b>1B-1.</b>	<b>Inclusive Structure and Participation–Participation in Coordinated Entry.</b>	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2023 to April 30, 2024:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:	

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	No	No	No
6.	Homeless or Formerly Homeless Persons	Yes	Yes	No
7.	Hospital(s)	Yes	Yes	No
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
9.	Law Enforcement	Yes	Yes	No
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	No	No	No
11.	LGBTQ+ Service Organizations	No	No	No
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	No	No	No
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes
16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	No	No	No

17.	Organizations led by and serving LGBTQ+ persons	No	No	No
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	No
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	No
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	No	No	No
29.	State Domestic Violence Coalition	No	No	No
30.	State Sexual Assault Coalition	No	No	No
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	No
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	Child Welfare Agency	Yes	Yes	No
35.				

<b>1B-1a.</b>	<b>Experience Promoting Racial Equity.</b>	
	NOFO Section III.B.3.c.	

Describe in the field below your CoC's experience in effectively addressing the needs of underserved communities, particularly Black and Brown communities, who are substantially overrepresented in the homeless population.

**(limit 2,500 characters)**



The CoC hired an outside consultant to conduct a racial equity study in 2022. The study looked at quantitative data to identify disparities in the system. The consultant also conducted surveys and focus groups, including a focus group with service provider staff who served Spanish and Mixteco speaking populations, as well as a focus group of people with lived experience. The study found that the CoC's homelessness prevention programs were equitably delivered, serving BIPOC households at higher rates while continuing to support white households. The report also found that there were disparities at certain other points in the system and recommended 6 steps: 1) adding more Mixteco and Spanish speakers to CoC programs; 2) reducing technology barriers; 3) making program design improvements by strengthening navigation support and landlord engagement; 4) System design improvements, including improving data sharing and quality, increasing data analysis, and involving people with lived experience and people who are BIPOC in system design and priority development; 5) creating an education campaign. Since then, Mixteco speaking staff have been added to the CoC's CES sites in the region with the highest proportion of Mixteco speakers. The CoC has also upgraded its HMIS to a more advanced system, which allows more information sharing between programs, including document sharing and reduces burden on clients. The system also provides improved data reporting, both for the CoC and for subrecipient agencies to be able to monitor their own performance. To address housing navigation, the CoC has partnered with the local Medi-Cal Managed Care Agency to educate CoC agencies about Medicaid funded housing navigation services. The CoC also hired additional HMIS staff to do data analysis and ensure data quality. Additionally, the CoC's Services Coordinating Committee in August created the Access and Progress working group that will look at data and recommend additional steps to be taken, including opportunities for educating BIPOC agencies about the services the CoC provides and how to make referrals, as well as education about housing and services for which undocumented households may be eligible.

<b>1B-2.</b>	<b>Open Invitation for New Members.</b>	
	NOFO Section V.B.1.a.(2)	
	Describe in the field below how your CoC:	
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;	
2.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
3.	invited organizations serving culturally specific communities experiencing homelessness in your CoC's geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).	

(limit 2,500 characters)

1) CoC Board vacancies are announced and new applications are solicited at public, virtual/remote meetings, and the call for new members is publicly posted on the CoC's website, social media, and at the County Clerk Recorder's office on an annual basis. The County of San Luis Obispo released a press release on October 3, 2024 and it resulted in coverage on the local tv station. The opportunity also was shared on 4 social media accounts on 2 different platforms maintained by the County. The CoC is set up so that approximately 1/3 of the appointments to the CoC expire annually. The CoC Board may have no more than two representatives, staff or Board members from the same agency, ensuring there is opportunity for new voices. CoC meetings are open to the public and interested persons may attend to learn more about the CoC.

2) The invitation process for joining the CoC Board is accessible to people with disabilities. Vacancies are posted on the CoC website which is hosted within the County of San Luis Obispo's website, which adheres to Web Content Accessibility Guidelines (WCAG 2). This includes screen reader accessibility. New members are solicited at CoC meetings, which include a remote option, allowing for assistive technology and automatic closed captioning. Agenda materials for meetings and membership application forms, are available online as accessible PDFs. Large print copies of meeting materials and ASL interpreters are available upon request. Agenda materials and membership application forms are produced in compliance with accessibility standards, using high contrast, avoiding contrasting colors and using accessible fonts with a minimum font size of 12pt.

3) Invitations are sent through the CoC's email list, which includes groups that serve areas with higher concentrations of culturally specific communities experiencing homelessness, groups that specialize in serving people with disabilities, mental health outreach teams, and substance abuse treatment advocates. Outreach is conducted to engage underrepresented categories within the CoC governing board, via communication with partner agencies which specialize in serving underrepresented groups, including the local LGBTQ advocacy organization, as well as organizations serving or advocating for undocumented migrants, the Latinx community, and people with disabilities.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.B.1.a.(3)	

Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information;
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1. In addition to soliciting public comment at every CoC meeting, the CoC also uses public forums and online surveys to solicit input. For the most recent update of the CoC’s Plan to Address Homelessness, it conducted an online, public survey and used the results to develop and implement recommendations. The public survey, conducted in 2022 received 170 responses. Additionally, in the first two months of 2024, the CoC held three public forums and also solicited input through an online survey to solicit input on grant priorities and needs. The forums were advertised on the CoC webpage and social media. The CoC also advertised the forums to coalitions working with issues intersecting with homelessness, including physical and behavioral health care, the criminal justice system, family services, senior services and others and asked them to work with partner agencies. Input received was used to inform grant priorities for the Homeless Housing, Assistance and Prevention Round 3-4 grant.
2. Information was provided orally and through slides at the forums. Information was provided online for the survey. At the public forums, data was presented as well as an overview of relevant processes. Members of the public could provide public comment and also ask questions.
3. CoC meetings include a remote option which allows for automatic closed captioning. Agenda materials are available online as accessible PDFs. Large print copies of meeting materials and ASL interpreters are available upon advance request. Agenda materials are produced in compliance with accessibility standards, using high contrast and using accessible fonts with a minimum font size of 12pt. The CoC website is hosted within the County of San Luis Obispo’s website, which has implemented Accessible Rich Internet Applications and Web Content Accessibility Guidelines standards to ensure it is accessible by screen readers. In person meetings are held at locations that are accessible to people with mobility challenges.
4. Feedback was received during the update to the Plan to Address Homelessness that more funding should be allocated to homelessness prevention. That was added to the Plan as a strategy and in 2023, The Homeless Services Oversight Council allocated \$492,313 in state funding for a countywide Homeless Prevention and Diversion program. This represented a 465% increase in funding allocated for Prevention and Diversion.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

(limit 2,500 characters)

1) The FY24 CoC Competition RFP was released on August 7, 2024 and was posted on the County of San Luis Obispo's website. An email announcing the funding opportunity with a link to the application materials was sent out via the CoC email list to all CoC members and interested parties. The funding opportunity was presented to all CoC Committees. An information meeting for interested parties was advertised on the CoC's website and held on August 9, 2024, to educate potential applicants of the program and application process. Applicants could attend the forum by Zoom or by phone.

2) Applicants were required to contact CoC staff to become a registrant under the County of San Luis Obispo applicant profile in e-snaps to submit an application. In addition to the e-snaps application, applicants were also required to submit an online supplemental application form. The required steps were described in an RFP that was published on the CoC's website and was reviewed at a public forum held for organizations interested in applying. Applicants could ask questions by phone or email at any time during the application period.

3) Threshold reviews were conducted by staff, and involved checks for SAM registration, program eligibility, use of HMIS (or comparable database), and outstanding civil rights matters. Application scoring combined objective criteria assessed by staff (using data from APRs and audits), and review by a non-conflicted grant review committee (assessing each applicant's experience, program design, etc.) Points were awarded for plans to ensure LGBTQ+ people receive supportive services free from discrimination, and for identifying and eliminating barriers to participation faced by persons of different races and ethnicities.

4) The FY24 HUD CoC Competition informational meeting was held on a virtual platform which was accessible to people who use assistive technology and allows for automatic closed captioning. Application materials were available online as accessible PDFs and were produced in compliance with accessibility standards, using high contrast, avoiding contrasting colors that would create barriers for people with color blindness, and using accessible fonts with a minimum font size of 12. The CoC website is hosted within the County of San Luis Obispo's website, which has implemented a standard for Accessible Rich Internet Applications and Web Content Accessibility Guidelines to ensure accessibility for people with disabilities using screen readers.

# 1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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1C-1.	<b>Coordination with Federal, State, Local, Private, and Other Organizations.</b>	
	NOFO Section V.B.1.b.	
	In the chart below:	
	1. select yes or no for entities listed that are included in your CoC’s coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
	2. select Nonexistent if the organization does not exist within your CoC’s geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Nonexistent
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	No
12.	Organizations led by and serving LGBTQ+ persons	No
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Nonexistent
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.		

<b>1C-2.</b>	<b>CoC Consultation with ESG Program Recipients.</b>	
	NOFO Section V.B.1.b.	

In the chart below select yes or no to indicate whether your CoC:

1.	Consulted with ESG Program recipients in planning and allocating ESG Program funds?	Yes
2.	Provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?	Yes
3.	Ensured local homelessness information is communicated and addressed in the Consolidated Plan updates?	Yes
4.	Coordinated with ESG recipients in evaluating and reporting performance of ESG Program recipients and subrecipients?	Yes

<b>1C-3.</b>	<b>Ensuring Families are not Separated.</b>	
	NOFO Section V.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated?	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure family members are not separated?	Yes
3.	Worked with CoC and ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients?	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance?	No
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers?	No

<b>1C-4.</b>	<b>CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.</b>	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	No
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

<b>1C-4a.</b>	<b>Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.</b>	
	NOFO Section V.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

**(limit 2,500 characters)**

The CoC has an MOU with the County Office of Education (COE), which is the Local Educational Agency, whereby COE agrees to provide written materials to the CoC about the rights of homeless children and youth and spells out the activities that the Homeless Education Coordinator can provide upon request to homeless families with school-aged children, including assistance with enrollment, transfer or tracking of school records, assistance with resolving disputes regarding school placement, identifying school resources, including transportation to and from school, providing Professional development trainings for subrecipients related to the education provisions of the McKinney-Vento Act and the educational services available to children identified as homeless under the U.S. Department of Education definition, and providing technical assistance. In addition, CoC has a seat on the CoC’s Board reserved for a representative from local school districts or the County Office of Education. In the CoC’s governance charter, it also requires coordination with local McKinney-Vento homeless education coordinators and liaisons.

1C-4b.	Informing Individuals and Families Who Have Recently Begun Experiencing Homelessness about Eligibility for Educational Services.	
NOFO Section V.B.1.d.		

Describe in the field below written policies and procedures your CoC uses to inform individuals and families who have recently begun experiencing homelessness of their eligibility for educational services.

**(limit 2,500 characters)**

ESG and CoC-funded subrecipient agencies must follow the following procedures to inform individuals and families about eligibility for educational services. If an intake is done with a parent with K-12 school aged children (5-18 years old) or with a youth who has not yet finished high school, case managers should, if they have not already done so, provide the parent or youth with the most recent brochure from the County Office of Education describing the educational services available to homeless children and youth. Parents and youth should also be given the name of the McKinney-Vento liaison for the local school district in which the child or youth is attending. Parents should be informed that their child has the right to remain enrolled in their original school district for the remainder of the school year if the parent deems it is in the child’s best interest, even if the child is staying in a shelter in a different school district. Parents and unaccompanied youth should be shown the contact information on the brochure for the County Office of Education’s office of homeless services and told that that office can help mediate if there are disputes between the school and parent regarding school enrollment. Parents and youth should also be told that homeless children and youth in public schools are also categorically eligible for free lunches if the school district participates in the federal school lunch program.

<b>1C-4c.</b>	<b>Written/Formal Agreements or Partnerships with Early Childhood Services Providers.</b>	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	No
4.	Early Head Start	Yes	No
5.	Federal Home Visiting Program--(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	Yes	No
7.	Healthy Start	No	No
8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

<b>1C-5.</b>	<b>Addressing Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking--Collaboration with Federally Funded Programs and Victim Service Providers.</b>	
	NOFO Section V.B.1.e.	

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	State Domestic Violence Coalitions	Yes
2.	State Sexual Assault Coalitions	Yes
3.	Anti-trafficking Service Providers	No
	Other Organizations that Help this Population (limit 500 characters)	
4.	Local Domestic Violence Shelter/Services	Yes

<b>1C-5a.</b>	<b>Collaborating with Federally Funded Programs and Victim Service Providers to Address Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.</b>	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC regularly collaborates with organizations that you selected yes to in Question 1C-5 to:

1. update CoC-wide policies; and
2. ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.



**(limit 2,500 characters)**

1) There is a seat reserved on the CoC’s Governing Board, for a representative of an agency that focuses on serving victims of domestic violence. Also, that organization, which is the sole DV provider in the CoC, is provided with a copy of the CoC policies and procedures and asked to provide feedback on an annual basis during the CoC’s review of its policies and procedures.

2) The CoC provides trauma informed case management training to CoC and ESG case management staff. In addition, CoC and ESG subrecipient staff are trained on the emergency transfer protocols and Coordinated Entry staff are trained on intake for persons fleeing from domestic violence. Coordinated Entry staff are also trained on how to make referrals to the sole DV agency in the CoC, should persons at the Coordinated Entry site prefer a referral to a DV agency. The CoC’s HMIS is set up to mask a client’s identity to provided confidentiality. In addition, all DV provider staff are California State-Certified 65-Hour Trained IPV/SA counselors and concurrently trained in the neurobiology of trauma, the impacts of intimate partner violence on children, health impacts of trauma and reproductive coercion, among other topics. Further, the DV agency trains Coordinated Entry staff on working with persons fleeing from domestic violence.

1C-5b.	Implemented Safety Planning, Confidentiality Protocols in Your CoC’s Coordinated Entry to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC’s coordinated entry addresses the needs of DV survivors by including:	
1.	safety planning protocols; and	
2.	confidentiality protocols.	

**(limit 2,500 characters)**

1) The CoC’s local victim services provider provides annual training to CoC project staff that addresses safety and best practices (e.g. trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence. These protocols include not only how to work effectively with survivors of domestic violence, but also on what services are available from victim services providers and how to effectively connect clients with them. In addition, since some survivors access housing or shelter from homeless services organizations instead of DV-specific agencies, a special process has been set up in the CoC’s HMIS and client records maintenance to protect data of survivors of domestic violence who access non-DV specific housing or services, in compliance with VAWA and HMIS privacy requirements. Project staff are trained by their agencies on these protocols. The staff of the CoC PSH provider receive annual training on the agency’s DV emergency transfer plan.

2) The CoC’s local victim services provider provides annual training to Coordinated Entry staff at the Coordinated Entry case managers meeting. This training includes safety and best practices on safety and planning protocols in serving survivors of domestic violence. The CoC victim services provider also participates in the monthly Coordinated Entry case managers meeting and provides expertise at that meeting as needed. A special protocol has been designed for the Housing Prioritization By-Name List when persons fleeing from domestic violence have been assessed and referred to the List. This protocol masks their identities to all but their case managers, to protect their privacy and safety. All Coordinated Entry staff have been trained on the protocol.

1C-5c.	Coordinated Annual Training on Best Practices to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

In the chart below, indicate how your CoC facilitates training for project staff and coordinated entry staff that addresses best practices on safety planning and confidentiality protocols:

		Project Staff	Coordinated Entry Staff
1.	Training Occurs at least annually?	Yes	Yes
2.	Incorporates Trauma Informed best practices?	Yes	Yes
3.	Incorporates Survivor-Centered best practices?	Yes	Yes
4.	Identifies and assesses survivors’ individual safety needs?	Yes	Yes
5.	Enhances and supports collaboration with DV organizations?	Yes	Yes
6.	Ensures survivors’ rights, voices, and perspectives are incorporated?	Yes	Yes
	Other? (limit 500 characters)		
7.			

&nbsp;

1C-5d.	Implemented VAWA-Required Written Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below:

1.	whether your CoC's written policies and procedures include an emergency transfer plan;
2.	how your CoC informs all households seeking or receiving CoC Program assistance about their rights to an emergency transfer;
3.	what your CoC requires households to do to request emergency transfers; and
4.	what your CoC does in response to households requesting emergency transfers.

(limit 2,500 characters)

- 1) The CoC's written policies and procedures include an emergency transfer plan.
- 2) Participants receiving CoC Program assistance receive a copy of the emergency transfer plan from the Housing Provider upon entry into the program. Housing Providers will provide a copy of the plan to participants who report being a victim of domestic violence, dating violence, sexual assault or stalking.
- 3) To request an emergency transfer, the tenant shall notify the Housing Provider's (HP) management office and request a transfer. This request may be verbal or written. HP will provide reasonable accommodations to this policy for individuals with disabilities. The verbal or written statement should express that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under HP's program, or state that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.
- 4) HP will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives HP written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. HP will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit and the eligibility of the client for that unit type. If feasible, a referral to a local Women's Shelter for Domestic Violence may be made for immediate transfer. If the Housing Provider offers an internal transfer, the tenant has the right to request a different unit if the tenant reasonably believes the unit offered would not be safe. If HP has no safe and available units for which a tenant who needs an emergency is eligible, HP will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, HP will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

1C-5e.	Facilitating Safe Access to Housing and Services for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC ensures households experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within your CoC's geographic area.

**(limit 2,500 characters)**

The local victim services agency provides annual training to CoC project staff that addresses safety and best practices (e.g. trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence. With regard to shelter or case managements services, a survivor may seek assistance from homeless shelters or service providers, or DV shelters, depending on client preferences and safety needs. A special process has been set up in HMIS and client records maintenance to protect data of survivors of domestic violence, in compliance with VAWA and HMIS privacy requirements. Staff are trained by their agencies on these protocols. A special protocol has also been designed for the Housing Prioritization List when persons fleeing from domestic violence have been assessed and referred to the List. This protocol masks their identities to all but their case managers, to protect their privacy and safety, and Coordinated Entry staff have been trained on the protocol. Additionally, staff of the CoC PSH provider have also been trained on the DV emergency transfer plan.

1C-5f.	Identifying and Removing Barriers for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC ensures survivors receive safe housing and services by:	
1.	identifying barriers specific to survivors; and	
2.	working to remove those barriers.	

**(limit 2,500 characters)**

1. The CoC created a seat on the CoC Board specifically for a representative of a victim services provider organization. Additionally, the CoC has asked and the victim services provider (Lumina) has agreed to annually review the policies and procedures to identify barriers to safely assisting persons fleeing from domestic violence, dating violence, sexual assault, or stalking. The victim services provider is also in the process of forming a Survivor Advisory body of persons with lived experience, and has agreed to solicit input on at least an annual basis from this advisory body regarding systemic barriers.

2. The Survivor Advisory Board will guide CoC-wide decision-making related to policies, programming and best practices that impact survivor services. The Advisory Board will have a direct hand in informing program implementation related to the CoC and Lumina’s housing programs. For barriers already identified, Lumina conducts outreach in rural areas, partnering with the Mixteco Indigena Community Organizing Project of Santa Maria (MICOP), to reach monolingual Mixteco speakers, and are in the process of applying for a federal grant that would allow them to conduct research on best practices for this underserved population and improve our culturally relevant services. Lumina also addresses barriers to housing and supportive services by providing culturally relevant services in both English and Spanish, with interpreters available for other languages; individualized needs case management and “Self-Sufficiency Planning”; and comprehensive wraparound services before, during, and after housing is attained. Lumina continues to offer all survivor services – including written and web-based informational materials – in both English and Spanish. To remove barriers to families, Lumina provides onsite childcare to clients residing in their emergency shelters and transitional housing units, as well as to service recipients at their offices throughout the county. To remove barriers to people with disabilities, Lumina partners with the Independent Living Resource Center to ensure their facilities, services and information is accessible to those living with disabilities.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+–Anti-Discrimination Policy and Equal Access Trainings.	
	NOFO Section V.B.1.f.	

	1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
	3. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy–Updating Policies–Assisting Providers–Evaluating Compliance–Addressing Noncompliance.	
	NOFO Section V.B.1.f.	

Describe in the field below:

1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
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2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1. The CoC reaches out to the LGBTQ+ organization in the community to invite them to participate. The CoC also has recently formed an Access and Progress committee that will examine participation in the CoC by subpopulation and identify and recommend steps to address barriers that might prevent participation by an under-represented subpopulation.
2. The CoC did training on HUD's Equal Access Rules and the CoC adopted those rules.
3. The CoC uses monitoring to evaluate compliance, including reviews of subrecipient non-discrimination policies to ensure compliance, and interviews with staff. A review is also done of non-discrimination statements on the agency's website.
4. If the noncompliance is found during monitoring, staff help to bring the subrecipient into compliance through written and verbal feedback. If CoC staff request changes to bring the subrecipient into compliance, the CoC requires documentation that these changes have occurred.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.	
	NOFO Section V.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing or Housing Choice Voucher Program During FY 2023 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Housing Authority of San Luis Obispo	60%	Yes-HCV	

**You must enter information for at least 1 row in question 1C-7.**

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.B.1.g.	

Describe in the field below:

1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or
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2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.
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**(limit 2,500 characters)**

1) Only one PHA in the CoC geography administers Housing Choice vouchers. The CoC worked with the Housing Authority of the City of San Luis Obispo (HASLO) to develop a limited, homeless admission preference for up to twelve (12) applicants (or 20% of the awarded mainstream vouchers) for non-elderly

persons with disabilities who qualify for one of the following homeless settings:

- a. Transitioning out of institutional and other segregated settings or at serious risk of institutionalization;
- b. Currently experiencing homelessness, previously experienced homelessness and currently a client in a permanent supportive housing or rapid rehousing project; or
- b. At risk of experiencing homelessness.

The preference does not have any weighted points, but will be noted in the application file for targeted selection if there are available special purpose vouchers, such as mainstream vouchers, available to be issued. The waiting list remains continuously open for referrals of eligible applicants for mainstream vouchers.

The Director of Housing Management and 504 Coordinator of the Housing Authority also serves on the CoC Board and is a member of the CoC's Executive

Committee. The CoC has also worked with the Housing Authority (HASLO) to develop special needs preferences for vouchers serving persons experiencing homelessness and to partner with HASLO to apply for specialized vouchers such as Family Unification Program Vouchers and Emergency Housing Vouchers. As a result, in FY2023, 60% of all new voucher admissions were experiencing homelessness at entry.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

<b>1C-7c.</b>	<b>Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.</b>	
	NOFO Section V.B.1.g.	

In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:

	1. Emergency Housing Vouchers (EHV)		Yes
	2. Family Unification Program (FUP)		Yes
	3. Housing Choice Voucher (HCV)		Yes
	4. HUD-Veterans Affairs Supportive Housing (HUD-VASH)		No
	5. Mainstream Vouchers		No
	6. Non-Elderly Disabled (NED) Vouchers		No
	7. Public Housing		No
	8. Other Units from PHAs:		
	Certain project-based vouchers		Yes

<b>1C-7d.</b>	<b>Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.</b>	
	NOFO Section V.B.1.g.	

	1. Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?		Yes
			<b>Program Funding Source</b>
	2. Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.		Family Unification Program

<b>1C-7e.</b>	<b>Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).</b>	
	NOFO Section V.B.1.g.	

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?		Yes
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## 1D. Coordination and Engagement Cont'd

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Preventing People Transitioning from Public Systems from Experiencing Homelessness.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the public systems listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1.	Prisons/Jails?	Yes
2.	Health Care Facilities?	Yes
3.	Residential Care Facilities?	Yes
4.	Foster Care?	Yes

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section V.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition.	4
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition that have adopted the Housing First approach.	4
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2024 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.  
 Describe in the field below:

1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation;
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach; and
4.	what your CoC has done to improve fidelity to Housing First.

**(limit 2,500 characters)**

- 1) FY 2024 HUD CoC Applicants were required to submit a copy of their Housing First Policies and Procedures for review by CoC staff and describe in the supplemental application how Housing First protocols will be incorporated into the proposed project and what the applicant will do to ensure that people can succeed in programs that cannot have service participation requirements or prerequisites.
- 2) The project applicants were required to demonstrate that their proposed or renewal projects had no preconditions to entry, allowing entry regardless of current or past substance use, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, self-disclosed or perceived sexual orientation, gender identity or gender expression. Each applicant also had to demonstrate its proposal will involve a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases. CoC staff reviewed the applicants Housing First Policies and Procedures for threshold review. Those proposals which did not comply with the principles of Housing First were to be excluded from consideration by the Grant Review Committee. Points were allocated on the scoring rubrics for projects with low barriers to entry, i.e. that do not have service participation requirements or preconditions to entry, and prioritize rapid placement and stabilization in permanent housing. Applicants were awarded points for demonstrating that at least 75% of the proposed project will operate as Housing First.
- 3) Collaborative applicant staff conduct monitoring of CoC projects and reviews policies. The CoC also reviews and prioritizes applications throughout the year for state funded projects such as Homeless Housing, Assistance, and Prevention Program (HHAP) and ESG programs to ensure they follow a Housing First approach. The CoC's Coordinated Entry Policies and Procedures require a low barrier approach during the assessment process.
- 4) The County annually monitors housing projects, which includes an assessment of Housing First protocols, and where necessary, recommendations to improve agency processes. We have engaged TA to train providers on Housing First, and also disseminate Housing First training delivered by other providers throughout the year.

1D-3.	Street Outreach—Data—Reaching People Least Likely to Request Assistance.	
	NOFO Section V.B.1.j.	

Describe in the field below how your CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance.
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**(limit 2,500 characters)**

Over the past several years, the CoC has worked successfully to expand and enhance street outreach programs, including adding more outreach workers and programs to reach more persons who otherwise would not be reached. An example of an effective strategy has been hiring staff people with lived experience as outreach workers, offering additional day services, and making non-congregate shelter options available. For example, in the North County, the CoC provided funding to create a non-congregate emergency shelter where street outreach clients could go during the day to access laundry services, showers, meals and case management services. Additionally, outreach workers have been stationed in local libraries and street outreach programs collaborate with hospitals, street medicine programs, and the County Public Health and Behavioral Health agencies to reach people who are least likely to request assistance. The county-level Food Bank also provides No-Cook Bags for street outreach programs to distribute to people in encampments and other food distribution points frequented by people currently living unsheltered. No-Cook Bags are specifically curated for people experiencing homelessness and contain foods that may be safely and easily consumed without preparation or access to cold storage.

The CoC has also increased coordination between with mainstream services, as well as moving from a closed HMIS to an open HMIS and upgrading the HMIS system to add functionality allowing street outreach workers to enter and access information from the field, speeding up and enhancing referral and coordination efforts. The CoC also has partnered with the local Medi-Cal Managed Care agency to share data and to make referrals between systems. The CoC also uses multi-disciplinary teams to help assist people who are least likely to request help on their own. These teams are particularly helpful for people with complex needs and can identify placements more quickly. The CoC has also established a staff position at the lead Coordinated Entry agency to help facilitate referrals to permanent supportive housing. These changes have resulted in increases in the number of persons engaged and successfully placed into shelter or housing. From FY2022 to FY2023, the number of persons enrolled into street outreach programs jumped from 188 to 570. The % of successful placements also improved, increasing from 25.5% to 27.9%.

<b>1D-4.</b>	<b>Strategies to Prevent Criminalization of Homelessness.</b>	
	NOFO Section V.B.1.k.	

Select yes or no in the chart below to indicate your CoC's strategies to prevent the criminalization of homelessness in your CoC's geographic area:

	Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness
1.	Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	Yes	Yes
2.	Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	No	No
3.	Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	No	No

<b>4.</b>	<b>Other:(limit 500 characters)</b>		
	Avoid unnecessary clearing of encampments when the likely effect would to push people into another jurisdiction rather than resolve the encampment	Yes	No

<b>1D-5.</b>	<b>Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.</b>	
	NOFO Section V.B.1.I.	

	HIC Longitudinal HMIS Data	2023	2024
Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	Longitudinal HMIS Data	379	1,020

<b>1D-6.</b>	<b>Mainstream Benefits–CoC Annual Training of Project Staff.</b>	
	NOFO Section V.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	No
3.	SSDI–Social Security Disability Insurance	No
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	

<b>1D-6a.</b>	<b>Information and Training on Mainstream Benefits and Other Assistance.</b>	
	NOFO Section V.B.1.m	

Describe in the field below how your CoC:

1. works with projects to collaborate with healthcare organizations, including those that provide substance use disorder treatment and mental health treatment, to assist program participants with receiving healthcare services, including Medicaid; and
2. promotes SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

**(limit 2,500 characters)**

1. The CoC partners with the local Medicaid Managed Care Agency (MMCA) to assist program participants with receiving healthcare services. The MMCA provided funding to add functionality to the CoC’s HMIS that will allow the MMCA and HMIS to cross match data and produce reports on usage of CoC programs by Medicaid participants and will also show the number of Medicaid participants in HMIS. The CoC also helped plan and sponsor two joint webinars in January 2024. The first webinar was for the MMCA and MMCA’s Enhanced Care Management (ECM) contractors to learn about the CoC, including how to refer ECM clients to Coordinated Entry and how ECM providers can support CES. The second webinar was for CoC providers to learn about Medicaid and Medi-Cal and services the MMCA and its ECM program providers can offer, including free transport to medical appointment, as well as the new housing-related Medi-Cal programs and how to make referrals to them. The Director of the County Behavioral Health Agency and a Division Manager of the County Public Health Agency also sit on the Board of the CoC. In addition to giving input and voting on CoC programs and policies, those representatives and other representatives from the County Health Agency make presentations to the CoC about Health Agency services, including new programs and programs in development. CoC staff also work closely with Health Agency staff.

2. The CoC disseminates information to CoC service providers about the SOAR program, the SOAR website, and the training courses to certify program staff, including that Social Workers can receive Continuing Education Credits for the successful completion of the Adult and Children courses. The CoC also promotes the resources available from SOAR for special populations, such as persons being discharged from incarceration.

ID-7.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent the Spread of Infectious Diseases.	
NOFO Section V.B.1.n.		
Describe in the field below how your CoC effectively collaborates with state and local public health agencies to develop CoC-wide policies and procedures that:		
1.	respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1. The CoC disseminates information from the County Public Health (PH) Agency on infectious diseases that are known to infect people in congregate facilities/encampments or that might be prevalent in the state at the time. These materials include information about the signs and symptoms of these diseases and asking agencies to contact County PH if someone at a shelter is exhibiting possible signs of the disease. If the local PH agency becomes aware of an infectious disease outbreak, they work with the facility or encampment to conduct outreach, connect people with testing and treatment, and work with the CoC to implement steps to address the outbreak. If the PH agency determines there is a risk of spread beyond a facility or encampment, there is a staff liaison with the CoC who will disseminate Public Health materials and guidance to homeless services agencies' leadership. During COVID outbreaks at a local shelter, the local PH agency has provided guidance to the shelter on isolation to prevent spread. The local PH agency also sent nursing staff out to an encampment where an infectious disease (not COVID) was spreading and provided treatment in the field.

2. Public Health (PH) and the CoC coordinate to try to prevent infectious disease outbreaks among people experiencing homelessness. For example, CoC staff received guidance materials from the CDC regarding preventing the spread of M-pox. CoC staff shared the guidance with the local PH agency and the PH agency added local information, then the CoC staff disseminated the information to local shelters. The local PH agency also advises shelters on protocols to prevent the spread of infectious diseases and has helped local shelters to obtain air filtration devices. The PH agency also recommended to the CoC that any new shelter units be non-congregate in order to prevent spread; a recommendation that the CoC has implemented. The CoC has also provided funding to congregate shelters for renovations to reduce potential for disease spread.

ID-7a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC:	
1.	effectively shared information related to public health measures and homelessness; and	
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1. The CoC partners with the County Health Agency to disseminate information to homeless services agencies about how to protect the people they serve. For example, in March 2024, the CoC received information from the Centers for Disease Control (CDC) regarding alternate approaches to isolation and quarantine in congregate facilities. The CoC received the CDC information from the U.S. Department of Housing and Urban Development (HUD). The CoC then worked with the County Public Health (PH) Agency to add more information to the guidance from the local PH Agency and the CoC then disseminated the material to homeless services agencies. The CoC also worked with the County PH Agency to educate homeless services agencies on the prevention of infectious, airborne diseases.
2. The CoC facilitates communication with the Public Health Agencies to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants. For example, the CoC partnered in July 2024 with the Office of Health Equity at the California Department of Public Health on an opportunity from the state for congregate shelters to obtain portable air filtration units and replacement filters. The CoC reached out to local shelters about the opportunity and coordinated the response. The CoC has also acted as a liaison between the County Public Health Agency and congregate shelters to help shelters obtain COVID tests since the start of the pandemic. The CoC also coordinated with County PH and the County Emergency Operations Center at the start of the pandemic to help shelters obtain Personal Protective Equipment for staff, cleaning supplies for the shelter, and to help the shelters determine how to reconfigure sleeping accommodations to reduce the risk of spread of disease.

1D-8.	Coordinated Entry Standard Processes.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	can serve everybody regardless of where they are located within your CoC's geographic area;	
2.	uses a standardized assessment process to achieve fair, equitable, and equal access to housing and services within your CoC;	
3.	collects personal information in a trauma-informed way; and	
4.	is updated at least annually using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

1) The Coordinated Entry System (CES) uses regional CE sites to create access points to cover 100% of the CoC's geographic area. The CES also uses regular and specialized outreach and engagement teams to reach unsheltered people. These teams include a veterans team, a youth team, a mental health team, and a street medicine team. Staff at DSS, County Behavioral Health, and County Drug & Alcohol, have been trained to conduct assessments using the CoC's standardized assessment tool and can make referrals to the CoC's CES Housing Prioritization list. Outreach staff also attend LGBTQ community events.

2) The CoC uses the VI-SPDAT, a standardized assessment tool. The CoC also has translated all CES materials into Spanish; is facilitating a working group of providers to better assess CES service gaps for those who are undocumented; and is facilitating cultural competency training for all participating agencies.

3) In 2024, the CES improved the assessment tool and the matching process to ensure trauma informed and harm reductive practices. The VI-SPDAT 3.0 for adults may collect similar information but asks questions for assessment using trauma informed language. The 3.0 assessment tool rephrases questions to be less stigmatizing and clarifies questions about physical and behavioral health. In 2024, the matching process for CE moved away from by-name list conferencing to direct matching in HMIS. By conducting direct matching in HMIS, reducing chance of bias. The CoC has also added an HMIS field to ask for preferred pronouns. This helps case managers to ensure they address clients in their preferred way and keeps clients from having to answer this question multiple times.

4) Our CES hosts multiple recurring project-level case conferencing meetings throughout the month where project-level staff share their experience in the CES. This feedback, paired with data, is used to create more trauma-informed workflows and assessments, ensuring participants do not have to answer questions more than once and data collection is more efficient. The CoC approved the creation of a standing CE committee in 2024, including people with lived experience, which meets monthly and conducts an annual review of all policies.

1D-8a.	Coordinated Entry–Program Participant-Centered Approach.	
	NOFO Section V.B.1.o.	

	Describe in the field below how your CoC's coordinated entry system:
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
2.	prioritizes people most in need of assistance;
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their needs and preferences; and
4.	takes steps to reduce burdens on people seeking assistance.

(limit 2,500 characters)



- 1) Our Coordinated Entry System reaches clients who are least likely to apply for assistance by creating multiple access points and engagement pathways, utilizing individuals with lived experience to advise on system performance and re-formulating outdated assessment tools to prioritize equitable practices. Coordinated Entry agencies have bilingual staff to assist non-English speakers and materials are printed in both English and Spanish. Youth providers also have LGBTQ staff members who help to engage LGBTQ youth.
- 2) The CoC uses VI-SPDAT scores to prioritize people with the highest housing barriers for permanent supportive housing. Where two or more persons have the same score, the CoC uses length of time homeless as the tie-breaking factor. The Housing Prioritization list is dynamic, meaning that people with the highest housing barriers and length of time homeless can move to the top of the list as soon as they are assessed.
- 3) Housing referrals are discussed on a bi-weekly basis with Coordinated Entry management and housing agencies, taking into account the client's preference via the case manager. The By- Name List is consistently updated to ensure the housing referrals are accurate and referrals successful.
- 4) The CoC has been working to simplify the intake process through the reduction of unnecessary documents that must be signed. The CoC has also invested in a new HMIS that, when fully operational, will allow intakes to be conducted in the field by street outreach workers more expeditiously.

1D-8b.	Coordinated Entry–Informing Program Participants about Their Rights and Remedies–Reporting Violations.	
	NOFO Section V.B.1.o.	

Describe in the field below how your CoC through its coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.

**(limit 2,500 characters)**

- 1) The CoC affirmatively markets housing and supportive services to eligible persons via the Coordinated Entry (CE) System in partnership with service providers through the distribution and posting of educational materials at locations that are frequented by those at risk or currently experiencing homelessness such as churches, coffee shops, libraries, and other public spaces, in both English and Spanish. The Coordinated Entry lead agency also posts a Fair Housing statement on the website where it advertises its Coordinated Entry intake center.
- 2) The CoC’s CE management entity provides education on housing rights and access to appeal processes through a partnership with a local legal assistance foundation. Program staff and participants are also provided information on their rights related to fair housing and civil rights laws. Fair Housing posters are also posted in the lobbies of CoC subrecipient agencies and include contact information for reporting violations.
- 3) CoC CE staff report impediments while participating in the Consolidated Planning process. They also participate in Fair Housing trainings offered by the jurisdiction responsible for certifying consistency with the Consolidated Plan and may report conditions or actions that impeded fair housing choice at those trainings.

1D-9.	Advancing Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section V.B.1.p.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	09/21/2022

1D-9a.	Using Data to Determine if Racial Disparities Exist in Your CoC’s Provision or Outcomes of CoC Program-Funded Homeless Assistance.	
	NOFO Section V.B.1.p.	

Describe in the field below:	
1.	the data your CoC used to analyze whether any racial disparities are present in your CoC’s provision or outcomes of CoC Program-funded homeless assistance; and
2.	how your CoC analyzed the data to determine whether any racial disparities are present in your CoC’s provision or outcomes of CoC Program-funded homeless assistance.

**(limit 2,500 characters)**

1. The CoC hired an outside consultant with experience in racial equity analysis to examine qualitative and quantitative data. The contractor looked at HMIS data covering 34.5 months, as well as Point in Time Count data, and Longitudinal Systems Analysis data. Additionally, the consultant conducted surveys, interviews, and focus groups. The surveys consisted of a stakeholder survey, which had 170 respondents, and a survey of provider agency staff that had 55 respondents. There were also eight stakeholder interviews, one provider focus group of BIPOC and bilingual staff, and one lived experience focus group.

2. The data analysis focused on whether certain racial and ethnic groups in the community experienced disproportionate rates of homelessness, greater barriers in accessing the homeless system of care, inequities in program access, and other potential race- or ethnicity-based inequities related to homelessness.

Survey data used mixed methods and included both quantitative and qualitative results. Quantitative results were analyzed with a primarily descriptive approach (e.g., x% of respondents indicated that this racial/ethnic group is at greater risk of homelessness). Qualitative responses from the surveys, interviews, and focus groups were analyzed with a thematic approach: common ideas and themes across the data were pulled together and emphasized, while outliers and potential dissenting ideas were also noted.

1D-9b.	Implemented Strategies to Prevent or Eliminate Racial Disparities.	
	NOFO Section V.B.1.p	

Select yes or no in the chart below to indicate the strategies your CoC is using to prevent or eliminate racial disparities.

1.	Are your CoC's board and decisionmaking bodies representative of the population served in the CoC?	No
2.	Did your CoC identify steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC?	Yes
3.	Is your CoC expanding outreach in your CoC's geographic areas with higher concentrations of underrepresented groups?	Yes
4.	Does your CoC have communication, such as flyers, websites, or other materials, inclusive of underrepresented groups?	No
5.	Is your CoC training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness?	Yes
6.	Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector?	Yes
7.	Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness?	Yes
8.	Is your CoC educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity?	Yes
9.	Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness?	Yes
10.	Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system?	Yes
11.	Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?	Yes
	Other:(limit 500 characters)	
12.		

1D-9c.	Plan for Ongoing Evaluation of System-level Processes, Policies, and Procedures for Racial Equity.	
	NOFO Section V.B.1.p.	

Describe in the field below your CoC's plan for ongoing evaluation of system-level processes, policies, and procedures for racial equity.

**(limit 2,500 characters)**

1. The most recent racial equity analysis identified several recommendations to address CoC-level process, policies and procedures. These include: the creation of a standing committee to focus on equity; to create a committee of people with lived experience and that it include people of color; to ensure undocumented persons have access to housing and services by increasing community knowledge of resources; and continuing to monitor and evaluate equity data and develop responses based on that data. An advisory committee for People with Lived Experience has been created and includes members of the BIPOC community. Currently, persons from the Hispanic / Latino / Latinx community constitute over 50% of the committee members. Additionally, in August, the CoC's Services Coordinating Committee created an ongoing working group to examine disparities in Access and Progress and make recommendations to the Services Coordinating Committee, including how to increase community knowledge of resources for undocumented persons. This working group will include representatives of organizations that serve or represent populations for which disparities exist.

2. The Access and Progress Working Group will examine data at least annually to identify any disparities in the rates at which people enter, progress through, and exit the homeless services system. The Working Group will then develop recommendations for changes to processes, policies and procedures that would address these disparities.

1D-9d.	Plan for Using Data to Track Progress on Preventing or Eliminating Racial Disparities.	
	NOFO Section V.B.1.p.	

Describe in the field below:

1.	the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and	
2.	the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.	

**(limit 2,500 characters)**

1. The CoC will look at: 1) the rates of entry into homelessness by race and ethnicity compared to the prevalence in the County population; 2) the rates of sheltered and unsheltered homelessness compared to the prevalence in the homeless population; 3) the rate of participation in street outreach programs compared to the prevalence of the population in the unsheltered population; 4) the rate of exits to positive destinations for people in street outreach programs compared to the rate of people enrolled in street outreach programs; 5) the rates of permanent supportive housing referrals by population compared to the rate of the population in HMIS; and 6) the rate of exits to positive housing destinations.

2. The CoC will use the CoC Racial Equity Analysis Tool, as well as Point-in-Time Count data, Longitudinal Systems Analysis data, and data from the State of California’s Homeless Data Integration System (HDIS). HDIS provides detailed subpopulation data, including race and ethnicity for System Performance Measure (SPMs) performance. While HDIS measures slightly differently than HMIS, it can provide additional nuance that is helpful in analysis.

1D-10.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC’s Outreach Efforts.	
	NOFO Section V.B.1.q.	

Describe in the field below your CoC’s outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decisionmaking processes.

(limit 2,500 characters)

The CoC uses the CoC website, County website, social media, local media, and targeted outreach to engage people with lived experience of homelessness in leadership roles and decisionmaking processes. To ensure a formal voice in leadership roles, the CoC has set aside three seats on the CoC Board specifically for people with lived experience of homelessness, including a representative from the local Homeless Youth Advisory Board. Additional at-large and other seats may also be held by people with lived experience.

CoC Board members serve terms of three years. Approximately 1/3 of the seats on the CoC Board expire in a given year and there is an annual call for new members. Homeless services agencies and other CoC participating agencies are encouraged to talk to persons with lived experience whom they think would be interested in serving. Additionally, advertising on social media and in the local media has helped the CoC to recruit people with lived experience who had not heard of the opportunity through other means. The CoC Board also has a seat on the Executive Committee reserved for a person with lived experience. This seat was added this year at the suggestion of a CoC Board member with lived experience.

With regard to funding decisions, the CoC uses targeted outreach to recruit persons with lived experience on the grant review committees that review applications and make funding recommendations to the CoC Board. Targeted outreach was also used to recruit a person with lived experience to serve on the CoC’s Grant Review Process Committee, which is reviewing current grant review processes and will be making recommendations later this year to the CoC regarding performance measures that should be used in the grant making process, including use of homeless participant feedback.

The CoC also uses targeted outreach to recruit members for the Youth Advisory Board and the Lived Experience Advisory Board.

1D-10a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

You must upload the Lived Experience Support Letter attachment to the 4B. Attachments Screen.  
Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Routinely included in the decisionmaking processes related to addressing homelessness.	3	2
2.	Participate on CoC committees, subcommittees, or workgroups.	2	2
3.	Included in the development or revision of your CoC’s local competition rating factors.	1	1
4.	Included in the development or revision of your CoC’s coordinated entry process.	0	0

1D-10b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

**(limit 2,500 characters)**

One of the shelters offers a culinary job training program and works to place participants in jobs after finishing the program. The shelter also provides interview skills training and offers mock interviews for participants. The CoC's permanent supportive housing subrecipient agency, Transitions Mental Health Association (TMHA), works closely with the Department of Rehabilitation, which supports persons with disabilities to find and sustain employment. TMHA also offers work experience programs for clients, which can help clients gain experience and confidence.

The local Workforce Development Board, which has an MOU with the CoC, offers pre-employment classes to help prepare people for employment as well as youth services including job readiness classes, internships and subsidized employment. The Department of Social Services (DSS), which is the CoC Collaborative Applicant, offers funding to help former foster youth up to the age of 25 to attend college, university, or professional certification programs. Homeless families in DSS's Welfare-to-Work program can get financial help with educational expenses and are also eligible for subsidized employment opportunities.

Most of the shelter and street outreach service providers also have one or more staff with lived experience. In some cases, the persons who were hired started out as volunteers for the agency before being hired.

1D-10c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

Describe in the field below:

1.	how your CoC gathers feedback from people experiencing homelessness;
2.	how often your CoC gathers feedback from people experiencing homelessness;
3.	how your CoC gathers feedback from people who received assistance through the CoC Program or ESG Program;
4.	how often your CoC gathers feedback from people who have received assistance through the CoC Program or ESG Program; and
5.	steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

**(limit 2,500 characters)**

1. The CoC gathers feedback from people experiencing homelessness through persons with lived experience who serve on the CoC Board, as well as from an Advisory Board of Persons with Lived Experience and surveys of people with lived experience. The CoC is also working with a nonprofit to revive its Youth Advisory Board this year to provide input from youth. Regarding the Advisory Board of Persons with Lived Experience, the CoC has worked to ensure BIPOC representation is at least as much as the proportion of the populations experiencing homelessness, as well as providing geographic diversity, subpopulation diversity, and diversity of services use.
2. The Advisory Committee of Persons with Lived Experience meets at least quarterly but sometimes meets more frequently if needed. The Advisory Committee is currently meeting more frequently because it is preparing recommendations and feedback on Winter Warming Shelters and providing input for the development of a model Homeless Encampment policy. The CoC conducts annual public surveys and encourages people experiencing homelessness to participate, including asking partner agencies to help market it to clients.
3. The CoC conducts public surveys and asks CoC and ESG subrecipients to encourage their clients to participate.
4. The CoC conducts annual public surveys and asks CoC and ESG subrecipients to encourage their clients to participate.
5. One of the requests from people with lived experience has been to provide more safe parking options for people living in vehicles. The CoC voted in September 2024 to allocate the interest earnings from its Homeless Housing, Assistance, and Prevention (HHAP) program Round 1 grant to a pilot program to provide Safe Parking. The CoC expects to release a Request for Proposals for this program before the end of this year.

1D-11.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.s.	
	Describe in the field below at least two steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
	1. reforming zoning and land use policies to permit more housing development; and	
	2. reducing regulatory barriers to housing development.	

**(limit 2,500 characters)**



1. To increase the development of new affordable housing, an analysis was conducted by the Affordable Housing Task Force which identified local funding gaps that would assist affordable housing developers to be more competitive for housing tax credits which account for 70% of a new development's project funding. The task force identified strategies that local jurisdictions could utilize that would contribute to local funding including local bond measures, reducing or deferring fees, land donations, etc. In October 2024, a representative from the Task Force presented to the Homeless Services Oversight Council (HSOC) Executive Committee, which included local elected officials, the findings of the analysis and advocated for the need for more local funding from county and city jurisdictions that would increase the development of new affordable housing. The Task Force will present to the full HSOC (the CoC Governing Board) in November 2024 to understand the gap analysis for local funding and identify non-monetary actions that can be taken by the local jurisdictions to increase affordable housing countywide.

2. In September 2023, the San Luis Obispo Council of Governments presented to the HSOC, which includes elected officials from the seven incorporated cities and the County Board of Supervisors, an update on the progress towards meeting the state's Regional Housing Needs Assessment Allocation (RHNA) goals. The presentation also included a discussion on the Housing & Infrastructure Regional Framework which identified infrastructure barriers to housing and findings from an Affordable-by-Design study that concluded that Affordable-by-Design housing can potentially meet the needs of some moderate-income households in the County without public financial support, and suggested that jurisdictions can implement a variety of regulatory and planning measures to remove barriers to this type of development and support housing production at a moderate price point.

## 1E. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Advance Public Notice of Your CoC’s Local Competition Deadline, Scoring and Rating Criteria.	
	NOFO Section V.B.2.a. and 2.g.	

1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC’s local competition.	08/07/2024
2.	Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC’s local competition.	08/07/2024

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes

6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes
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1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.  NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	
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You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.  
Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	240
2.	How many renewal projects did your CoC submit?	4
3.	What renewal project type did most applicants use?	Tie

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.  NOFO Section V.B.2.d.	
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Describe in the field below:

1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	the severe barriers your CoC considered.

(limit 2,500 characters)

1. For the CES project and PSH projects, HMIS data was used to analyze exits to permanent housing. For the DV projects, information from the comparable database was used. Additionally, the CoC looked at HMIS data on housing retention rates to determine the extent to which housing placements were successful, as part of the objective criteria for scoring permanent housing applications.
2. CoC staff reviewed HMIS/Comparable data System Performance Measures regarding the length of time homeless.
3. The scoring rubric gave more points for projects that served higher numbers of clients experiencing chronic homelessness. The rubric also had a metric for populations served and gave the highest number of points for projects where 75% or more of the proposed clients were experiencing chronic homelessness, 75% or more of the proposed clients had low- or no incomes, and 75% or more of the proposed clients had experienced domestic violence or who had experienced other victimization. In addition to looking at the numbers of persons served, the scoring rubric also asked Grant Review Committee members to score a project’s program design, including the extent to which the proposed design of the project and scope of services were adequate. This helps ensure that applicants who receive high scores based on the number of people with severe service needs have adequate staffing and services to effectively serve persons with higher barriers. On a related measure, Grant Review Committee members were also asked to evaluate the extent to which the applicant demonstrated an understanding of the needs of the clients whom they were proposing to serve. The scoring rubric also asked Grant Review Committee members to score the strength of the Housing Navigation plan, as projects that serve persons with higher barriers will be more effective with a strong Housing Navigation plan. Lastly, the rubric gave points for projects with higher permanent housing retention rates, which can be used to help compare performance of projects that serve persons with similar rates of housing barriers.
4. The severe barriers the CoC considered included chronic homelessness, low or no income, and a history of victimization.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	
	Describe in the field below:	
	1. how your CoC used input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
	2. how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	
	3. how your CoC rated and ranked projects based on the degree that proposed projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and steps the projects took or will take to eliminate the identified barriers.	

(limit 2,500 characters)

1. When developing the scoring rubric, we consulted with a committee of people with lived experience, including BIPOC community members (Latinx and Black), and also considered priorities identified by people with lived experience that had been offered as part of the development of the update to the CoC’s Plan to Address Homelessness.
2. Thirty-three percent of the evaluators were BIPOC community members and included representation from the ethnicity most over-represented in the homeless population (Latinx).
3. The CoC’s scoring rubric asked evaluators to score the how the applicant proposed to reach out to underserved populations. Additionally, the scoring rubric also asked raters to evaluate whether the projects identified barriers to participation among underserved populations and had a plan to address those barriers.

<b>1E-4.</b>	<b>Reallocation—Reviewing Performance of Existing Projects.</b>	
	NOFO Section V.B.2.f.	
	Describe in the field below:	
	1. your CoC’s reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;	
	2. whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC’s local competition this year;	
	3. whether your CoC reallocated any low performing or less needed projects during its local competition this year; and	
	4. why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

**(limit 2,500 characters)**

- 1) The CoC’s Procedure for Reallocation is based on 1) Performance Measures as specified in the annual HUD NOFO and 2) Project Application. Where the CoC Grant Review Committee finds that the renewal project is not performing to full efficacy, a reallocation of funds will be considered. As part of the strategy for funding valuable projects, the CoC will select projects that best align with CoC funding priorities. CoC-funded projects are reviewed on an annual basis utilizing Homeless Management Information System (HMIS), Annual Performance Reports, and monitoring reports to inform the Grant Review Committee in the performance ranking and rating process for renewal. This review will occur during the application and review process for these grants, and rating criteria will incorporate performance related criteria when recommending which programs should be funded and/or ranked higher than others. The CoC generally uses the HUD rating criteria when evaluating and prioritizing project applications locally. Some local criteria are also considered when rating and ranking each project application.
- 2) The CoC did not identify any projects for reallocation for the FY24 competition.
- 3) The CoC did not vote to reallocate any of the renewal projects for the FY24 competition as all renewal projects were determined to be high need projects.
- 4) A total of four CoC-funded projects were eligible for renewal; one PSH project, one DV-RRH project, one Coordinated Entry (SSO) project and one HMIS project. The PSH project, Coordinated Entry project and HMIS project scored high enough for renewal based in part on past performance data from APR and the need of these projects in the CoC. The DV-RRH project scored lower than these projects and will straddle Tier 1 / Tier 2.

1E-4a.	Reallocation Between FY 2019 and FY 2024.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/04/2024
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/-.	Yes
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1E-5c.	<b>Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.</b> NOFO Section V.B.2.g. and 24 CFR 578.95. You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	
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	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website—which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	
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**You must enter a date in question 1E-5c.**

1E-5d.	<b>Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on Website.</b> NOFO Section V.B.2.g. You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC’s website or partner’s website.	
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**You must enter a date in question 1E-5d.**

## 2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>2A-1.</b>	<b>HMIS Vendor.</b>	
	Not Scored—For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.	BitFocus, Clarity Human Services
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<b>2A-2.</b>	<b>HMIS Implementation Coverage Area.</b>	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC’s HMIS coverage area.	Single CoC
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<b>2A-3.</b>	<b>HIC Data Submission in HDX.</b>	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2024 HIC data into HDX.	05/16/2024
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<b>2A-4.</b>	<b>Comparable Databases for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.</b>	
	NOFO Section V.B.3.b.	

	In the field below:	
	1. describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases; and	
	2. state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2024 HMIS Data Standards.	



**(limit 2,500 characters)**

a. The San Luis Obispo CoC has one DV Housing Provider, Lumina Alliance. Lumina has been encouraged to apply for Federal funding through ESG, CoC, and state grants. To support these efforts the HMIS Lead has reached out to staff at Lumina to share the FY 24 HMIS Data Standards and program reporting requirements outlined in the corresponding data collection manuals. When staff discovered that Lumina’s database could not produce the correct report for Sage, both CoC and HMIS Lead staff collaborated with the provider on how to make the fix including utilizing HMIS funds to assist in migrating the data to a compliant database. The HMIS Lead has also provided technical assistance to Lumina through it’s contracted implementation partner, the Institute for Community Alliances.

In addition to the efforts described above, Lumina has been invited to fully participate in CoC governance and HMIS steering. Representatives sit on the Homeless Services Oversight Council as well as the Steering Committee for the HMIS Lead’s recent migration to a new database.

Lumina Alliance is currently using two different databases through it's vendor, Bonterra, to meet both reporting and operational needs. Staff are doing double data entry in both an updated, compliant database as well as a non-compliant one that has been configured to Lumina's operations.

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section V.B.3.c. and V.B.7.	

Using the 2024 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	290	27	294	92.74%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	16	30	46	100.00%
4. Rapid Re-Housing (RRH) beds	346	0	346	100.00%
5. Permanent Supportive Housing (PSH) beds	363	0	363	100.00%
6. Other Permanent Housing (OPH) beds	313	0	313	100.00%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section V.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

	1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
	2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

N/A

	2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
		NOFO Section V.B.3.d.	
		You must upload your CoC's FY 2024 HDX Competition Report to the 4B. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 24, 2024, 11:59 p.m. EST?	Yes
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## 2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2024 PIT count.	01/23/2024
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	05/14/2024
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2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:	
1.	engaged unaccompanied youth and youth serving organizations in your CoC’s most recent PIT count planning process;	
2.	worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC’s most recent PIT count planning process; and	
3.	included youth experiencing homelessness as counters during your CoC’s most recent unsheltered PIT count.	

(limit 2,500 characters)

1. The 2024 PIT Count saw a significant growth and success in local volunteer recruitment, including to youth and youth-serving organizations. Over 250 volunteers participated in the 2024 PIT Count compared to fewer than 50 enumerators in prior years. A PIT Count Steering Committee was formed and intentionally included representatives from youth-serving organizations. The Steering Committee included McKinney-Vento school liaisons, employees from the local colleges and universities, and the homeless service providers with youth-specific funding. The relationships and involvement established with the local community colleges and the State University were fostered to help identify additional perspectives not included in the past.
2. The Steering Committee help to direct the data collection by reviewing survey locations and Committee members sharing their expertise.
3. The timing of volunteer outreach coincided with the establishment of a CoC Youth Advisory Board at the community college located in San Luis Obispo. Staff attended Board meetings to recruit volunteers for the 2024 PIT Count. Finally, youth experiencing homelessness were primarily recruited as guides during the PIT count to help identify locations where homeless youth were staying. Their involvement also helped to facilitate positive, client-centered data collection. These guides were participating or had recently participated in a grant-funded program for homeless youth.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	
	In the field below:	
	1. describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;	
	2. describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;	
	3. describe whether your CoC’s PIT count was affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in your CoCs’ geographic; and	
	4. describe how the changes affected your CoC’s PIT count results; or	
	5. state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2024.	

(limit 2,500 characters)

1. Our CoC made several changes to the methodology of the 2024 PIT Count. First, the sheltered PIT Count was aided by a new tool developed by the HMIS implementation partner, the Institute for Community Alliances. The tool provided a detailed, electronic way to collect the required data elements and survey questions from non-HMIS participating projects. A paper form and manual data-entry was used in the past. The tool allowed for more accurate and timely review of data from those shelter projects.
2. Changes to the unsheltered PIT were made to methodology, volunteer recruitment, and updates due to the FY24 Data Standards. This year, our CoC elected to significantly increase the sample survey method used in previous years. A survey was administered to all unsheltered individuals identified who agreed. Additional logistic sites or deployment centers also were added to ensure full coverage of the CoC borders.
3. The PIT Count was not affected in 2024 by people displaced from a natural disaster of seeking short-term shelter or housing assistance who recently arrived in the CoC's geographic area.
4. Volunteer recruitment was robust and resulted in more than a tenfold increase in volunteers collecting surveys and leading logistic sites.

## 2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>2C-1.</b>	<b>Reducing the Number of First Time Homeless—Risk Factors Your CoC Uses.</b>	
	NOFO Section V.B.5.b.	
	In the field below:	
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
2.	describe your CoC’s strategies to address individuals and families at risk of becoming homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time	

**(limit 2,500 characters)**

1. Our CoC solicited input from homeless services agencies and reviewed research literature.
2. The CoC identified several factors leading to risk of homelessness. These include: high percentage of renter households paying more than 30% of their income on rent; households living in un-updated, private, unsubsidized housing that was affordable but where landlords have announced an intention to renovate to create higher cost rental units; and renters who have fallen behind on their rent. Because affordable housing is so important to addressing homeless, the CoC's Five-Year Plan includes the development of 1,667 new units of low- and very low-income housing over five years. In Calendar Year 2023, 76 low- and very-low housing units were added and in Calendar Year 2024, a total of 527 additional low- and very-low housing units have been added or are on track to be added by the end of the year. To help households that have temporarily fallen behind on rent, the CoC in 2023 allocated \$492,313 in state funding to prioritize a countywide Homeless Prevention and Diversion program. This represented a 465% increase in funding allocated for Homeless Prevention and Diversion. The provider that will be administering those services will provide prevention and diversion services and also collaborates with the local Legal Assistance Foundation with landlord engagement to mitigate eviction processes. Families and youth at risk are also referred as appropriate to local SAFE Family Resource Centers, which are a community-based, school-linked, family-centered way of delivering and coordinating appropriate prevention and intervention services to youth and families in Southern San Luis Obispo County. Additionally, local homeless veterans services projects are partnered with homeless services agencies to be able to cross-refer veterans for prevention and diversion services, depending on the needs of the veteran.
3. The County Department of Social Services is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time.

<b>2C-1a.</b>	<b>Impact of Displaced Persons on Number of First Time Homeless.</b>	
	NOFO Section V.B.5.b	

Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:

1.	natural disasters?	No
2.	having recently arrived in your CoC's geographic area?	No

<b>2C-2.</b>	<b>Reducing Length of Time Homeless—CoC's Strategy.</b>	
	NOFO Section V.B.5.c.	

- In the field below:
1. describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
  2. describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
  3. provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

**(limit 2,500 characters)**

1. The average and median length of time homeless increased in the CoC from FY2022 to FY2023. Factors that affect this include the rising cost of housing and security deposits, competition for units, and referral processes. The county is one of the most expensive small suburban areas in the country and housing costs and a low supply of available housing stock are major factors in the length of time that households remain homeless. To address this, the CoC adopted a goal in its updated Plan to Address Homelessness to add 1,667 units of low- and very-low income housing units by the end of CY2027. The CoC also secured approval of this goal from the County Board of Supervisors and all 7 incorporated cities in the CoC. In CY2023, 76 units of affordable housing were completed and 51 people experiencing homelessness were housed in those units. An additional 527 units of affordable housing have been or are on track to be brought online in CY2024, including 64 new units of PSH. Additionally, to prevent rising costs of security deposits from prolonging homelessness, the CoC set aside a portion of its HOME funds to provide Tenant-Based Rental Assistance for the first time since the pandemic began. The CoC also provided other funding to create landlord incentives for rentals to youth, who are less likely to have a rental history and may thus be considered more risky by landlords.

The CoC also improved its HMIS system functionality this year, including adding a feature to share eligibility documents via HMIS, as well as moving from a closed HMIS to an open HMIS to facilitate greater information sharing and saving time for case managers and clients. The system is also working towards adding real-time housing inventory into HMIS over the next year. The CoC has also partnered with the local Medicaid managed care agency to connect homeless participants with new, Medicaid funded housing navigation services.

2. The CoC uses HMIS data and the Coordinated Entry assessment process to identify individuals and persons in families with the longest lengths of time homeless. Length of time homeless is a factor used in the assessment tool to determine prioritization for available PSH units, with length of time homeless being correlated with score for the prioritization list.

3. The County Department of Social Services Homeless Services Division is responsible for overseeing the CoC's strategy.

2C-3.	Successful Permanent Housing Placement or Retention –CoC's Strategy.	
	NOFO Section V.B.5.d.	

In the field below:

1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

**(limit 2,500 characters)**



1. The CoC has a strategy to increase the number of permanent supportive housing units and other permanent housing units for people experiencing homelessness. The CoC’s Five-Year Plan to Address Homelessness, which was also approved by the County and all seven incorporated cities in the CoC, has set a goal of adding 500 PSH beds and 1,667 low- and very low-income housing units over a five-year period. In Calendar Year 2023, the first full year of the plan, the CoC added 77 additional permanent supportive housing beds. Additionally, in CY2023, 76 units of affordable housing were completed and 51 persons experiencing homelessness were housed in those units. These strategies resulted in 645 persons exiting from ES, TH, and RRH projects to permanent housing destinations in 2023, up from 442 persons in 2022. An additional 527 units of affordable housing are expected to be brought online in 2024 which includes 64 new units of PSH.
2. The CoC’s strategy to increase the rate of individuals and persons in families residing in PH or exit to other PH destinations was to support funding for case management in PSH units. The retention rate increased from 90.2% retention rate in FY2022 and a 96.8% retention rate in FY2023.
3. The Homeless Services Oversight Council is responsible for overseeing the CoC’s strategy.

<b>2C-4.</b>	<b>Reducing Returns to Homelessness—CoC’s Strategy.</b>	
	NOFO Section V.B.5.e.	
	In the field below:	
1.	describe your CoC’s strategy to identify individuals and families who return to homelessness;	
2.	describe your CoC’s strategy to reduce the rate that individuals and families return to homelessness; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.	

**(limit 2,500 characters)**

1. The CoC uses HMIS to identify individuals and families who returned to homelessness. To improve its ability to collect and analyze data, the CoC added additional HMIS staff, including an analyst, and migrated to a new HMIS earlier this year, which will provide additional functionality. These changes are helping the CoC to do more in-depth analysis of who is returning to homelessness.

2. The CoC’s overall rate of returns to homelessness is low (8.55%) but the CoC is looking to further improve. Data indicates that Street Outreach (SO) projects had the highest rate of returns to homelessness, and all of the SO participants who returned to homelessness in FY2023 did so within the first six months of placement. For this group, the CoC’s strategy is to work to help participants enroll in state Medicaid-funded housing stabilization programs or connect them to other supportive services for which they are eligible to help them stabilize in the first six months. The local Medicaid Managed Care Agency, which holds a seat on the CoC Board, has hosted trainings for homeless services agencies on how to sign up to participate in its Community Supports Program – including its Housing Tenancy and Sustaining Services Program to help maintain Medicaid participants in housing.

While SO projects had the largest rate of return, the largest number of persons returning to homelessness (30) was from Permanent Housing (PH) projects. The persons returning from homelessness from PH projects had primarily entered PH from Rapid Rehousing (RRH) projects, and the largest number became homeless in the second year after PH placement. For this group, the strategy is to work to increase case management support to help clients transition successfully from the short-term RRH subsidies to assuming the full cost of rent. The San Luis Obispo County Department of Social Services is responsible for overseeing the strategy to reduce the rate of people returning to homelessness.

3. The San Luis Obispo County Department of Social Services is responsible for overseeing the strategy to reduce the rate of people returning to homelessness.

2C-5.	Increasing Employment Cash Income–CoC’s Strategy.	
	NOFO Section V.B.5.f.	

In the field below:	
1.	describe your CoC’s strategy to access employment cash sources;
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase income from employment.

(limit 2,500 characters)

1. The CoC works to promote earned income through a variety of strategies, including providing job training opportunities, connecting people to pre-employment training and supports, work experience programs and subsidized employment opportunities. The CoC's PSH provider offers work experience programs for people with mental illness. The CoC has provided funding to a local shelter to start a pilot, job training program. The CoC's FY2023 System Performance Measures saw a small decline in employment income from entry to exit for those who left PSH compared to FY2022. This drop occurred in part because the number of people exiting from PSH dropped from 27 in FY2022 to only 13 in FY2023 and represented a change of two persons, so is not fully representative of the CoC's work to help participants increase earned income. Nonetheless, the CoC will be working with the provider to identify additional opportunities to increase earned income and will also do additional training on the Social Security Administration's Ticket to Work program and earned income allowances to try to alleviate concerns of disability benefits recipients about potentially losing SSI benefits. Due to the age, length of homelessness, mental health acuity and tri morbidity of the program participants referred to the CoC-funded PSH program, most are working towards or eligible for disability benefits. The PSH provider has procured private funding for creative return to work programs.

2. The CoC has an MOU with the local Workforce Development Board (WDB). Under the MOU, the WDB offers a priority of services to homeless persons. Additionally, WDB staff will provide training to CoC, Coordinated Entry, & ESG-funded program staff regarding how to use CalJOBS California's online resource to help job seekers & employers navigate the state's workforce services. By registering in CalJOBS, clients access employment tools and services such as support with creating & uploading resumes, search employer job postings, access local and statewide employment and training resources and benefit from the automated job search functions of the system from homeless services sites with computer and internet access. The WDB offers construction trade apprenticeships and the CoC markets this to CoC and ESG subrecipients.

3. The County of San Luis Obispo Department of Social Services is responsible for overseeing this strategy.

2C-5a.	Increasing Non-employment Cash Income—CoC's Strategy	
	NOFO Section V.B.5.f.	
	In the field below:	
	1. describe your CoC's strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

(limit 2,500 characters)

1) The strategy to increase access to non-employment cash sources includes educating CoC and ESG service providers on updates to benefits programs administered by the Department of Social Services (DSS), including CalWORKS (which includes Temporary Assistance to Needy Families benefits), CalFresh (i.e. Supplemental Nutrition Assistance Program), and General Assistance. Coordinated Entry, CoC and ESG staff are trained on how to make referrals to DSS for public benefit programs. Case managers can also help participants apply online for CalFresh benefits. The CoC created the Benefits ARCH program to help persons with disabilities on General Assistance-Disability to apply for and obtain Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) benefits. Additionally, the Housing and Disability Advocacy Program, which is accessed through the CoC's Coordinated Entry Housing Prioritization list, helps homeless persons with disabilities to apply for SSI or SSDI and provides bridge housing until they receive those benefits. The CoC also educates about the benefits of SOAR training and provides CoC and ESG subrecipients with information about the online SOAR training website, training opportunities, and related materials to help clients apply for SSI and SSDI benefits.

The CoC's practices have become effective at helping people experiencing homelessness to obtain benefits even before enrollment in a PSH program, resulting in a majority of participants entering PSH with non-earned income. The CoC's FY2023 System Performance Measures saw a decline in non-earned income from entry to exit for those who left permanent supportive housing (PSH) compared to FY2022. This drop occurred in part because the number of people exiting from PSH dropped from 27 in FY2022 to only 13 in FY2023 and so a small number of changes had a bigger impact, so is not fully representative of the CoC's work to help participants increase non-earned income. Nonetheless, the CoC will work with the PSH provider to ensure that participants who enter PSH who enter without earned income will be helped to enroll in public benefits and that cost-of-living increases in benefits are entered into HMIS in a timely manner.

2) The County of San Luis Obispo Homeless Services Division is responsible for overseeing the CoC's strategy to increase non-employment cash income.

### 3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>3A-1.</b>	<b>New PH-PSH/PH-RRH Project–Leveraging Housing Resources.</b>	
	NOFO Section V.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
--	--	-----

<b>3A-2.</b>	<b>New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.</b>	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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<b>3A-3.</b>	<b>Leveraging Housing/Healthcare Resources–List of Projects.</b>	
	NOFO Sections V.B.6.a. and V.B.6.b.	

If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.

Project Name	Project Type	Rank Number	Leverage Type
PSHH Supportive H...	PH-PSH	4	Both
Lumina Alliance N...	PH-RRH	6	Both

### 3A-3. List of Projects.

1. What is the name of the new project? PSHH Supportive Housing Services 2024
2. Enter the Unique Entity Identifier (UEI): NHC6G8NUGY17
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 4
5. Select the type of leverage: Both

### 3A-3. List of Projects.

1. What is the name of the new project? Lumina Alliance New DV Bonus RRH Expansion 2024
2. Enter the Unique Entity Identifier (UEI): HM5TDHNPWQW3
3. Select the new project type: PH-RRH
4. Enter the rank number of the project on your CoC's Priority Listing: 6
5. Select the type of leverage: Both

### 3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

**(limit 2,500 characters)**

### 3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serve Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
--	--	----

3C-2.	Cost Effectiveness of Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)



## 4A. DV Bonus Project Applicants for New DV Bonus Funding

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applicants.	
	NOFO Section I.B.3.j.	

	Did your CoC submit one or more new project applications for DV Bonus Funding?		Yes
--	--	--	-----

4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.j.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2024 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

**You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.**

4A-3.	Data Assessing Need for New DV Bonus Housing Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.j.(1)(c) and I.B.3.j.(3)(c)	

1.	Enter the number of survivors that need housing or services:	421
2.	Enter the number of survivors your CoC is currently serving:	260
3.	Unmet Need:	161

4A-3a.	How Your CoC Calculated Local Need for New DV Bonus Housing Projects.	
	NOFO Section I.B.3.j.(1)(c)	
	Describe in the field below:	
	1. how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
	2. the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or	
	3. if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.	

**(limit 2,500 characters)**

1. In FY23, the CoC's DV Services Provider (Lumina) served a total of 203 people fleeing violence in their three emergency shelters and ten transitional housing units. A total of 107 clients received financial assistance through their Housing First Program, 57 of whom were community clients who did not stay at one of their housing facilities this past year (these numbers include clients who were either homeless or at-risk of becoming homeless at the time of assistance; these numbers also include survivors of sexual assault). Financial assistance was provided to support clients' ability to pay rent or deposit expenses to move into or retain safe, permanent housing. 286 unmet requests for shelter and related services were received last year from 161 clients.
2. Lumina uses Apricot, an HMIS-comparable database specially designed for victim service providers ensuring that all client data is secure and remains confidential. Apricot is used to track client demographics and calculate rates like survivor needs for housing and services and unmet requests for assistance. The database captures all required data and allowing the agency to work with HUD and local homeless service providers without sharing identifying client data or compromising confidentiality. Staff and volunteers providing direct services can access Apricot from any location to update client data immediately to ensure all services provided are captured, smoothly coordinated, and not duplicated. All Apricot users are provided with thorough training on how to appropriately use the database to protect client confidentiality and to guarantee that data is secure and accurately recorded.
3. Lumina is the only sexual assault (SA) and intimate partner violence (IPV) victim service provider in San Luis Obispo County. SLO County's high cost of living and lack of sufficient affordable housing present exceptional barriers to meeting the needs of all survivors. SLO County is the second least affordable small metro area in the country. SLO County's cost of living is 9.4% above the national average, and the cost of housing is 51.7% higher than the national average. Survivors have a difficult time fleeing violence and often risk losing access to housing and financial stability, a risk that is compounded by SLO County's untenable housing market.

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	
	Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.	

<b>Applicant Name</b>
Lumina Alliance

## Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

Enter information in the chart below on the project applicant that applied for one or more New DV Bonus housing projects included on your CoC's FY 2024 Priority Listing for New Projects:

1.	Applicant Name	Lumina Alliance
2.	Rate of Housing Placement of DV Survivors–Percentage	27%
3.	Rate of Housing Retention of DV Survivors–Percentage	0%

4A-3b.1.	Applicant's Housing Placement and Retention Data Explanation.	
	NOFO Section I.B.3.j.(1)(d)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1.	how the project applicant calculated the rate of housing placement;
2.	whether the rate for housing placement accounts for exits to safe housing destinations;
3.	how the project applicant calculated the rate of housing retention; and
4.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

**(limit 1,500 characters)**

- 1) The CoC's DV Provider, Lumina Alliance (LA) currently tracks the rate of survivors who exit emergency shelter and transitional housing programs into safe housing via their secure online database, Apricot.
- 2) This rate does not account for exits to emergency shelter and motel/hotel stays. When accounting for safe housing destinations inclusive of emergency shelters and motels, not including unknown destinations, LA's housing placement rate increases from 27% to 59%.
- 3) LA does not currently track the rate of housing retention beyond program exit but will plan to conduct follow-up at 6 months and 12 months after a survivor completes the rapid rehousing program in order to implement the tracking of housing retention rates. While survivors are not obligated to engage in follow-ups after they have finished receiving LA's services, intake forms will be updated to indicate that post-service follow-ups will be attempted at the 6- and 12-month marks to assess housing retention. If no response is received, advocates will mark "Follow-up attempted: no response".
- 4) LA uses their secure online database, Apricot, a confidential, electronic client database used to track client demographics and calculate rates like housing placement and retention when possible, with the participation of each survivor. The database is HMIS compliant, capturing all required data and allowing the DV provider to work with HUD and local homeless service providers without sharing identifying information.

4A-3c.	Applicant's Experience Housing DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below how the project applicant:	
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;	
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan;	
3.	determined survivors' supportive services needs;	
4.	connected survivors to supportive services; and	
5.	moved survivors from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.	

**(limit 2,500 characters)**

- 1) Clients with immediate housing need can enter Lumina Alliance (LA)'s emergency shelter where they can begin searching for permanent housing, supported by a Housing Advocate. Clients work with advocates to create a self-sufficiency plan including barriers and goals, revised weekly. Clients may receive financial assistance through the form of a down payment and first month's rent. If a client has not found housing by 60 days, a referral to LA's transitional housing program can be made to address extenuating circumstances. Once a client can maintain housing without supportive services, they are voluntarily exited from the program.
- 2) Clients who are homeless or at-risk of homelessness due to IPV are prioritized for LA's Housing First Program. LA does not use a waitlist for housing assistance. LA partners with the local Coordinated Entry (CE) management entity, which has funds a dedicated HMIS data tech to support LA staff in enrolling clients in CE.
- 3) Based on individual assessments for each survivor, a Housing Advocate provides referrals. Advocates provide case management in the form of creating safety plans, securing employment, legal referrals, transportation, therapy, childcare services, financial support, financial literacy, and other social services. Advocates draw on their understanding of the dynamics of IPV to consider how abuse impacts other issues survivors experience.
- 4) Clients who call LA are assessed for safety & emergency needs. Advocates conduct needs assessments and share information with clients about their rights & resources. Advocates help identify and address barriers while filling out and submitting housing applications, conducting outreach to landlords, assisting with household establishment, and connecting with resources such as mental health services. LA maintains MOUs with 48 entities throughout SLO County to ensure referrals are received when IPV is disclosed to other agencies and clients can be referred to additional services.
- 5) Clients are offered coaching in financial literacy and independence, support in applying for jobs, and accessing public benefits and nonprofit resources. LA engages participants in case management to address financial barriers that may arise once the subsidy ends in order to make a plan beforehand. When permanent housing cannot be secured upon exit from shelter or transitional housing, LA Housing Advocates work to reunify clients with a family member or friend, including providing transportation

4A-3d.	Applicant's Experience in Ensuring DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
	1. taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
	2. making determinations and placements into safe housing;	
	3. keeping survivors' information and locations confidential;	
	4. training staff on safety and confidentiality policies and practices; and	
	5. taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.	

**(limit 2,500 characters)**

- 1) At Lumina Alliance (LA) Initial intake is completed with the survivor alone. They ensure that survivors take calls with LA from a safe location and they do not make calls or leave voicemails without explicit consent. They do not confirm nor deny whether someone is a client of theirs if someone reaches out requesting information regarding said person. They require written, informed, retractable, and time-limited consent from the survivor before disseminating any of their information outside of their organization.
- 2) LA assesses requests for housing services based on clients' immediate safety, program eligibility, and resource availability. They only offer housing assistance to survivors who are actively fleeing intimate partner violence to maintain the safety of all housing program participants. They work directly with clients to determine their safety and immediate needs, as well as in the creation of action plans to increase their sense of safety through their housing and support services.
- 3) All staff and volunteers are required to sign LA's Confidentiality and Mandated Reporting Policy & Procedure, as well as a confidentiality agreement, outlining state-mandated requirements to maintain strict confidentiality of all client information, including procedures for releasing information with written permission. LA shelter and transitional housing unit locations are kept strictly confidential from the public, including law enforcement. All public deeds and property documents are redacted to hide addresses and identifying information. All electronic data related to client records is kept in Apricot, which utilizes encryption and requires Two Factor Authentication to access.
- 4) All LA staff receive their State-Certified 65-Hour training to become IPV/SA Crisis Counselors and are trained in safety and confidentiality policies and practices, including Confidentiality and Mandated Reporting Policy & Procedure; Information, Technology, and Privacy Policy & Procedure; and comprehensive training in the proper use of the Apricot database.
- 5) LA's two congregate emergency shelters and transitional housing units are located at confidential addresses. Each shelter is unmarked with a gate and confidential code known only to LA staff, volunteers, and current shelter guests. LA requires all guests to sign agreements ensuring no weapons, drugs, or alcohol are brought on site, and that no outside person is brought to the shelter, breaking confidentiality.

4A-3d.1.	<b>Applicant's Experience in Evaluating Its Ability to Ensure DV Survivors' Safety.</b>	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement throughout the project's operation.

**(limit 2,500 characters)**

The CoC's DV provider, Lumina Alliance (LA), requests that all housing program participants complete an anonymous online survey after they have concluded receiving services. These surveys allow them to evaluate the efficacy of their services, including ensuring safety. LA also intends to create an incentive-based Survivor Advisory Board this year, through which they will receive feedback from former clients and survivors in the community to inform current LA policies and programs related to safety and client success. The Survivor Advisory Board will equip LA with invaluable information to identify areas for improvement and to ensure they consistently offer the safest and most efficient intimate partner violence housing and resources to San Luis Obispo County survivors.

4A-3e.	<b>Applicant's Experience in Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches.</b>	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below the project applicant's experience in:

- |    |  |
|----|--|
| 1. | prioritizing placement and stabilization of survivors;                   |
| 2. | placing survivors in permanent housing;                                  |
| 3. | placing and stabilizing survivors consistent with their preferences; and |
| 4. | placing and stabilizing survivors consistent with their stated needs.    |

**(limit 2,500 characters)**

- 1) Lumina Alliance (LA) operates 32 emergency shelter beds and 14 TH beds for households fleeing from intimate partner violence. LA uses a standardized assessment tool to prioritize households for placement. Lumina also identifies the level of stabilization needs and provides the appropriate assistance to match that need, including financial, psychological, legal referrals, and credit repair.
- 2) LA produces a case management plan for each client to overcome barriers in order to secure permanent housing. Financial assistance bolsters housing services by providing funds for a down payment and/or first month's rent both to eligible community clients and those staying in LA's emergency shelters or transitional housing units. Applicants are not excluded from permanent housing based on variables such as income level, employment, past or current substance abuse or mental health issues, criminal record, or citizenship status, nor are applicants considered ineligible due to inability to provide paperwork, documentation or personally identifying information. The most common "points of entry" into LA's Rapid Rehousing Program are through LA's Emergency Shelter and Transitional Housing programs, other LA programs (e.g., Therapy, Legal), and from outside agencies that have referred homeless domestic violence victims.
- 3) Survivors determine the extent and type of services that they engage in, and LA's trauma-informed advocates build relationships with survivors to make them feel comfortable and safe receiving services. Barriers and goals are revised weekly with the support of an advocate; survivors can build a plan geared toward obtaining housing depending on their preferences.
- 4) Each shelter and transitional housing unit has a dedicated advocate that conducts a comprehensive intake to assist survivors in identifying their own key areas of need. Survivors are empowered to create an action plan in partnership with their advocate. For example, if a client identifies housing, legal and therapy as priority areas of need, a housing advocate will enroll them in therapy, assist with housing applications, and connect them to a legal advocate. Or, if a client identifies a need to find housing near their child's school in order to maintain continuity in their child's life, or to more easily meet visitation requirements, advocates will actively partner with the client to identify housing opportunities in their preferred location.

4A-3f.	Applicant's Experience in Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	

	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:
1.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures survivors and staff interactions are based on equality, and minimize power differentials;
2.	providing survivors access to information on trauma, e.g., training staff on providing survivors with information on the effects of trauma;
3.	emphasizing survivors' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
4.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
5.	providing a variety of opportunities for survivors' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and



	6. offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.
--	--

**(limit 5,000 characters)**

- 1) Project staff are dedicated to fostering survivors' independence, self-sufficiency and safety. To that end, a client empowerment/voluntary services model has been incorporated into all housing programs. Rules and regulations are minimal and focused primarily on preserving health and safety. Traditional curfews, shelter sign-out sheets, surveillance systems, and punitive policies have been eliminated; all programs are designed to cultivate independence. Shelter guests are free to engage in activities of their choosing so long as they do not endanger the safety, health and/or well-being of other guests. Certain occupancy rules in the transitional housing program, standard in a tenant/landlord relationship, are enforced, such as prohibitions against indoor smoking, "extended stay" guests, subleasing of the rental unit, and unlawful activities. Financial assistance recipients are treated with dignity and offered agency and support in identifying and maintaining safe housing.
- 2) All LA (Lumina Alliance) staff, including funded Housing Advocates, are California State-Certified 65-Hour Trained IPV/SA Counselors, concurrently trained in the neurobiology of trauma, the impacts of IPV on children, and health impacts of trauma and reproductive coercion. LA employs trauma-informed practices, including empowerment-based programming, survivor-led case management and decision-making to ensure transparency and collaboration in the decision-making process and embrace a culture of humility and openness to feedback, criticism, and change. LA maintains up-to-date, accessible information about common survivor experiences and available resources on our website and in paper form.
- 3) LA utilizes a strengths-based self-sufficiency planning tool that is client-driven and focused on addressing needs ranked on a scale from "in crisis" to "thriving." Needs are assessed using this tool at 30 days, 60 days, and 90 days to show progress over time. Advocates actively partner with clients to identify the goals and aspirations most important to them, as well as resources and options available. Case management is rooted in empowerment and evaluation is focused on outcomes over outputs.
- 4) LA recognizes that marginalized communities are at an increased risk for experiencing IPV. In addition to maintaining robust anti-discrimination and accessibility policies, and extensive trainings mentioned previously, LA partners with Dr. Joy Pederson to develop a detailed DEI Action Plan. This plan will include the development of a staff-led committee which will adapt the agency-wide DEI statement to individual departments, and as informed by LA's strategic plan. LA are in the process of planning for and recruiting members to their inaugural Survivor Advisory Board, which will inform agency-wide policies and practices to ensure all programs and operations are survivor-centered, inclusive, and accessible.
- 5) LA offers clinical therapeutic groups for survivors and their loved ones. LA's peer support groups and individual therapy are provided by their Therapy Department and an Advocate. The peer support groups include peer-to-peer support, music and art therapy programming, among other modalities.
- 6) LA makes referrals to Parent Connection of SLO County for parent education and coaching services; offers onsite childcare as needed; provides financial assistance to aid in transportation to and from school and work; partners with the SLO Legal Assistance Foundation to provide legal representation to for divorce and custody cases; and supports parents in enrolling their children in school and supplying them with everything needed to attend classes. LA is in the process of revamping their onsite childcare program in partnership with First 5 of SLO County to improve quality and sustainability over time.

4A-3g.	Applicant's Experience Meeting Service Needs of DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

**(limit 5,000 characters)**

Wraparound support services offered by Lumina Alliance (LA) include crisis intervention, financial literacy education, safety planning, case management, peer counseling, individual and group therapy, advocacy, legal assistance, emergency and transitional housing, and financial assistance. Advocates work closely with survivors to prioritize needs and tailor plans to attain and maintain safe housing, all while working toward self-sufficiency and independence. Advocates offer a voluntary, comprehensive financial literacy training to residents, which will include lessons on personal finance and credit. Safety planning is a critical service offered individually with every client. All safety plans are comprehensive, meeting basic needs and providing a life plan, not just strategies to respond to physical violence. The safety plans are reevaluated and revised as needed. Case management assistance is offered with translating/interpreting, goal setting, providing referrals and transportation to needed community resources, assisting with employment searches, job readiness and educational/ vocational activities, permanent housing readiness, budgeting and financial counseling. Peer counseling and clinical therapy is nonjudgmental and a safe place for survivors to talk about their experiences, fears, beliefs and goals in order to build rapport and trust. Advocacy, including legal assistance, is provided in association with housing and social services (i.e. entitlement benefits such as SSI, CalFresh food stamps, WIC, and other programs), counseling, medical, banking support, job training and connection with workforce development agencies, as well as other community resources. All support services are provided on a voluntary basis and offered repeatedly to housing program residents on an ongoing basis throughout their participation in the housing program. LA maintains MOUs with 48 entities throughout San Luis Obispo County to ensure that they are receiving referrals when intimate partner violence is disclosed outside of their organization and that they have relationships with organizations providing additional services to whom they can refer clients when necessary. When permanent housing cannot be secured upon exit from LA emergency shelter or transitional housing, LA works to safely reunify clients with a family member or friend, including providing transportation - whether locally or out-of-area. They also engage clients in their case management program well after they complete or exit the program. Requests for financial assistance are reviewed by the housing and advocacy teams to ensure equitable distribution of funds and to identify supplemental resources.

4A-3h.	Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

Describe in the field below how the project(s) will:

- |    |   |
|----|---|
| 1. | prioritize placement and stabilization of program participants; |
| 2. | place program participants in permanent housing;                |

3.	place and stabilize program participants consistent with their preferences; and
4.	place and stabilize program participants consistent with their stated needs.

**(limit 2,500 characters)**

- 1) Lumina Alliance (LA) will offer comprehensive, trauma-informed wraparound services including: advocacy, clinical therapy for both adults & children, legal support such as assistance in filing temporary restraining orders (TROs), case management, accompaniment, and crisis intervention. These services will be offered on a voluntary basis and will have no bearing on eligibility for housing first financial support or housing programs.
- 2) LA will produce a case management plan for each client to overcome barriers to secure permanent housing. Financial assistance bolsters housing services by providing funds for a down payment and/or first month's rent both to eligible community clients and those staying in LA's emergency shelters or transitional housing units. Applicants will not be excluded from permanent housing based on variables such as income level, employment, past or current substance abuse or mental health issues, criminal record, or citizenship status, nor will applicants be considered ineligible due to inability to provide paperwork, documentation or personally identifying information. The most common "points of entry" into LA's Rapid Rehousing Program are through LA's Emergency Shelter & Transitional Housing programs, other LA programs (e.g., Therapy, Legal), and from outside agencies that have referred homeless domestic violence victims.
- 3) Survivors will determine the extent and type of services that they engage in, and LA's trauma-informed advocates will build relationships with survivors to make them feel comfortable and safe receiving services. Barriers and goals will be revised weekly with the support of an advocate; survivors can build a plan geared toward obtaining housing depending on their preferences.
- 4) Each shelter and transitional housing unit has a dedicated advocate that conducts a comprehensive intake to assist survivors in identifying their own key areas of need. Survivors will be empowered to create an action plan in partnership with their advocate. E.g., if a client identifies housing, legal and therapy as priority areas of need, a housing advocate will enroll them in therapy, assist with housing applications, & connect them to a legal advocate. If a client identifies a need to find housing near their child's school in order to maintain continuity in their child's life, or to more easily meet visitation requirements, advocates will actively partner with the client to identify housing opportunities in their preferred location.

4A-3i.	Applicant's Plan for Administering Trauma-Informed, Survivor-Centered Practices in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

Describe in the field below examples of how the new project(s) will:	
1.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant and staff interactions are based on equality, and minimize power differentials;
2.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
3.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;

	4. center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
	5. provide a variety of opportunities for program participants' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
	6. offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

- 1) Project staff are dedicated to fostering survivors' independence, self-sufficiency and safety. To that end, a client empowerment/voluntary services model has been incorporated into all housing programs. Rules and regulations are minimal and focused primarily on preserving health and safety. Traditional curfews, shelter sign-out sheets, surveillance systems, and punitive policies have been eliminated; all programs are designed to cultivate independence. Shelter guests are free to engage in activities of their choosing so long as they do not endanger the safety, health and/or well-being of other guests. Certain occupancy rules in the transitional housing program, standard in a tenant/landlord relationship, are enforced, such as prohibitions against indoor smoking, "extended stay" guests, subleasing of the rental unit, and unlawful activities. Financial assistance recipients are treated with dignity and offered agency and support in identifying and maintaining safe housing.
- 2) All LA (Lumina Alliance) staff, including funded Housing Advocates, are California State-Certified 65-Hour Trained IPV/SA Counselors, concurrently trained in the neurobiology of trauma, the impacts of IPV on children, and health impacts of trauma and reproductive coercion. LA employs trauma-informed practices, including empowerment-based programming, survivor-led case management and decision-making to ensure transparency and collaboration in the decision-making process and embrace a culture of humility and openness to feedback, criticism, and change. LA maintains up-to-date, accessible information about common survivor experiences and available resources on our website and in paper form.
- 3) LA utilizes a strengths-based self-sufficiency planning tool that is client-driven and focused on addressing needs ranked on a scale from "in crisis" to "thriving." Needs will be assessed using this tool at 30 days, 60 days, and 90 days to show progress over time. Advocates actively partner with clients to identify the goals and aspirations most important to them, as well as resources and options available. Case management is rooted in empowerment and evaluation is focused on outcomes over outputs.
- 4) LA recognizes that marginalized communities are at an increased risk for experiencing IPV. In addition to maintaining robust anti-discrimination and accessibility policies, and extensive trainings mentioned previously, LA partners with Dr. Joy Pederson to develop a detailed DEI Action Plan. This plan will include the development of a staff-led committee which will adapt the agency-wide DEI statement to individual departments, and as informed by LA's strategic plan. LA are in the process of planning for and recruiting members to their inaugural Survivor Advisory Board, which will inform agency-wide policies and practices to ensure all programs and operations are survivor-centered, inclusive, and accessible.
- 5) LA offers clinical therapeutic groups for survivors and their loved ones. LA's peer support groups and individual therapy are provided by their Therapy Department and an Advocate. The peer support groups include peer-to-peer support, music and art therapy programming, among other modalities.
- 6) LA makes referrals to Parent Connection of SLO County for parent education and coaching services; offers onsite childcare as needed; provides financial assistance to aid in transportation to and from school and work; partners with the SLO Legal Assistance Foundation to provide legal representation to for divorce and custody cases; and supports parents in enrolling their children in school and supplying them with everything needed to attend classes. LA is in the process of revamping their onsite childcare program in partnership with First 5 of SLO County to improve quality and sustainability over time.

4A-3j.	Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(f)	
	Describe in the field below how the new project will involve survivors:	
1.	with a range of lived expertise; and	
2.	in policy and program development throughout the project's operation.	

**(limit 2,500 characters)**

1) Client outtake surveys are used to evaluate Lumina Alliance's cultural competence in serving diverse populations. Trend analysis enables Lumina Alliance (LA) to identify areas for improvement in delivering culturally sensitive services. The primary data source for this project will be client surveys given at intake and upon completion or cessation of services. Surveys will measure client success and satisfaction using a number of measures, including but not limited to client feelings of safety, knowledge of community resources, and emotional health. Additionally, Lumina Alliance advocates utilize a Self-Sufficiency Plan, where clients determine 3 areas in their life with which they would like to support reaching self-sufficiency, which will also be collected and analyzed to measure success within the target population. The success of program recruitment efforts will be measured through demographic information gathered at intake. Retention will be measured according to completion of all 12 sessions of LA's program. Clients exiting the program early will be solicited for feedback. Program effectiveness will be measured via self-report survey responses collected pre and post program participation.

2) LA is in the planning phase of creating a Survivor Advisory Board, which will eventually involve recruiting past clients and community members to participate. The Board will guide agency-wide decision-making related to policies, programming, and best practices that impact survivor services. LA will research best practices in order to delineate the primary functions of the Survivor Advisory Board in relation to staff, the Board, and volunteers; primary roles and responsibilities; and strategic objectives and measurable outcomes. LA will prioritize recruiting a diverse membership, including survivors from distinct socio-economic, cultural, regional, and professional backgrounds. This Advisory Board will have a direct hand in informing program implementation related to the Continuum of Care and LA's housing programs. As a precursor to the forthcoming creation of the Survivor Advisory Board, Lumina Alliance has created a Storytellers' Bureau. The Storytellers' Bureau aims to gather stories from survivors who have received Lumina Alliance's services and those involved in advancing their mission. Storytellers include anyone impacted by sexual and/or intimate partner violence, including volunteers, board members, staff, community partners and donors.

## 4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
  - . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
  - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	10/18/2024
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	10/18/2024
1D-10a. Lived Experience Support Letter	Yes	Lived Experience ...	10/25/2024
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	10/25/2024
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	10/17/2024
1E-2a. Scored Forms for One Project	Yes	Scored Forms for ...	10/26/2024
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	10/17/2024
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	10/17/2024
1E-5b. Local Competition Selection Results	Yes	Local Competition...	10/17/2024
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		



2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	CA-614 Competitio...	10/23/2024
3A-1a. Housing Leveraging Commitments	No	Housing Leverage ...	10/17/2024
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	10/23/2024
3C-2. Project List for Other Federal Statutes	No		
Other	No		

## **Attachment Details**

**Document Description:** PHA Homeless Preference

## **Attachment Details**

**Document Description:** PHA Moving On Preference

## **Attachment Details**

**Document Description:** Lived Experience Support Letter

## **Attachment Details**

**Document Description:** Housing First Evaluation

## **Attachment Details**

**Document Description:** Local Competition Scoring Tool

## **Attachment Details**

**Document Description:** Scored Forms for One Project

## **Attachment Details**

**Document Description:** Notification of Projects Rejected-Reduced

## **Attachment Details**

**Document Description:** Notification of Projects Accepted

## **Attachment Details**

**Document Description:** Local Competition Selection Results

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** CA-614 Competition Report

## **Attachment Details**

**Document Description:** Housing Leverage Commitments

## **Attachment Details**

**Document Description:** Healthcare Formal Agreements

## **Attachment Details**

**Document Description:**

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## Submission Summary

**Ensure that the Project Priority List is complete prior to submitting.**

Page	Last Updated
1A. CoC Identification	10/04/2024
1B. Inclusive Structure	10/27/2024
1C. Coordination and Engagement	10/27/2024
1D. Coordination and Engagement Cont'd	10/27/2024
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	10/23/2024
2B. Point-in-Time (PIT) Count	10/27/2024
2C. System Performance	10/26/2024
3A. Coordination with Housing and Healthcare	10/23/2024
3B. Rehabilitation/New Construction Costs	10/04/2024
3C. Serving Homeless Under Other Federal Statutes	10/15/2024

<b>4A. DV Bonus Project Applicants</b>	10/28/2024
<b>4B. Attachments Screen</b>	Please Complete
<b>Submission Summary</b>	No Input Required

#### **4.C. SELECTION METHOD AND INTEREST LIST PREFERENCES** [24 CFR 982.207]

A preference does not guarantee admission to the program. Preferences, and random lottery selection are used to establish the order of placement on the interest list. Every applicant must meet HASLO's eligibility criteria as defined in this policy.

Families who reach the top of the interest list will be contacted by an email from HASLO complete a full application. Applicants must complete the application, have their preference verified, and then continue through the application processing and may not retain their place on the interest list if they refuse to complete their processing when contacted by HASLO.

An applicant will not be granted any preference if any member of the family has been **evicted** from federally assisted housing in the last **five (5) years**. [24 CFR 982.552(c)(1)(ii)]

An applicant will not be granted any preference if any member of the family has been **evicted** from housing assisted under a 1937 Housing Act program during the past **three (3) years** from the date of eviction because of drug-related criminal activity. [24 CFR 982.553(a)(i)]

HASLO will grant an exception to such a family if:

- The responsible member has successfully completed a rehabilitation program.
- The evicted person clearly did not participate in or know about the drug-related activity.
- The evicted person no longer participates in any drug related criminal activity.

#### **4.D. LOCAL PREFERENCES**

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits HASLO to establish other local preferences, at its discretion. Any local preferences established must be consistent with HASLO's plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

##### HASLO Policy

HASLO employs the following system of local preferences in administering its interest list. The local preferences consist of:

**Terminated Vouchers due to Insufficient Funding** - HASLO will first offer a preference to any family that has been terminated from its HCV program due to insufficient program funding

**Project Based Voucher Mobility** - In accordance with 24 CFR 983.260, HASLO is required to give priority for continued tenant-based assistance to a project-based family that chooses to terminate their lease after the first year of occupancy, has given the owner advanced written notice of their intent to vacate, has notified HASLO and requested to move with continued tenant-based assistance, prior to moving and only if in good standing with the Project Based unit owner [Chapter 21].

**Lease-in Place Preference** - After applicants have been selected from the waiting list, in the event the Section 8 HCV leasing rate falls below 97%, preference will be given to families on the wait list who are willing and able to lease in place. HASLO will continue to use the lease-in place preference until the calendar year lease-up rate is projected to be at 97% lease-up.

Preferences will be provided next to resident families (families that reside, work or who have been hired to work with HASLO's jurisdiction) who meet the criteria of priorities as listed below:

**1. Involuntarily Displacement (Includes Victims of Domestic Violence)**

Involuntarily displaced applicants are not living in housing that is decent, safe, or sanitary, permanent or replacement housing (or) adequate for the family size, and the family has vacated, or will be involuntarily displaced within no more than thirty (30) days from the date of preference status certification because of the following:

- A natural disaster that has caused the unit to be uninhabitable.
- Demolition or disposition of their residence as a result of Federal, state or local government action related to code enforcement.
- Residing in a multifamily rental housing project when the U.S. Department of Housing and Urban Development (HUD) sells, forecloses upon, or demolishes the project.
- Residing in a project covered by a profit-based Section 8 Housing Assistance Payment (HAP) contract at, or near the end of, the HAP contract term (Opt-Outs).
- Providing information on criminal activities to a law enforcement agency and, after a threat assessment and to avoid reprisals, the law enforcement agency recommends housing the family to reduce risk of violence to the family. HASLO will take reasonable precautions to assist the law enforcement agency in concealing the new location of the family in cases of witness protection.
- Displacement by non-suitability of the unit when a member of the family has mobility or other impairments that make the person unable to use a kitchen, sleeping area, full bathroom, the entry and egress of the unit and building.



- Being the victim of one or more hate crimes and vacating the home because of the crime or the fear of such a crime. A hate crime is actual or threatened, physical violence or intimidation that is directed against a person on his property and is based upon the person's race, color, religion, sex, national origin, disability, familial status, or sexual orientation, and is of a continuing nature.

Any admission mandated by court order related to desegregation or Fair Housing and Equal Opportunity will take precedence over the Preference System. Other admissions required by court order will also take precedence over the Preference System. If permitted by the court order, HASLO may offer the family a housing voucher.

## **2. Veteran preference**

Honorably Discharged Veteran, Family of a Veteran, or Serviceperson.

- (a) Any citizen of the United States who was released from active military duty under honorable conditions.
- (b) A family that was headed by a Veteran, who is now deceased, is a "Family of a Veteran," provided the spouse has not remarried.
- (c) A family headed by an active-duty serviceperson is a "Family of a Serviceperson".

*"Active Serviceperson" shall mean an individual currently serving in a branch of the military forces, including a reservist or National Guardsman, to the United States of America and who has served at least 182 consecutive days.*

## **3. Homeless Preference**

HASLO will provide a preference for up to twelve (12) applicants (or 20% of the awarded mainstream vouchers) for non-elderly persons with disabilities who qualify for one of the following homeless settings:

- a. Transitioning out of institutional and other segregated settings or at serious risk of institutionalization;
- b. Currently experiencing homelessness, previously experienced homelessness and currently a client in a permanent supportive housing or rapid rehousing project;  
or
- c. At risk of experiencing homelessness.

The preference does not have any weighted points, but will be noted in the application file. For targeted selection if there are available special purpose vouchers, such as mainstream vouchers, available to be issued. The waiting list remains continuously open for referrals of eligible applicants for mainstream vouchers.

#### **4. Local Preference**

HASLO has adopted the following as a secondary local preference:

Residency preference:

A family is considered a “resident” of the County of San Luis Obispo if they live and/or work in San Luis Obispo County only at the time of admission. The family must submit documentation that provides:

- a. A current address of residency (i.e. lease, utility bill in applicant’s name).
- b. Verification of employment in San Luis Obispo County; or
- c. Sign a release to permit to HASLO to verify the address and employment.

#### **5. Special Needs Preferences**

In accordance with PIH Notice 2013-15, the following targeted funding, local preferences are administered by HASLO. The targeted funding is offered after a Memorandum of Understanding (MOU) has been established between the local services’ agency and HASLO. Targeted Funding Agencies are approved by the Board of Commissioners and may change from time-to-time, based on the needs of the homeless in the local community, the availability of other grant and fund programs to assist with those housing needs and the capacity for the service agency to provide case management services.

Housing Choice Voucher participants in these targeted funding programs for special needs must comply with the same family obligations as all HCV (Section 8) participants.

The number of vouchers may vary depending upon ACC re-configurations due to changes in family composition requiring different bedroom sizes. HASLO’s local preference(s) will be applied to those individuals who qualify pursuant to the definition of homeless (see glossary).

Commitment of these vouchers shall be contingent upon available funding and an adequate supply of available vouchers (may not exceed HASLO’s authorized baseline for the HCV program). Families referred by these targeted funding program agencies must meet HASLO’s eligibility requirements for the HCV program in order to receive assistance. Families referred for assistance will be required to complete an application for the HCV program. Eligible families will be placed on the HCV waiting list in date order and given a unique identification number that will allow HASLO to track each family’s progression through the program. When HASLO’s waiting list is closed, HASLO may continue to accept referrals from these approved targeted funding programs until the vouchers reserved for the calendar year have been utilized.

An applicant will not be granted a local preference if any member of the family has been evicted from housing assisted under a 1937 Housing Act Program during the past three years. If an applicant makes a false statement in order to qualify for a local preference, HASLO will deny the family admission to the program. A family who has been denied assistance or terminated from the program due to a program violation may not apply for preference status for a period of three years from the date of denial or termination.

HCVs not utilized in a calendar year may not carry forward to the next calendar year.

### **1) Transitions Mental Health Association - 65Now Program**

Transitions Mental Health Association was initially awarded a contract by the SLO County Board of Supervisors for three years to work with the 50 most vulnerable chronically homeless families in San Luis Obispo County. The goal is to identify chronic, vulnerable homeless individuals throughout the county and work with them to provide housing initially and then services such as drug and alcohol and mental health treatment.

In order to meet the housing needs of their clients, HASLO will provide a maximum of 65 vouchers to participants under case management through the 65Now program for this specific special need.

The San Luis Obispo County Board of Supervisors has authorized additional three years of supportive services funding for this program, with up to 65 families to be served by the program.

### **2) Access Support Network (ASN)**

The Access Support Network (ASN) is the sole community based, non-profit organization in SLO County that provides supportive services to residents living with HIV disease and AIDS, their families and their friends. The program has expanded to offer support for community members living with Hepatitis C.

In order to meet the housing needs of their clients, HASLO will provide a maximum of 10 vouchers, at any given time, to participants under case management by ASN for this specific special need. The vouchers are allocated to residents living at the units owned and managed by ASN in San Luis Obispo. ASN works with their clients in providing supportive services, and encourages them to “move-on” as their needs change. When this occurs, the participant will be referred for a move-on setaside voucher and the unit they occupied will be filled by a new referral for assistance.

### **3) Transitions Mental Health Association (T-MHA)**

Transitions-Mental Health Association (T-MHA) is a nonprofit organization dedicated to eliminating stigma and inspiring hope, growth, recovery and wellness for people with

mental illness. They operate 30 programs at over 35 locations in San Luis Obispo and North Santa Barbara counties. The emphasis of their innovative services is to teach vital independent living skills and help build a framework for community re-entry through personal empowerment and hands on experience. For over 30 years, T-MHA has been dedicated to providing work, housing, case management and life-skills support to teens and adults with mental illness while offering support, resources and education.

In order to meet the special needs of the clients of T-MHA, HASLO will provide a maximum of twenty (20) vouchers, at any given time, to participants under case management by T-MHA for this specific special need.

Under the RAD conversion of public housing, HASLO has set-aside the units at 228 High Street and at 711 Upham to be utilized by TMHA clients as a household of disabled adults receiving permanent supportive housing assistance. If the client no longer desires or requires the supportive housing assistance, they are eligible to receive a Move-on set-aside voucher to seek independent housing. When there is a vacancy in the home, TMHA will utilize their set-aside voucher allotment to refer another disabled adult requiring permanent supportive housing assistance to be added to the household.

#### **4) 5 Cities Homeless Coalition (5CHC)**

The 5Cities Homeless Coalition (5CHC) is working to strengthen the south San Luis Obispo County community by mobilizing resources, support, and hope for the homeless and those facing poverty.

In order to meet the special needs of the homeless in the South County, HASLO will provide a maximum of 12 vouchers, at any given time, to participants under case management by 5CHC for this specific special need.

#### **5) Community Action Partnership of San Luis Obispo County (CAPSLO)**

Community Action Partnership of San Luis Obispo County (CAPSLO) is a non-profit agency that focuses on helping people and changing lives. The agency is committed to eliminating poverty by empowering individuals and families to achieve economic self-sufficiency and self-determination through a comprehensive array of community-based programs.

In order to meet the special needs of the homeless served by CAPSLO, HASLO will provide a maximum of 24 vouchers, at any given time, to participants under case management by CAPSLO for this specific special need.

#### **6) El Camino Homeless Organization (ECHO)**

El Camino Homeless Organization (ECHO) provides meal, shelter and support services to the homeless and hungry of northern San Luis Obispo County.

In order to meet the special needs of the homeless in the North County, HASLO will provide a maximum of 12 vouchers, at any given time, to participants under case management by ECHO for this specific special need.

**7) RISE (previously known as North County Women’s Shelter & Resource Center & SARP)**

RISE is a non-profit organization that provides crisis intervention and treatment services to survivors of sexual and intimate partner violence and their loved ones. All services are provided confidentially, at low or no cost, to anyone regardless of age, ethnicity, gender, sexual orientation, religion, or ability. All crisis services are available in Spanish and English.

In order to meet the special needs of the clients of RISE in the North County, HASLO will provide a maximum of four (4) vouchers, at any given time, to participants under case management by RISE for this specific special need.

**8) Stand Strong (formerly known as San Luis Obispo Women’s Shelter Program (WSP))**

The Women’s Shelter Program (WSP) is committed to recognizing and responding to the community’s need for comprehensive multicultural domestic violence and child abuse services. WSP understands that domestic violence and child abuse, in their fullest scope, impact primary victims, family members, society, and future generations. With this in mind, it is their goal to stop the cycle of violence by providing crisis intervention, emergency shelter, advocacy, treatment, prevention and education.

In order to meet the special needs of the clients of WSP in the Central and Southern areas of the County, HASLO will provide a maximum of four (4) vouchers, at any given time, to participants under case management by WSP for this specific special need.

**9) Restorative Partners (RP)**

Restorative Partners envisions a widespread embrace of a restorative justice approach and practice primarily in the Tri-Counties Criminal Justice System. Their work involves reaching out to all the stakeholders: victims, offenders, law enforcement, corrections, non-profits, university, business and faith-based communities to create a more healing response to those impacted by crime. In order to meet the special needs of the clients of Restorative Partners in San Luis Obispo County, HASLO will provide a maximum of twenty-four (24) vouchers, at any given time, to participants under case management by RP for this specific special need.

**10) ECHO and Rolling Hills 2**

Rolling Hills 2, a Low-Income Housing Tax Credit development in Templeton has set aside three (3) of its’ eight (8) project-based voucher units for those applicants who are homeless at the time of admission.

### **11) Continuum of Care (CoC) Move-On**

For the CoC Application, HUD defines Move on Strategy as how recipients move current CoC Program participants, who no longer require intensive services, from CoC Program funded-PSH beds to other housing assistance programs (including, but not limited to, Housing Choice Vouchers and Public Housing) in order to free up CoC Program funded-PSH beds to be used for persons experiencing homelessness. HASLO will provide up to three (3) vouchers per year for referrals from the CoC for their clients.

### **12) Bishop Street Studios**

Bishop Street Studios is a tax credit property built in partnership with Transitions Mental Health Association (TMHA). The property has 8 PBV units but recognizes that 100% of the applications may not have sufficient income to afford the tax credit rents. Therefore, as part of the continuing partnership between HASLO and TMHA on this property, HASLO will provide a set-aside voucher to any eligible and approved applicant who will be rent-burdened by the tax credit rent (that is, they will be paying more than 40% of their income for the tax credit rent and associated utilities for their unit). The maximum rent to owner for these set-aside vouchers will be the tax credit rent, less applicable utility allowance.

### **13) Adult Protective Services (APS)**

APS is a division of Department of Social Services that investigates allegations of abuse to elder and dependent adults in San Luis Obispo County. APS Social Workers receive reports from the surrounding community and proceed to conduct investigations to address the allegations of abuse. APS desires to utilize set-aside vouchers to prevent homelessness for vulnerable seniors who are at risk of losing their housing due to the cost of rising rents while living on fixed incomes. HASLO will provide up to six (6) vouchers for referrals from APS.

## **4.E. INCOME TARGETING**

In accordance with the Quality Housing and Work Responsibility Act of 1998, each fiscal year HASLO will reserve a minimum of seventy-five percent (75%) of its Section 8 new admissions for families whose income does not exceed 30 percent of the area median income. HUD refers to these families as “extremely low-income families.” HASLO will admit families who qualify under the Extremely Low-Income limit to meet the income-targeting requirement, regardless of preference, or the lottery pool ranking.

The remainder of new admissions to the tenant-based Section 8 program will have incomes at or below 50% of the area median family income, in accordance with HUD guidelines.

HASLO’s income targeting requirement does not apply to low income families continuously assisted as provided for under the 1937 Housing Act.

#### **4.C. SELECTION METHOD AND INTEREST LIST PREFERENCES** [24 CFR 982.207]

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RISE is a non-profit organization that provides crisis intervention and treatment services to survivors of sexual and intimate partner violence and their loved ones. All services are provided confidentially, at low or no cost, to anyone regardless of age, ethnicity, gender, sexual orientation, religion, or ability. All crisis services are available in Spanish and English.

In order to meet the special needs of the clients of RISE in the North County, HASLO will provide a maximum of four (4) vouchers, at any given time, to participants under case management by RISE for this specific special need.

**8) Stand Strong (formerly known as San Luis Obispo Women’s Shelter Program (WSP))**

The Women’s Shelter Program (WSP) is committed to recognizing and responding to the community’s need for comprehensive multicultural domestic violence and child abuse services. WSP understands that domestic violence and child abuse, in their fullest scope, impact primary victims, family members, society, and future generations. With this in mind, it is their goal to stop the cycle of violence by providing crisis intervention, emergency shelter, advocacy, treatment, prevention and education.

In order to meet the special needs of the clients of WSP in the Central and Southern areas of the County, HASLO will provide a maximum of four (4) vouchers, at any given time, to participants under case management by WSP for this specific special need.

**9) Restorative Partners (RP)**

Restorative Partners envisions a widespread embrace of a restorative justice approach and practice primarily in the Tri-Counties Criminal Justice System. Their work involves reaching out to all the stakeholders: victims, offenders, law enforcement, corrections, non-profits, university, business and faith-based communities to create a more healing response to those impacted by crime. In order to meet the special needs of the clients of Restorative Partners in San Luis Obispo County, HASLO will provide a maximum of twenty-four (24) vouchers, at any given time, to participants under case management by RP for this specific special need.

**10) ECHO and Rolling Hills 2**

Rolling Hills 2, a Low-Income Housing Tax Credit development in Templeton has set aside three (3) of its’ eight (8) project-based voucher units for those applicants who are homeless at the time of admission.

### **11) Continuum of Care (CoC) Move-On**

For the CoC Application, HUD defines Move on Strategy as how recipients move current CoC Program participants, who no longer require intensive services, from CoC Program funded-PSH beds to other housing assistance programs (including, but not limited to, Housing Choice Vouchers and Public Housing) in order to free up CoC Program funded-PSH beds to be used for persons experiencing homelessness. HASLO will provide up to three (3) vouchers per year for referrals from the CoC for their clients.

### **12) Bishop Street Studios**

Bishop Street Studios is a tax credit property built in partnership with Transitions Mental Health Association (TMHA). The property has 8 PBV units but recognizes that 100% of the applications may not have sufficient income to afford the tax credit rents. Therefore, as part of the continuing partnership between HASLO and TMHA on this property, HASLO will provide a set-aside voucher to any eligible and approved applicant who will be rent-burdened by the tax credit rent (that is, they will be paying more than 40% of their income for the tax credit rent and associated utilities for their unit). The maximum rent to owner for these set-aside vouchers will be the tax credit rent, less applicable utility allowance.

### **13) Adult Protective Services (APS)**

APS is a division of Department of Social Services that investigates allegations of abuse to elder and dependent adults in San Luis Obispo County. APS Social Workers receive reports from the surrounding community and proceed to conduct investigations to address the allegations of abuse. APS desires to utilize set-aside vouchers to prevent homelessness for vulnerable seniors who are at risk of losing their housing due to the cost of rising rents while living on fixed incomes. HASLO will provide up to six (6) vouchers for referrals from APS.

## **4.E. INCOME TARGETING**

In accordance with the Quality Housing and Work Responsibility Act of 1998, each fiscal year HASLO will reserve a minimum of seventy-five percent (75%) of its Section 8 new admissions for families whose income does not exceed 30 percent of the area median income. HUD refers to these families as “extremely low-income families.” HASLO will admit families who qualify under the Extremely Low-Income limit to meet the income-targeting requirement, regardless of preference, or the lottery pool ranking.

The remainder of new admissions to the tenant-based Section 8 program will have incomes at or below 50% of the area median family income, in accordance with HUD guidelines.

HASLO’s income targeting requirement does not apply to low income families continuously assisted as provided for under the 1937 Housing Act.

October 24, 2024

To Whom It May Concern,

We write as representatives of the San Luis Obispo (SLO) County Continuum of Care (CoC) Advisory Committee of People with Lived Experience (PWLE) to support the application to HUD from the SLO County CoC for 2024 CoC funding. Members of the PWLE Committee have experienced homelessness within the past seven years and have knowledge of the homeless services system in San Luis Obispo County.

The PWLE Committee supports the projects, priorities and rankings that were approved by the CoC Board for the 2024 Continuum of Care application. This includes support for the priority of serving individuals and families experiencing homelessness with severe service needs in the San Luis Obispo County Continuum of Care's geographic area. The CoC's geographic area is the same as the County of San Luis Obispo's geographic boundaries.

Sincerely,

Wendy Blacker

A handwritten signature in black ink, appearing to be 'Wendy Blacker', written in a cursive style.

Matt Navarette

A handwritten signature in black ink, appearing to be 'Matt Navarette', written in a cursive style.A handwritten signature in black ink, appearing to be 'Brenda Mack', written in a cursive style.

Brenda Mack

A small, handwritten mark or signature in black ink, possibly a checkmark or a small flourish.

# CoC FY2024 Threshold Review (non-DV, PH New)



1. **Reviewer Name**

2. **Applicant Name**

3. **Project Name**

4. **SAM Registration**

*Is the UEI number provided valid? Verify and check applicant has no outstanding delinquent federal debts, debarments and/or suspensions.*

See Supplemental Application Q2 and verify via [sam.gov](https://sam.gov)

Pass

Fail

5. **TIN**

*Is the TIN provided valid?*

See Applicant Registration form Q6 and verify via <https://apps.irs.gov/app/eos/>

Pass

Fail



**6. CoC Program Eligibility**

*Is the application for a project that is eligible under the CoC program?*

See Supplemental Application, e-snaps Application and NOFO.

Pass

Fail

**7. Financial and Management Capacity**

*Does the applicant organization have sufficient financial capacity? Consider proposed budget and activities, and past history of the organization if applicable.*

See RFFs, prior monitoring (if applicable).

Pass

Fail

**8. Certifications**

*Has the applicant organization completed the certifications in e-snaps, including confirmation all statements are truthful and equal participation of faith-based organizations in HUD programs and activities?*

See e-snaps Application Section 7.

Pass

Fail

**9. Population Served**

*Is the applicant proposing to serve an eligible population?*

See Supplemental Application Q11 and NOFO p22-23.

Pass

Fail

**10. HMIS Participation**

*Does the agency agree to participate in the local HMIS system?*

See Applicant Registration Form Q8.

Pass

Fail

**11. Prohibition Against Lobbying Activities**

*Applicant has completed and provided Lobbying Disclosure Form.*

Pass

Fail

**12. Resolution of Civil Rights Matters**

*Civil rights matters have been resolved; there are no known outstanding civil rights issues against the applicant.*

Pass

Fail

**13. Coordinated Entry**

*Applicant has stated they participate or will participate in the CoC's Coordinated Entry system.*

See Applicant Registration Form Q10.

Pass

Fail

**14. Match Funding**

*Applicant has demonstrated documented/secured minimum match funding, including providing match letter if needed. Minimum match funding is 25% of total budget minus leasing costs.*

See e-snaps Application sections 6D and 7.

Pass

Fail

**15. Audit**

*Applicant's most recent organizational audit/financial review contains no major findings.*

Pass

Fail

# CoC FY2024 Threshold Review (non-DV, PH Renewals)

1. **Reviewer Name**

2. **Applicant Name**

3. **Project Name**

4. **SAM Registration**

*Is the UEI number provided valid? Verify and check applicant has no outstanding delinquent federal debts, debarments and/or suspensions.*

See Supplemental Application Q2 and verify via [sam.gov](https://sam.gov)

Pass

Fail

5. **TIN**

*Is the TIN provided valid?*

See Applicant Registration form Q6 and verify via <https://apps.irs.gov/app/eos/>

Pass

Fail

**6. CoC Program Eligibility**

*Is the application for a project that is eligible under the CoC program?*

See Supplemental Application, e-snaps Application and NOFO.

Pass

Fail

**7. Financial and Management Capacity**

*Does the applicant organization have sufficient financial capacity? Consider proposed budget and activities, and past history of the organization if applicable.*

See RFFs, prior monitoring (if applicable).

Pass

Fail

**8. Certifications**

*Has the applicant organization completed the certifications in e-snaps, including confirmation all statements are truthful and equal participation of faith-based organizations in HUD programs and activities?*

See e-snaps Application Section 7.

Pass

Fail

**9. Population Served**

*Is the applicant proposing to serve an eligible population?*

See Supplemental Application Q11 and NOFO p22-23.

Pass

Fail

**10. HMIS Participation**

*Does the agency agree to participate in the local HMIS system?*

See Applicant Registration Form Q8.

Pass

Fail

**11. Prohibition Against Lobbying Activities**

*Applicant has completed and provided Lobbying Disclosure Form.*

Pass

Fail

**12. Resolution of Civil Rights Matters**

*Civil rights matters have been resolved; there are no known outstanding civil rights issues against the applicant.*

Pass

Fail

**13. Coordinated Entry**

*Applicant has stated they participate or will participate in the CoC's Coordinated Entry system.*

See Applicant Registration Form Q10.

Pass

Fail

**14. Match Funding**

*Applicant has demonstrated documented/secured minimum match funding, including providing match letter if needed. Minimum match funding is 25% of total budget minus leasing costs.*

See e-snaps Application sections 6D and 7.

Pass

Fail

**15. Data Quality: Universal Data Elements**

*Applicant's Universal Data Elements errors is 19% or under.*

See Data Team.

Pass

Fail

**16. Data Quality: Missing Exit Destinations.**

*Applicant's Missing Exit Destinations is 19% or under.*

See Data Team.

Pass

Fail

**17. Bed/Unit Utilization**

*Applicant's bed/unit utilization rate is at or above 90%.*

See HMIS data.

Pass

Fail

**18. Audit**

*Applicant's most recent organizational audit/financial review contains no major findings.*

Pass

Fail

---

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

# CoC FY2024 Threshold Review (non-DV, SSO Renewals)

1. **Reviewer Name**

2. **Applicant Name**

3. **Project Name**

4. **SAM Registration**

*Is the UEI number provided valid? Verify and check applicant has no outstanding delinquent federal debts, debarments and/or suspensions.*

See Supplemental Application Q2 and verify via [sam.gov](https://sam.gov)

Pass

Fail

5. **TIN**

*Is the TIN provided valid?*

See Applicant Registration form Q6 and verify via <https://apps.irs.gov/app/eos/>

Pass

Fail

**6. CoC Program Eligibility**

*Is the application for a project that is eligible under the CoC program?*

See Supplemental Application, e-snaps Application and NOFO.

Pass

Fail

**7. Financial and Management Capacity**

*Does the applicant organization have sufficient financial capacity? Consider proposed budget and activities, and past history of the organization if applicable.*

See RFFs, prior monitoring (if applicable).

Pass

Fail

**8. Certifications**

*Has the applicant organization completed the certifications in e-snaps, including confirmation all statements are truthful and equal participation of faith-based organizations in HUD programs and activities?*

See e-snaps Application Section 7.

Pass

Fail

**9. Population Served**

*Is the applicant proposing to serve an eligible population?*

See Supplemental Application Q11 and NOFO p22-23.

Pass

Fail

**10. HMIS Participation**

*Does the agency agree to participate in the local HMIS system?*

See Applicant Registration Form Q8.

Pass

Fail



**11. Prohibition Against Lobbying Activities**

*Applicant has completed and provided Lobbying Disclosure Form.*

Pass

Fail

**12. Resolution of Civil Rights Matters**

*Civil rights matters have been resolved; there are no known outstanding civil rights issues against the applicant.*

Pass

Fail

**13. Match Funding**

*Applicant has demonstrated documented/secured minimum match funding, including providing match letter if needed. Minimum match funding is 25% of total budget minus leasing costs.*

See e-snaps Application sections 6D and 7.

Pass

Fail

**14. Audit**

*Applicant's most recent organizational audit/financial review contains no major findings.*

Pass

Fail

**15. Referral Events**

*Applicant's referral events has a success rate of 25% and above.*

See APR Q9d.

Pass

Fail

# CoC FY2024 Threshold Review (DV, PH New)



## 1. Reviewer Name

## 2. Applicant Name

## 3. Project Name

## 4. SAM Registration

*Is the UEI number provided valid? Verify and check applicant has no outstanding delinquent federal debts, debarments and/or suspensions.*

See Supplemental Application Q2 and verify via [sam.gov](https://sam.gov)

Pass

Fail

## 5. TIN

*Is the TIN provided valid?*

See Applicant Registration form Q6 and verify via <https://apps.irs.gov/app/eos/>

Pass

Fail

## 6. CoC Program Eligibility

*Is the application for a project that is eligible under the CoC program?*

See Supplemental Application, e-snaps Application and NOFO.

Pass

Fail

**7. Financial and Management Capacity**

*Does the applicant organization have sufficient financial capacity? Consider proposed budget and activities, and past history of the organization if applicable.*

See RFFs, prior monitoring (if applicable).

Pass

Fail

**8. Certifications**

*Has the applicant organization completed the certifications in e-snaps, including confirmation all statements are truthful and equal participation of faith-based organizations in HUD programs and activities?*

See e-snaps Application Section 7.

Pass

Fail

**9. HMIS-Comparable Database**

*Does the agency agree to use an HMIS-comparable system?*

See Applicant Registration Form Q8.

Pass

Fail

**10. Prohibition Against Lobbying Activities**

*Applicant has completed and provided Lobbying Disclosure Form.*

Pass

Fail

**11. Resolution of Civil Rights Matters**

*Civil rights matters have been resolved; there are no known outstanding civil rights issues against the applicant.*

Pass

Fail

12. **Match Funding**

*Applicant has demonstrated documented/secured minimum match funding, including providing match letter if needed. Minimum match funding is 25% of total budget minus leasing costs.*

See e-snaps Application sections 6D and 7.

Pass

Fail

13. **Audit**

*Applicant's most recent organizational audit/financial review contains no major findings.*

Pass

Fail

---

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# CoC FY2024 Threshold Review (DV, PH Renewals)

1. **Reviewer Name**



2. **Applicant Name**

3. **Project Name**

4. **SAM Registration**

*Is the UEI number provided valid? Verify and check applicant has no outstanding delinquent federal debts, debarments and/or suspensions.*

See Supplemental Application Q2 and verify via [sam.gov](https://sam.gov)

Pass

Fail

5. **TIN**

*Is the TIN provided valid?*

See Applicant Registration form Q6 and verify via <https://apps.irs.gov/app/eos/>

Pass

Fail

**6. CoC Program Eligibility**

*Is the application for a project that is eligible under the CoC program?*

See Supplemental Application, e-snaps Application and NOFO.

Pass

Fail

**7. Financial and Management Capacity**

*Does the applicant organization have sufficient financial capacity? Consider proposed budget and activities, and past history of the organization if applicable.*

See RFFs, prior monitoring (if applicable).

Pass

Fail

**8. Certifications**

*Has the applicant organization completed the certifications in e-snaps, including confirmation all statements are truthful and equal participation of faith-based organizations in HUD programs and activities?*

See e-snaps Application Section 7.

Pass

Fail

**9. HMIS-Comparable Database**

*Does the agency agree to use an HMIS-comparable system?*

See Applicant Registration Form Q8.

Pass

Fail

**10. Prohibition Against Lobbying Activities**

*Applicant has completed and provided Lobbying Disclosure Form.*

Pass

Fail

**11. Resolution of Civil Rights Matters**

*Civil rights matters have been resolved; there are no known outstanding civil rights issues against the applicant.*

Pass

Fail

**12. Match Funding**

*Applicant has demonstrated documented/secured minimum match funding, including providing match letter if needed. Minimum match funding is 25% of total budget minus leasing costs.*

See e-snaps Application sections 6D and 7.

Pass

Fail

**13. Data Quality: Universal Data Elements**

*Applicant's Universal Data Elements errors is 19% or under.*

See Data Team.

Pass

Fail

**14. Data Quality: Missing Exit Destinations.**

*Applicant's Missing Exit Destinations is 19% or under.*

See Data Team.

Pass

Fail

**15. Bed/Unit Utilization**

*Applicant's bed/unit utilization rate is at or above 90%.*

See HMIS data.

Pass

Fail

**16. Audit**

*Applicant's most recent organizational audit/financial review contains no major findings.*

Pass

Fail

---

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# CoC FY2024 Staff Review (non-DV, PH New)

\* Required

## Application Details

1. **Reviewer Name \***

2. **Applicant Name \***

3. **Project Name \***

## Objective Criteria

Objective criteria represents a total of 80 out of maximum 240 points (one third) in the scoring for this application.

### 4. **Housing First project; housing project is using a Housing First approach by providing low barriers that do not have service participation requirements or preconditions to entry and prioritize rapid placement and stabilization in permanent housing.**

*The applicant demonstrates that at least 75% of the project application commit to operating as Housing First. Any applicant that indicates it will use a Housing First approach will be required to operate as a Housing First project.*

See Applicant Registration and Supplemental Application.

Maximum Points: 10. \*

- Project is using a Housing First Approach as demonstrated by their policies and procedures or has a plan to incorporate into a new project (10 points)
- Project is not using a Housing First Approach (0 points)

### 5. **Severity of Needs.**

See Supplemental Application.

Maximum Points: 15. \*

	0-25% (0 points)	26-50% (1 point)	51-58% (2 points)	59-66% (3 points)	67-74% (4 points)	75-100% (5 points)
% of participants to be served will be chronically homeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
% of participants to be served will have no or low income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
% of participants to be served that have history of victimization/abuse, domestic violence, sexual assault, childhood abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 6. **Projected rate of housing placement (exits to Permanent Housing).**

See Supplemental Application. Divide the answer by 4.

Maximum Points: 25. \*

Number must be between 0 ~ 25



## Financial

This section awards a maximum of 5 points out of a total 240 points for this application.

### 8. **Most Recent Audit:**

- 1) Found no exceptions to standard practices;**
- 2) Identified agency as 'low risk'; and**
- 3) Indicates no findings.**

See Supplemental and Audit.

Maximum Points: 5. \*

- Met all three criteria (5 points)
- Failed to meet one of the three criteria (1 point)
- Failed to meet two or more criteria (0 points)

## Equity Factors

This section awards a maximum of 15 points out of a total 240 points for this application.

**9. Project applicant has under-represented individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions.**

See Supplemental Application.

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

**10. Project applicant's Board of Directors includes representatives from more than one person with lived experience.**

See Supplemental Application.

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

**11. The agency has anti-discrimination policies in place to address the needs of LGBTQ+ individuals.**

See Supplemental Application.

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

## Leveraging Housing and Healthcare Resources

This section awards a maximum of 20 points out of a total 240 points for this application.

**12. Housing Subsidies. The project will utilize housing subsidies or subsidized housing units not funded through the CoC or ESG programs.**

*Housing subsidies or subsidized housing units may be funded through any of the following sources: Private organizations; State or local government, including through the use of HOME funding provided through the American Rescue Plan; Public Housing Agencies, including through the use of a set aside or limited preference; Faith-based organizations; or Federal programs other than the CoC or ESG programs.*

See Supplemental Application.

Maximum Points: 10.

- Project successfully leverages other housing resources provided to at least 50% of the units (for PSH projects) or 50% of the participants (for RRH projects). Must provide letter of commitment (10 points)
- Application does not include a letter of commitment or the letter of commitment does not meet the criteria for points (0 points)

**13. Healthcare Resources. The project will utilize healthcare resources to help individuals and families experiencing homelessness.**

*Sources of healthcare resources include: Direct contributions from a public or private health insurance provider to the project (e.g. Medicaid), and Provision of healthcare services, including mental health services, by a private or public organization (including FQHCs and state or local health departments) tailored to the program participants of the project, direct partnerships with organizations that provide healthcare services, including mental health services to individuals and families experiencing homelessness who have HIV/AIDS. Eligibility for the project must comply with HUD program and fair housing requirements. Eligibility criteria cannot be restricted by the eligibility requirements of the healthcare service provider.*

See Supplemental Application.

Maximum Points: 10.

- Letter of commitment includes: value of the commitment, and dates the healthcare resources will be provided. In the case of a substance abuse treatment or recovery provider, it will provide access to treatment or recovery services for all program participants who qualify and choose those services; or the value of assistance being provided is at least an amount that is equivalent to 50 percent of the funding being requested for the project, which will be covered by the healthcare organization. In-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds (10 points)
- Application does not include a letter of commitment or the letter of commitment does not meet the criteria for points (0 points)

---

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# CoC FY2024 Staff Review (non-DV, PH Renewals)

\* Required

## Application Details

1. **Reviewer Name \***



2. **Applicant Name \***

3. **Project Name \***





**6. Rate of Permanent Housing Retention.**

*The percentage of households who remained in a permanent housing program as of the end of the operating year or exited to permanent housing.*

See APR:  $(Q22a1 \text{ Stayers}) + (Q23 \text{ Total persons exiting to positive housing destinations}) / (Q5a \text{ Total number of persons served}) - (Q23c \text{ Total persons whose destinations excluded them from the calculation})$ .

- 0-6%: 0 points
- 7-13%: 1 point
- 14-19%: 2 points
- 20-25%: 3 points
- 26-32%: 4 points
- 33-38%: 5 points
- 39-44%: 6 points
- 45-50%: 7 points
- 51-57%: 8 points
- 58-63%: 9 points
- 64-69%: 10 points
- 70-77%: 11 points
- 78-82%: 12 points
- 83-88%: 13 points
- 89-95%: 14 points
- 96-100%: 15 points

Maximum Points: 15. \*

Number must be between 0 ~ 15

**7.**

**Rate of returns to homelessness.**

See Clarity Recidivism Dashboard (Data Team). Take percentage, subtract from 100, then divide by 10.

Maximum Points: 10. \*

Number must be between 0 ~ 10



## Financial

This section awards a maximum of 5 points out of a total 240 points for this application.

9. **Most Recent Audit:**

- 1) Found no exceptions to standard practices;**
- 2) Identified agency as 'low risk'; and**
- 3) Indicates no findings.**

See Supplemental and Audit.

Maximum Points: 5. \*

- Met all three criteria (5 points)
- Failed to meet one of the three criteria (1 point)
- Failed to meet two or more criteria (0 points)

## Equity Factors

This section awards a maximum of 15 points out of a total 240 points for this application.

**10. Project applicant has under-represented individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions.**

See Supplemental Application.

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

**11. Project applicant's Board of Directors includes representatives from more than one person with lived experience.**

See Supplemental Application.

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

**12. The agency has anti-discrimination policies in place to address the needs of LGBTQ+ individuals.**

See Supplemental Application.

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

## Leveraging Housing and Healthcare Resources

This section awards a maximum of 20 points out of a total 240 points for this application.

**13. Housing Subsidies. The project will utilize housing subsidies or subsidized housing units not funded through the CoC or ESG programs.**

*Housing subsidies or subsidized housing units may be funded through any of the following sources: Private organizations; State or local government, including through the use of HOME funding provided through the American Rescue Plan; Public Housing Agencies, including through the use of a set aside or limited preference; Faith-based organizations; or Federal programs other than the CoC or ESG programs.*

See Supplemental Application.

Maximum Points: 10.

- Project successfully leverages other housing resources provided to at least 50% of the units (for PSH projects) or 50% of the participants (for RRH projects). Must provide letter of commitment (10 points)
- Application does not include a letter of commitment or the letter of commitment does not meet the criteria for points (0 points)

**14. Healthcare Resources. The project will utilize healthcare resources to help individuals and families experiencing homelessness.**

*Sources of healthcare resources include: Direct contributions from a public or private health insurance provider to the project (e.g. Medicaid), and Provision of healthcare services, including mental health services, by a private or public organization (including FQHCs and state or local health departments) tailored to the program participants of the project, direct partnerships with organizations that provide healthcare services, including mental health services to individuals and families experiencing homelessness who have HIV/AIDS. Eligibility for the project must comply with HUD program and fair housing requirements. Eligibility criteria cannot be restricted by the eligibility requirements of the healthcare service provider.*

See Supplemental Application.

Maximum Points: 10.

- Letter of commitment includes: value of the commitment, and dates the healthcare resources will be provided. In the case of a substance abuse treatment or recovery provider, it will provide access to treatment or recovery services for all program participants who qualify and choose those services; or the value of assistance being provided is at least an amount that is equivalent to 50 percent of the funding being requested for the project, which will be covered by the healthcare organization. In-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds (10 points)
- Application does not include a letter of commitment or the letter of commitment does not meet the criteria for points (0 points)

---

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# CoC FY2024 Staff Review (non-DV, SSO Renewals)

\* Required

## Application Details

1. Reviewer Name \*

2. Applicant Name \*

3. Project Name \*



**6. Rate of housing placement (exits to Permanent Housing).**

See APR (or Supplemental Application).

- 0-6%: 0 points
- 7-13%: 1 point
- 14-19%: 2 points
- 20-25%: 3 points
- 26-32%: 4 points
- 33-38%: 5 points
- 39-44%: 6 points
- 45-50%: 7 points
- 51-57%: 8 points
- 58-63%: 9 points
- 64-69%: 10 points
- 70-77%: 11 points
- 78-82%: 12 points
- 83-88%: 13 points
- 89-95%: 14 points
- 96-100%: 15 points

Maximum Points: 15. \*

Number must be between 0 ~ 15

**7. Rate of returns to homelessness.**

See Clarity Recidivism Dashboard (Data Team). Take percentage, subtract from 100, then divide by 10.

Maximum Points: 10. \*

Number must be between 0 ~ 10

**8. Standardized Assessment Process.**

*Does the Coordinated Entry project use a standardized assessment process?*

See e-snaps Application Q3B-4d.

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

**9. Successful Referrals to Residential Projects**

From the APR Section 09d, take the percent of successful referrals to residential projects and divide by 10.

Maximum Points: 10. \*

Number must be between 0 ~ 10



**10. Cost per Client**

*Project cost per client should not exceed average local costs by more than 7%.*

*The average cost per client for CoC program applications in 2023 (excluding CAPSLO's cost per client due to data quality errors) was \$6,626.60. Projects that exceed average local costs per client by more than 7% would therefore cost \$7,090.46 or more per client.*

From the APR, divide total award amount (Section 01) by Total Number of Persons Served (Section 05a).

Maximum Points: 15. \*

- Project cost does not exceed average local costs by more than 7% (15 points)
- Project cost exceeds average local costs by more than 7% (0 points)

## Financial

This section awards a maximum of 5 points out of a total 240 points for this application.

11. **Most Recent Audit:**

- 1) Found no exceptions to standard practices;**
- 2) Identified agency as 'low risk'; and**
- 3) Indicates no findings.**

See Supplemental and Audit.

Maximum Points: 5. \*

- Met all three criteria (5 points)
- Failed to meet one of the three criteria (1 point)
- Failed to meet two or more criteria (0 points)

## Equity Factors

This section awards a maximum of 15 points out of a total 240 points for this application.

**12. Project applicant has under-represented individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions.**

See Supplemental Application.

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

**13. Project applicant's Board of Directors includes representatives from more than one person with lived experience.**

See Supplemental Application.

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

**14. The agency has anti-discrimination policies in place to address the needs of LGBTQ+ individuals.**

See Supplemental Application.

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

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This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

# CoC FY2024 Staff Review (DV, PH New)

\* Required

## Application Details

1. **Reviewer Name \***

2. **Applicant Name \***

3. **Project Name \***



**6. Projected rate of DV Survivor Placement in Permanent Housing.**

*The percentage of DV survivors placed into permanent housing.*

See Supplemental Application. Enter the number below corresponding to the % from the Supplemental Application.

Maximum Points: 15.

- 0-6%: 0 points
- 7-13%: 1 point
- 14-19%: 2 points
- 20-25%: 3 points
- 26-32%: 4 points
- 33-38%: 5 points
- 39-44%: 6 points
- 45-50%: 7 points
- 51-57%: 8 points
- 58-63%: 9 points
- 64-69%: 10 points
- 70-77%: 11 points
- 78-82%: 12 points
- 83-88%: 13 points
- 89-95%: 14 points
- 96-100%: 15 points \*

Number must be between 0 ~ 15

**7. Projected rate of Permanent Housing Retention.**

*The percentage of households who will remain in a permanent housing program as of the end of the operating year or will exit to permanent housing.*

See Supplemental Application. Enter the number below corresponding to the % from the Supplemental Application.

Maximum Points: 10.

- 0-9%: 0 points
- 10-18%: 1 point
- 19-27%: 2 points
- 28-36%: 3 points
- 37-45%: 4 points
- 46-54%: 5 points
- 55-63%: 6 points
- 64-72%: 7 points
- 73-81%: 8 points
- 82-90%: 9 points
- 91-100%: 10 points \*

Number must be between 0 ~ 10



## Financial

This section awards a maximum of 5 points out of a total 240 points for this application.

9. **Most Recent Audit:**

- 1) Found no exceptions to standard practices;**
- 2) Identified agency as 'low risk'; and**
- 3) Indicates no findings.**

See Supplemental and Audit.

Maximum Points: 5. \*

- Met all three criteria (5 points)
- Failed to meet one of the three criteria (1 point)
- Failed to meet two or more criteria (0 points)



## Equity Factors

This section awards a maximum of 15 points out of a total 240 points for this application.

**10. Project applicant has under-represented individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions.**

See Supplemental Application.

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

**11. Project applicant's Board of Directors includes representatives from more than one person with lived experience.**

See Supplemental Application.

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

**12. The agency has anti-discrimination policies in place to address the needs of LGBTQ+ individuals.**

See Supplemental Application.

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

## Leveraging Housing and Healthcare Resources

This section awards a maximum of 20 points out of a total 240 points for this application.

**13. Housing Subsidies. The project will utilize housing subsidies or subsidized housing units not funded through the CoC or ESG programs.**

*Housing subsidies or subsidized housing units may be funded through any of the following sources: Private organizations; State or local government, including through the use of HOME funding provided through the American Rescue Plan; Public Housing Agencies, including through the use of a set aside or limited preference; Faith-based organizations; or Federal programs other than the CoC or ESG programs.*

See Supplemental Application.

Maximum Points: 10.

- Project successfully leverages other housing resources provided to at least 50% of the units (for PSH projects) or 50% of the participants (for RRH projects). Must provide letter of commitment (10 points)
- Application does not include a letter of commitment or the letter of commitment does not meet the criteria for points (0 points)

**14. Healthcare Resources. The project will utilize healthcare resources to help individuals and families experiencing homelessness.**

*Sources of healthcare resources include: Direct contributions from a public or private health insurance provider to the project (e.g. Medicaid), and Provision of healthcare services, including mental health services, by a private or public organization (including FQHCs and state or local health departments) tailored to the program participants of the project, direct partnerships with organizations that provide healthcare services, including mental health services to individuals and families experiencing homelessness who have HIV/AIDS. Eligibility for the project must comply with HUD program and fair housing requirements. Eligibility criteria cannot be restricted by the eligibility requirements of the healthcare service provider.*

See Supplemental Application.

Maximum Points: 10.

- Letter of commitment includes: value of the commitment, and dates the healthcare resources will be provided. In the case of a substance abuse treatment or recovery provider, it will provide access to treatment or recovery services for all program participants who qualify and choose those services; or the value of assistance being provided is at least an amount that is equivalent to 50 percent of the funding being requested for the project, which will be covered by the healthcare organization. In-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds (10 points)
- Application does not include a letter of commitment or the letter of commitment does not meet the criteria for points (0 points)

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# CoC FY2024 Staff Review (DV, PH Renewals)

\* Required

## Application Details

1. Reviewer Name \*

2. Applicant Name \*

3. Project Name \*



**6. Rate of DV Survivor Placement in Permanent Housing.**

*The percentage of DV survivors placed into permanent housing.*

See Supplemental Application and APR. Enter the number below corresponding to the % from the Supplemental Application or APR.

Maximum Points: 10.

- 0-12%: 0 points
- 13-24%: 1 point
- 25-36%: 2 points
- 37-48%: 3 points
- 49-60%: 4 points
- 61-73%: 5 points
- 74-77%: 6 points
- 78-81%: 7 points
- 82-85%: 8 points
- 86-89%: 9 points
- 90-100%: 10 points \*

Number must be between 0 ~ 10

**7. Rate of Permanent Housing Retention.**

*The percentage of households who remained in a permanent housing program as of the end of the operating year or exited to permanent housing.*

See APR:  $(Q22a1 \text{ Stayers}) + (Q23 \text{ Total persons exiting to positive housing destinations}) / (Q5a \text{ Total number of persons served}) - (Q23c \text{ Total persons whose destinations excluded them from the calculation})$ .

(Or see Supplemental Application)

Enter the number below corresponding to the %.

Maximum Points: 5.

- 0-23%: 0 points
- 24-47%: 1 point
- 48-70%: 2 points
- 71-80%: 3 points
- 81-90%: 4 points
- 91-100%: 5 points \*

Number must be between 0 ~ 5

8.

**Rate of returns to homelessness.**

See Clarity Recidivism Dashboard (Data Team). Take percentage, subtract from 100, then divide by 10.

Maximum Points: 10. \*

Number must be between 0 ~ 10



## Financial

This section awards a maximum of 5 points out of a total 240 points for this application.

10. **Most Recent Audit:**

- 1) Found no exceptions to standard practices;**
- 2) Identified agency as 'low risk'; and**
- 3) Indicates no findings.**

See Supplemental and Audit.

Maximum Points: 5. \*

- Met all three criteria (5 points)
- Failed to meet one of the three criteria (1 point)
- Failed to meet two or more criteria (0 points)

## Equity Factors

This section awards a maximum of 15 points out of a total 240 points for this application.

**11. Project applicant has under-represented individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions.**

See Supplemental Application.

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

**12. Project applicant's Board of Directors includes representatives from more than one person with lived experience.**

See Supplemental Application.

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

**13. The agency has anti-discrimination policies in place to address the needs of LGBTQ+ individuals.**

See Supplemental Application.

Maximum Points: 5. \*

Yes (5 points)

No (0 points)



## Leveraging Housing and Healthcare Resources

This section awards a maximum of 20 points out of a total 240 points for this application.

**14. Housing Subsidies. The project will utilize housing subsidies or subsidized housing units not funded through the CoC or ESG programs.**

*Housing subsidies or subsidized housing units may be funded through any of the following sources: Private organizations; State or local government, including through the use of HOME funding provided through the American Rescue Plan; Public Housing Agencies, including through the use of a set aside or limited preference; Faith-based organizations; or Federal programs other than the CoC or ESG programs.*

See Supplemental Application.

Maximum Points: 10.

- Project successfully leverages other housing resources provided to at least 50% of the units (for PSH projects) or 50% of the participants (for RRH projects). Must provide letter of commitment (10 points)
- Application does not include a letter of commitment or the letter of commitment does not meet the criteria for points (0 points)

**15. Healthcare Resources. The project will utilize healthcare resources to help individuals and families experiencing homelessness.**

*Sources of healthcare resources include: Direct contributions from a public or private health insurance provider to the project (e.g. Medicaid), and Provision of healthcare services, including mental health services, by a private or public organization (including FQHCs and state or local health departments) tailored to the program participants of the project, direct partnerships with organizations that provide healthcare services, including mental health services to individuals and families experiencing homelessness who have HIV/AIDS. Eligibility for the project must comply with HUD program and fair housing requirements. Eligibility criteria cannot be restricted by the eligibility requirements of the healthcare service provider.*

See Supplemental Application.

Maximum Points: 10.

- Letter of commitment includes: value of the commitment, and dates the healthcare resources will be provided. In the case of a substance abuse treatment or recovery provider, it will provide access to treatment or recovery services for all program participants who qualify and choose those services; or the value of assistance being provided is at least an amount that is equivalent to 50 percent of the funding being requested for the project, which will be covered by the healthcare organization. In-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds (10 points)
- Application does not include a letter of commitment or the letter of commitment does not meet the criteria for points (0 points)

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# CoC FY2024 Staff Review (HMIS)

\* Required

## Application Details

1. Reviewer Name \*

2. Applicant Name \*

3. Project Name \*

## Organization

This section awards a maximum of 40 points out of a total 240 points for this application.

**4. There is a steering committee or board that oversees the HMIS planning and strategic activities.**

Maximum Points: 10. \*

Yes (10 points)

No (0 points)

**5. There is evidence that the HMIS steering committee or board convenes advisory meetings for the purposes of addressing HMIS implementation and management issues.**

Maximum Points: 10. \*

Yes (10 points)

No (0 points)

**6. Membership on the HMIS steering committee or advisory board is inclusive of decision makers representing the CoC and community.**

Maximum Points: 10. \*

Yes (10 points)

No (0 points)

**7. The HMIS grantee and the applicable CoC planning body(ies) have entered into a formal agreement that outlines management processes, responsibilities, decision-making structures, and oversight of the HMIS project. Evidence of a formal agreement exists such as a Memorandum of Understanding, Letter of Agreement, or similar such documentation.**

Maximum Points: 10. \*

Yes (10 points)

No (0 points)

# Lead Agency

This section awards a maximum of 40 points out of a total 240 points for this application.

- 8. **The Lead Agency, the grantee and/or the HMIS project manager (if different from the grantee), has identified general milestones for project management, including training, expanded system functionality, etc.**

Maximum Points: 20. \*

Number must be between 0 ~ 20

- 9. **The lead agency is responsive and flexible in carrying out its role; demonstrates the technical expertise commensurate with the requirements of the project; provides timely support on technical matters; is responsible to the changing requirements of participating agencies; and, generally accommodates special issues brought to it by participating agencies.**

*You can assess this question by reference to agency and program HMIS participation rates; data quality reports; HMIS IT issue tracking; project staff organization charts; training; and performance measurement reports.*

Maximum Points: 20. \*

Number must be between 0 ~ 20

## Participating Agencies

This section awards a maximum of 40 points out of a total 240 points for this application.

10. **All required HMIS participants have received training and orientation to the HMIS project.**

Maximum Points: 10. \*

Yes (10 points)

No (0 points)

11. **Documentation of the number of participating agencies (utilizing the system) is up-to-date.**

Maximum Points: 10. \*

Yes (10 points)

No (0 points)

12. **Participation rates - coverage rates are at or above 75% of the bed inventory (from the most recent Housing Inventory Chart). If coverage rates have not achieved a 75% level of participation, the Lead Agency can provide an explanation for the barriers to implementation at specific agencies.**

Maximum Points: 10. \*

Yes (10 points)

No (0 points)

13. **Participation in the AHAR (Annual Homeless Assessment Report) is evident or planned for the intermediate future (within 2 years).**

Maximum Points: 10. \*

Yes (10 points)

No (0 points)

## Implementation

This section awards a maximum of 40 points out of a total 240 points for this application.

14. **The project has a documented project plan that expands the proposed milestones articulated in the application and technical submission process. The plan describes numerous interrelated activities or tasks that describe the project's progress over time. The project plan may be a narrative document with accompanying schedules that describe what will be accomplished, when, and by whom, and with what resources.**

Maximum Points: 15. \*

Number must be between 0 ~ 15

15. **The project plan includes mechanisms to communicate with HMIS stakeholders about changes to the plan. Communication strategies can include user meetings, newsletters, listservs, conference calls, annual reports, as well as many other types of regular communication.**

Maximum Points: 15. \*

Number must be between 0 ~ 15

16. **The project includes mechanisms for soliciting, collecting, and analyzing feedback from end users, program managers, agency executive directors, and homeless persons. Feedback includes impressions of implementation milestones and progress, system functionality, and general HMIS operations. Examples of feedback include satisfaction surveys, questionnaires, and focus groups.**

Maximum Points: 10. \*

Number must be between 0 ~ 10

## System Operation

This section awards a maximum of 30 points out of a total 240 points for this application.

**17. The existence and use of Policies and Procedures is evident.**

*Policies and procedures may cover a wide range of issues, but at a minimum a community must have established protocols for the following:*

*Agency participation agreement*

*Data sharing agreements*

*HMIS end-user agreement*

*Privacy policy*

*Client consent*

*Data release*

Maximum Points: 5. \*

Number must be between 0 ~ 5

**18. Training on use of the HMIS software and general system operation procedures is a consistent and ongoing activity of the project. Evidence exists of a training schedule and training curriculum. All current end users of the system should receive training at a minimum of an annual basis.**

Maximum Points: 5. \*

Number must be between 0 ~ 5

**19. The number of actual authorized system users is consistent with the current project plan and level of funds budgeted in the approved technical submission.**

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

**20. The HMIS is able to generate a summary report of the number of unduplicated client records that have been entered into the HMIS.**

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

21. **The HMIS is consistently able to produce a reliable APR.**

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

22. **The HMIS generates other client served, utilization summary, and demographic reports both at the system and program levels for purposes of understanding the nature and extent of homelessness in the CoC.**

Maximum Points: 5. \*

Number must be between 0 ~ 5



## Data Collection

This section awards a maximum of 10 points out of a total 240 points for this application.

23. **Universal Data Elements: HMIS is able to manage the collection of each data variable and corresponding response categories. An HMIS software check verifies ability to collect the following:**

**Name**  
**Social Security Number**  
**Date of Birth**  
**Ethnicity and Race**  
**Gender**  
**Veteran Status**  
**Disabling Condition**  
**Residence Prior to Program Entry**  
**Zip Code of Last Permanent Address**  
**Program Entry Date**  
**Program Exit Date**  
**Unique Person Identification Number**  
**Program Identification Number**  
**Household Identification Number**

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

24. **Program-Specific Data Elements: HMIS is able to manage the collection of each data variable and corresponding response categories. An HMIS software check verifies ability to collect the following:**

**Income and Sources**  
**Non-Cash Benefits**  
**Physical Disability**  
**Developmental Disability**  
**HIV/AIDS**  
**Mental Health**  
**Substance Abuse**  
**Domestic Violence**  
**Services Received**  
**Destination**  
**Reason for Leaving**

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

## Privacy

This section awards a maximum of 15 points out of a total 240 points for this application.

25. **The CoC has developed privacy policies and procedures to ensure that all agencies and users share a common understanding of client notification and/or consent procedures as well as processing of Personal Protected Information (PPI).**

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

26. **The CoC and all Covered Homeless Organizations (CHOs) post or otherwise make available to clients (via website) a notice of the privacy practices relating to the following:**

**What the notice covers**

**How and why personal information is collected**

**Uses and disclosures of personal information**

**Inspection and correction of personal information**

**Quality of data**

**Complaints and accountability**

**History of changes**

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

27. **The CoC has adopted a client consent protocol and the HMIS software and management support the stated policy (allowing clients to “opt out” if desired).**

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

## Security

This section awards a maximum of 10 points out of a total 240 points for this application.

28. **The CoC has established a baseline set of security protocols that address all security aspects of the HUD HMIS Data and Technical Standards where PPI is stored, including networks, desktops, laptops, mini-computers, mainframes, and servers.**

Maximum Points: 5. \*

Number must be between 0 ~ 5

29. **CHOs are required to apply the following application security provisions to the software during data entry, storage and review or any other processing function:**  
**User Authentication**  
**Encryption**  
**Electronic Data Storage**

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

## Data Quality

This section awards a maximum of 5 points out of a total 240 points for this application.

30. **The CoC has initiated a Data Quality Plan that minimally addresses the uses of data, protocols for proper collection, and standards for relevancy, accuracy, completeness, and timeliness.**

Maximum Points: 5. \*

Number must be between 0 ~ 5

## Other Federal Requirements

This section awards a maximum of 10 points out of a total 240 points for this application.

31. **At least one homeless person or formerly homeless person participates in policymaking. Participation can include but is not limited to governing board leadership, advisory committees, staff positions, and sub-committee positions.**

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

32. **The HMIS Grantee has adopted an equal opportunity and nondiscrimination policy.**

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

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# CoC FY2024 Grant Review Committee Scoring Rubric (non-DV, PH New and Renewals)

\* Required

## Application Details

1. **Reviewer Name \***

2. **Applicant Name \***

3. **Project Name \***

## Applicant Experience

This section awards a maximum of 20 points out of a total 240 points for this application.

**4. Experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing or services similar to that proposed in the application.**

See Supplemental Application.  
Maximum Points: 10.

- 0 points:** No prior experience providing proposed activity.
- 1-5 points:** Some prior experience with providing proposed activity.
- 6-10 points:** Years of organizational experience delivering proposed activity. \*

Number must be between 0 ~ 10

**5. Applicant Experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.**

See Supplemental Application.  
Maximum Points: 5.

- 0 points:** No or limited experience utilizing federal funds.
- 1-4 points:** Some experience utilizing federal funds, satisfactory drawdown experience.
- 5 points:** Significant experience utilizing federal funds, satisfactory drawdown experience. \*

Number must be between 0 ~ 5

**6. Extent to which the applicant demonstrates understanding of the needs of the clients to be served.**

See Supplemental Application.  
Maximum Points: 5.

- 0 points:** Does not understand the needs of clients to be served.
- 1-2 points:** Poorly understands the needs of clients to be served.
- 3-4 points:** Adequately understands the needs of clients to be served
- 5 points:** Fully explains the needs of clients to be served. \*

Number must be between 0 ~ 5

## Program Design

This section awards a maximum of 30 points out of a total 240 points for this application.

7. **Extent to which the applicant demonstrates that the type and scale of all the supportive services that will be offered to program participants to ensure successful retention in or help to obtain permanent housing, regardless of funding source, meets the needs of clients to be served.**

See Supplemental Application.

Maximum Points: 5.

**0-2 points:** Type and scale are inadequate.

**3-4 points:** Type and scale are mostly adequate.

**5 points:** Type and scale fully meet the needs. \*

Number must be between 0 ~ 5

8. **Applicant described the plan to assist clients to rapidly secure and maintain permanent housing that is safe, accessible, and acceptable to their needs.**

See Supplemental Application.

Maximum Points: 5.

**0-1 points:** The plan as described is not likely to be successful because it fails to address most barriers.

**2-4 points:** The plan may be successful but does not fully address key barriers.

**5 points:** The plan fully addresses how barriers will be addressed and is likely to be successful. \*

Number must be between 0 ~ 5

9. **Affirmatively markets services within the geographic area to ensure all persons experiencing homelessness are reached.**

See Supplemental Application.

Maximum Points: 5.

**0 points:** Does not market services to people experiencing homelessness in the area.

**1-2 points:** Markets services to some people experiencing homelessness in the area.

**3-4 points:** Markets services to most people experiencing homelessness in the area.

**5 points:** Affirmatively markets services to all people experiencing homelessness in the area.

\*

Number must be between 0 ~ 5



10. **Applicant has a plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Applicant provided a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.**

See Supplemental Application.

Maximum Points: 5.

**0-1 points:** It's unclear whether the project can sufficiently meet project milestones.

**2-3 points:** Project might encounter some delays.

**4-5 points:** Applicant identified realistic milestones on timeline for the activity. \*

Number must be between 0 ~ 5

11. **The project applicant has a current strategy used to recruit landlords and described how well it works at identifying units across the entire CoC area, including areas where the CoC has historically not been able to find units.**

See Supplemental Application.

Maximum Points: 5.

**0 points:** Applicant does not have a current recruitment strategy.

**1-4 points:** Applicant has a recruitment strategy.

**5 points:** Applicant has a strong recruitment strategy and will use data to update their strategy. \*

Number must be between 0 ~ 5

12. **Extent to which the applicant demonstrates how clients will be assisted in obtaining mainstream benefits.**

See e-snaps Application Section 4A.

Maximum Points: 5.

**0-1 points:** Does not adequately explain how clients will be assisted in obtaining mainstream benefits.

**2-4 points:** Adequately explains how clients will be assisted in obtaining mainstream benefits, but barriers may remain.

**5 points:** Adequately explains how clients will be assisted in obtaining mainstream benefits and addresses key barriers to obtaining benefits. \*

Number must be between 0 ~ 5

## Equity

This section awards a maximum of 50 points out of a total 240 points for this application.

### 13. Informs program participants of their rights and remedies available under federal, state and local fair housing and civil rights laws.

See Supplemental Application.

Maximum Points: 5.

**0 points:** Does not inform program participants of their rights and remedies available.

**1 point:** Insufficient plan to inform program participants of their rights and remedies available.

**2-3 points:** Some plan to inform program participants of their rights and remedies available.

**4-5 points:** Clear plan to inform program participants of their rights and remedies available. \*

Number must be between 0 ~ 5

### 14. Reports conditions or actions that impede fair housing choice for program participants.

See Supplemental Application.

Maximum Points: 5.

**0 points:** No indication of plan to report conditions or actions impeding fair housing choice.

**1 point:** Insufficient indication of plan to report conditions or actions impeding fair housing choice.

**2-3 points:** Some indication of plan to report conditions or actions impeding fair housing choice.

**4-5 points:** Clear plan to report conditions or actions impeding fair housing choice. \*

Number must be between 0 ~ 5

### 15. The project applicant has a plan for reaching underserved subpopulations.

See Supplemental Application.

Maximum Points: 5.

**0 points:** Applicant does not have a plan for reaching underserved subpopulations.

**1-4 points:** Applicant has a plan for reaching underserved subpopulations.

**5 points:** Applicant has a strong plan for reaching underserved subpopulations. \*

Number must be between 0 ~ 5

16. **Project identifies barriers to participation (e.g. lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homeless population.**

See Supplemental Application.

Maximum Points: 10. \*

Yes (10 points)

No (0 points)

17. **Applicant has taken or will take steps to eliminate barriers to participation faced by persons of different races and ethnicities, particularly those over-represented in the local homeless population.**

See Supplemental Application.

Maximum Points: 10. \*

Yes (10 points)

No (0 points)

18. **Project applicant has a relational process for receiving and incorporating feedback from people with lived experience.**

See Supplemental Application.

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

19. **Applicant provided examples of professional development and employment opportunities provided to individuals with lived experience.**

See Supplemental Application.

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

20. **The agency has a plan to ensure that LGBTQ+ individuals and families receive supportive services, shelter and housing, free from discrimination.**

See Supplemental Application.

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

## Finance

This section awards a maximum of 15 points out of a total 240 points for this application.

### 21. Budgeted costs are reasonable, allocable, and allowable.

See e-snaps Application Section 6.

Maximum Points: 5.

**0-1 points:** Budget is lacking key pieces to support success of program.

**2-3 points:** Provides budget and demonstrates ability to expend funds within grant term; information provided suggests budget is realistic and is mostly adequate to sustain program through grant term.

**4-5 points:** Provides thorough budget and budget narrative sufficient to demonstrate sustainable financial support for proposed activity beyond grant term; budget and program design suggest program has all necessary components. \*

Number must be between 0 ~ 5

### 22. Project costs and cost per client are reasonable.

See e-snaps Application Section 6E.

Maximum Points: 10.

**0-3 points:** Costs are reasonable or cost per person is very high compared to projects of serving similar populations with similar models.

**4-7 points:** Costs are reasonable and per person cost is relatively within range of other projects serving similar populations with similar models.

**8-10 points:** Costs are reasonable and per person costs are lower than other successful programs using similar models and serving a similar population. \*

Number must be between 0 ~ 10

## Alignment

This section awards a maximum of 5 points out of a total 240 points for this application.

23. **The project will align with a Line of Effort to support the San Luis Obispo Countywide Plan to Address Homelessness (2022- 2027).**

See Supplemental Application and the San Luis Obispo Countywide Plan to Address Homelessness (2022 - 2027).

Maximum Points: 5.

**0-1 points:** Project does not align or poorly aligns with a Line of Effort.

**2-3 points:** Project somewhat aligns with a Line of Effort.

**4-5 points:** Project aligns well with a Line of Effort. \*

Number must be between 0 ~ 5

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# CoC FY2024 Grant Review Committee Scoring Rubric (non-DV, SSO Renewals)

\* Required

## Application Details

1. **Reviewer Name \***

2. **Applicant Name \***

3. **Project Name \***

## Applicant Experience

This section awards a maximum of 20 points out of a total 240 points for this application.

**4. Experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing or services similar to that proposed in the application.**

See Supplemental Application.  
Maximum Points: 10.

- 0 points:** No prior experience providing proposed activity.
- 1-5 points:** Some prior experience with providing proposed activity.
- 6-10 points:** Years of organizational experience delivering proposed activity. \*

Number must be between 0 ~ 10

**5. Applicant Experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.**

See Supplemental Application.  
Maximum Points: 5.

- 0 points:** No or limited experience utilizing federal funds.
- 1-4 points:** Some experience utilizing federal funds, satisfactory drawdown experience.
- 5 points:** Significant experience utilizing federal funds, satisfactory drawdown experience. \*

Number must be between 0 ~ 5

**6. Extent to which the applicant demonstrates understanding of the needs of the clients to be served.**

See Supplemental Application.  
Maximum Points: 5.

- 0 points:** Does not understand the needs of clients to be served.
- 1-2 points:** Poorly understands the needs of clients to be served.
- 3-4 points:** Adequately understands the needs of clients to be served
- 5 points:** Fully explains the needs of clients to be served. \*

Number must be between 0 ~ 5



## Program Design

This section awards a maximum of 30 points out of a total 240 points for this application.

7.

**Extent to which the applicant demonstrates that the type and scale of all the supportive services that will be offered to program participants, regardless of funding source, meets the needs of clients to be served.**

See Supplemental Application.

Maximum Points: 5.

**0-2 points:** Type and scale are inadequate.

**3-4 points:** Type and scale are mostly adequate.

**5 points:** Type and scale fully meet the needs. \*

Number must be between 0 ~ 5

8.

**Applicant described the plan to assist clients to rapidly secure and maintain housing or shelter that is safe, accessible, and acceptable to their needs.**

See Supplemental Application.

Maximum Points: 5.

**0-1 points:** The plan as described is not likely to be successful because it fails to address most barriers.

**2-4 points:** The plan may be successful but does not fully address key barriers.

**5 points:** The plan fully addresses how barriers will be addressed and is likely to be successful. \*

Number must be between 0 ~ 5

9. **Covers entire geographic area and has outreach plan to bring homeless participants directly from the street or other locations not meant for human habitation.**

See e-snaps Application Section 3B-4a.

Maximum Points: 10.

**0 points:** Does not cover entire area.

**1-3 points:** Does not have adequate plan to engage unsheltered persons.

**4-7 points:** Covers entire area and provides adequate description of how engagement of unsheltered persons will occur; plan for engagement is likely to be at least partially successful.

**8-10 points:** Covers entire area and provides detailed description of how engagement of unsheltered persons will occur; plan for engagement is likely to be successful. \*

Number must be between 0 ~ 10

10. **Affirmatively markets services within the geographic area to ensure all persons experiencing homelessness are reached.**

See Supplemental Application.  
Maximum Points: 5.

**0 points:** Does not market services to people experiencing homelessness in the area.  
**1-2 points:** Markets services to some people experiencing homelessness in the area.  
**3-4 points:** Markets services to most people experiencing homelessness in the area.  
**5 points:** Affirmatively markets services to all people experiencing homelessness in the area.

\*

Number must be between 0 ~ 5

11. **Applicant has a plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Applicant provided a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.**

See Supplemental Application.  
Maximum Points: 5.

**0-1 points:** It's unclear whether the project can sufficiently meet project milestones.  
**2-3 points:** Project might encounter some delays.  
**4-5 points:** Applicant identified realistic milestones on timeline for the activity. \*

Number must be between 0 ~ 5

## Equity

This section awards a maximum of 60 points out of a total 240 points for this application.

### 12. Informs program participants of their rights and remedies available under federal, state and local fair housing and civil rights laws.

See Supplemental Application.

Maximum Points: 5.

**0 points:** Does not inform program participants of their rights and remedies available.

**1 point:** Insufficient plan to inform program participants of their rights and remedies available.

**2-3 points:** Some plan to inform program participants of their rights and remedies available.

**4-5 points:** Clear plan to inform program participants of their rights and remedies available. \*

Number must be between 0 ~ 5

### 13. Reports conditions or actions that impede fair housing choice for program participants.

See Supplemental Application.

Maximum Points: 5.

**0 points:** No indication of plan to report conditions or actions impeding fair housing choice.

**1 point:** Insufficient indication of plan to report conditions or actions impeding fair housing choice.

**2-3 points:** Some indication of plan to report conditions or actions impeding fair housing choice.

**4-5 points:** Clear plan to report conditions or actions impeding fair housing choice. \*

Number must be between 0 ~ 5

### 14. The project applicant has a plan for reaching underserved subpopulations.

See Supplemental Application.

Maximum Points: 5.

**0 points:** Applicant does not have a plan for reaching underserved subpopulations.

**1-4 points:** Applicant has a plan for reaching underserved subpopulations.

**5 points:** Applicant has a strong plan for reaching underserved subpopulations. \*

Number must be between 0 ~ 5

15. **Project identifies barriers to participation (e.g. lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homeless population.**

See Supplemental Application.

Maximum Points: 10. \*

Yes (10 points)

No (0 points)

16. **Applicant has taken or will take steps to eliminate barriers to participation faced by persons of different races and ethnicities, particularly those over-represented in the local homeless population.**

See Supplemental Application.

Maximum Points: 10. \*

Yes (10 points)

No (0 points)

17. **Applicant's advertisement strategy for the Coordinated Entry process will ensure Coordinated Entry will be accessible to individuals and families with the highest barriers to accessing assistance, including persons with disabilities and persons with limited English proficiency.**

See e-snaps Application Section 3B, question 4c.

Maximum Points: 10.

**0 points:** No indication that the advertisement strategy will ensure Coordinated Entry is accessible to individuals and families with the highest barriers to accessing assistance.

**1-3 points:** Insufficient advertisement strategy to ensure Coordinated Entry is accessible.

**4-7 points:** Sufficient advertisement strategy, but with some gaps.

**8-10 points:** Strong advertisement strategy that will ensure Coordinated Entry is accessible.

\*

Number must be between 0 ~ 10

18. **Project applicant has a relational process for receiving and incorporating feedback from people with lived experience.**

See Supplemental Application.

Maximum Points: 5. \*

Yes (5 points)

No (0 points)

19. **Applicant provided examples of professional development and employment opportunities provided to individuals with lived experience.**

See Supplemental Application.  
Maximum Points: 5. \*

Yes (5 points)

No (0 points)

20. **The agency has a plan to ensure that LGBTQ+ individuals and families receive supportive services, shelter and housing, free from discrimination.**

See Supplemental Application.  
Maximum Points: 5. \*

Yes (5 points)

No (0 points)

## Finance

This section awards a maximum of 15 points out of a total 240 points for this application.

### 21. Budgeted costs are reasonable, allocable, and allowable.

See e-snaps Application Section 6.

Maximum Points: 5.

**0-1 points:** Budget is lacking key pieces to support success of program.

**2-3 points:** Provides budget and demonstrates ability to expend funds within grant term; information provided suggests budget is realistic and is mostly adequate to sustain program through grant term.

**4-5 points:** Provides thorough budget and budget narrative sufficient to demonstrate sustainable financial support for proposed activity beyond grant term; budget and program design suggest program has all necessary components. \*

Number must be between 0 ~ 5

### 22. Project costs and cost per client are reasonable.

See e-snaps Application Section 6E.

Maximum Points: 10.

**0-3 points:** Costs are reasonable or cost per person is very high compared to projects of serving similar populations with similar models.

**4-7 points:** Costs are reasonable and per person cost is relatively within range of other projects serving similar populations with similar models.

**8-10 points:** Costs are reasonable and per person costs are lower than other successful programs using similar models and serving a similar population. \*

Number must be between 0 ~ 10

## Alignment

This section awards a maximum of 15 points out of a total 240 points for this application.

### 23. Alignment with County's Coordinated Entry System.

See Supplemental Application.  
Maximum Points: 5.

- 0 points:** Project does not align with County's Coordinated Entry system.
- 1 point:** Project aligns poorly with County's Coordinated Entry system.
- 2-4 points:** Project somewhat aligns with County's Coordinated Entry system.
- 5 points:** Project aligns well with County's Coordinated Entry system. \*

Number must be between 0 ~ 5

### 24. Applicant demonstrates the Coordinated Entry referral process will ensure program participants are directed to appropriate housing and services, in coordination with CoC and ESG providers and according to the CoC's written Coordinated Entry process.

See e-snaps Application Section 3B, question 4e.  
Maximum Points: 5.

- 0-1 points:** It is not clear that the process coordinates with CoC and ESG providers, follows the CoC's written process, and ensures that participants will be directed to appropriate housing and services.
- 2-3 points:** Some evidence that the process coordinates with CoC and ESG providers, follows the written process, and directs participants to appropriate housing and services.
- 4-5 points:** The applicant clearly demonstrates that their Coordinated Entry referral process ensures program participants are directed to appropriate housing and services, and that the referral process coordinates with CoC and ESG providers in line with the CoC's written Coordinated Entry process. \*

### 25. The project will align with a Line of Effort to support the San Luis Obispo Countywide Plan to Address Homelessness (2022- 2027).

See Supplemental Application and the San Luis Obispo Countywide Plan to Address Homelessness (2022 - 2027).  
Maximum Points: 5.

- 0-1 points:** Project does not align or poorly aligns with a Line of Effort.
- 2-3 points:** Project somewhat aligns with a Line of Effort.
- 4-5 points:** Project aligns well with a Line of Effort. \*

Number must be between 0 ~ 5

# CoC FY2024 Grant Review Committee Scoring Rubric (DV, PH New and Renewals)

\* Required

## Application Details

1. **Reviewer Name \***

2. **Applicant Name \***

3. **Project Name \***



## Applicant Experience

This section awards a maximum of 5 points out of a total 240 points for this application.

4. **Applicant Experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.**

See Supplemental Application.

Maximum Points: 5.

**0 points:** No or limited experience utilizing federal funds.

**1-4 points:** Some experience utilizing federal funds, satisfactory drawdown experience.

**5 points:** Significant experience utilizing federal funds, satisfactory drawdown experience. \*

Number must be between 0 ~ 5

**Program Design**

This section awards a maximum of 10 points out of a total 240 points for this application.

- 5. **Applicant has a plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Applicant provided a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.**

See Supplemental Application.  
Maximum Points: 5.

**0-1 points:** It's unclear whether the project can sufficiently meet project milestones.  
**2-3 points:** Project might encounter some delays.  
**4-5 points:** Applicant identified realistic milestones on timeline for the activity. \*

Number must be between 0 ~ 5

- 6. **The project applicant has a current strategy used to recruit landlords and described how well it works at identifying units across the entire CoC area, including areas where the CoC has historically not been able to find units.**

See Supplemental Application.  
Maximum Points: 5.

**0 points:** Applicant does not have a current recruitment strategy.  
**1-4 points:** Applicant has a recruitment strategy.  
**5 points:** Applicant has a strong recruitment strategy and will use data to update their strategy. \*

Number must be between 0 ~ 5

## DV Survivors

This section awards a maximum of 45 points out of a total 240 points for this application.

**7. The applicant has defined/identified systemic barriers within the CoC to meeting the needs of survivors of domestic violence, dating violence, sexual assault or stalking who need housing and services.**

See Supplemental Application.  
Maximum Points: 5.

**0 points:** Applicant does not adequately define the barriers to meeting the needs of DV survivors.

**1-3 points:** Applicant somewhat defined the barriers to meeting the needs of DV survivors.

**4-5 points:** Applicant clearly defined the barriers to meeting the needs of DV survivors. \*

Number must be between 0 ~ 5

**8. The proposed project will address the systemic barriers/inadequacies identified.**

See Supplemental Application.  
Maximum Points: 10.

**0 points:** Applicant does not adequately define a strategy for addressing the barriers.

**1-5 points:** Applicant somewhat defined a strategy for addressing the barriers.

**6-10 points:** Applicant clearly defined a strategy for addressing the barriers. \*

Number must be between 0 ~ 10

**9. The applicant is able to ensure the safety and confidentiality of DV survivors, by:**

- 1. Taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;**
- 2. Making determinations and placements into safe housing;**
- 3. Keeping information and locations confidential;**
- 4. Training staff on safety and confidentiality policies and practices;**
- 5. Taking security measures for units (congregate or scattered site) that support survivors' physical safety and location confidentiality; and**
- 6. Evaluating its ability to ensure the safety of DV survivors, including any areas identified for improvement during the course of the proposed project.**

See Supplemental Application.  
Maximum Points: 10.

**0 points:** Applicant does not demonstrate that they are able to ensure the safety and confidentiality of DV survivors.

**1-5 points:** Applicant demonstrates they are able to ensure the safety and confidentiality of DV survivors, but there are concerns with some of the elements above.

**6-10 points:** Applicant demonstrates a clear plan to ensure the safety and confidentiality of DV survivors. \*

Number must be between 0 ~ 10

10. **The applicant provides examples of supportive services the project has provided or will provide to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.**

See Supplemental Application.

Maximum Points: 10.

**0 points:** No prior experience and/or no clear plan.

**1-5 points:** Some prior experience and/or a reasonable plan, with some concerns.

**6-10 points:** Years of organizational experience and/or a clear plan for providing supportive services and addressing safety needs. \*

Number must be between 0 ~ 10

11. **The applicant demonstrates experience in providing trauma-informed, victim-centered approaches, by:**

- 1. Prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;**
- 2. Establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
- 3) Providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;**
- 4) Emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;**
- 5) Centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;**
- 6) Providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
- 7) Offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.**

See Supplemental Application.

Maximum Points: 10.

**0 points:** Applicant does not demonstrate that they have experience in providing trauma-informed, victim-centered approaches.

**1-5 points:** Applicant demonstrates some experience in providing trauma-informed, victim-centered approaches.

**6-10 points:** Applicant demonstrates good experience in providing trauma-informed, victim-centered approaches. \*

Number must be between 0 ~ 10

## Equity

This section awards a maximum of 40 points out of a total 240 points for this application.

### 12. The project applicant has a plan for reaching underserved subpopulations.

See Supplemental Application.  
Maximum Points: 5.

**0 points:** Applicant does not have a plan for reaching underserved subpopulations.

**1-4 points:** Applicant has a plan for reaching underserved subpopulations.

**5 points:** Applicant has a strong plan for reaching underserved subpopulations. \*

Number must be between 0 ~ 5

### 13. Project identifies barriers to participation (e.g. lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homeless population.

See Supplemental Application.  
Maximum Points: 10. \*

Yes (10 points)

No (0 points)

### 14. Applicant has taken or will take steps to eliminate barriers to participation faced by persons of different races and ethnicities, particularly those over-represented in the local homeless population.

See Supplemental Application.  
Maximum Points: 10. \*

Yes (10 points)

No (0 points)

### 15. Project applicant has a relational process for receiving and incorporating feedback from people with lived experience, including the involvement of survivors in policy and program development.

See Supplemental Application.  
Maximum Points: 5. \*

Yes (5 points)

No (0 points)

**16. Applicant provided examples of professional development and employment opportunities provided to individuals with lived experience.**

See Supplemental Application.  
Maximum Points: 5. \*

Yes (5 points)

No (0 points)

**17. The agency has a plan to ensure that LGBTQ+ individuals and families receive supportive services, shelter and housing, free from discrimination.**

See Supplemental Application.  
Maximum Points: 5. \*

Yes (5 points)

No (0 points)

## Finance

This section awards a maximum of 15 points out of a total 240 points for this application.

### 18. Budgeted costs are reasonable, allocable, and allowable.

See e-snaps Application Section 6.

Maximum Points: 5.

**0-1 points:** Budget is lacking key pieces to support success of program.

**2-3 points:** Provides budget and demonstrates ability to expend funds within grant term; information provided suggests budget is realistic and is mostly adequate to sustain program through grant term.

**4-5 points:** Provides thorough budget and budget narrative sufficient to demonstrate sustainable financial support for proposed activity beyond grant term; budget and program design suggest program has all necessary components. \*

Number must be between 0 ~ 5

### 19. Project costs and cost per client are reasonable.

See e-snaps Application Section 6E.

Maximum Points: 10.

**0-3 points:** Costs are reasonable or cost per person is very high compared to projects of serving similar populations with similar models.

**4-7 points:** Costs are reasonable and per person cost is relatively within range of other projects serving similar populations with similar models.

**8-10 points:** Costs are reasonable and per person costs are lower than other successful programs using similar models and serving a similar population. \*

Number must be between 0 ~ 10

## Alignment

This section awards a maximum of 5 points out of a total 240 points for this application.

20. **The project will align with a Line of Effort to support the San Luis Obispo Countywide Plan to Address Homelessness (2022- 2027).**

See Supplemental Application and the San Luis Obispo Countywide Plan to Address Homelessness (2022 - 2027).

Maximum Points: 5.

**0-1 points:** Project does not align or poorly aligns with a Line of Effort.

**2-3 points:** Project somewhat aligns with a Line of Effort.

**4-5 points:** Project aligns well with a Line of Effort. \*

Number must be between 0 ~ 5

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## Scored Forms for One Project

**Agency:** Transitions Mental Health Association

**Project:** SLO City PSH

**Project Type:** Renewal

### Scoring Summary

	Score or Pass/Fail	Objective Criteria Score*	SPM Score*
<b>Threshold Review</b>			
<b>Reviewer 1</b>	<b>PASS</b>	<b>N/A</b>	<b>N/A</b>
<b>Staff Review</b>			
Reviewer 1	91/120	66/80	41/55
Reviewer 2	91/120	66/80	41/55
<b>Average</b>	<b>91/120</b>	<b>66/80</b>	<b>41/55</b>
<b>Grant Review Committee</b>			
Reviewer 3	113/120	N/A	N/A
Reviewer 4	109/120	N/A	N/A
Reviewer 5	111/120	N/A	N/A
<b>Average</b>	<b>111/120</b>	<b>N/A</b>	<b>N/A</b>
<b>TOTAL SCORE</b>	<b>202/240</b>	<b>66/80</b>	<b>41/55</b>

\*Objective Criteria assessed by Questions 4-8 in Staff Review, worth a total of 80 points out of a maximum 240 points.

SPM assessed by Questions 6-8 in Staff Review, worth a total of 55 points out of a maximum 240 points.

View results

Respondent

1

Anonymous

00:24

Time to complete

1. Reviewer Name

[Redacted]

2. Applicant Name

TMHA

3. Project Name

SLO City PSH

4. SAM Registration

Is the UEI number provided valid? Verify and check applicant has no outstanding delinquent federal debts, debarments and/or suspensions.

See Supplemental Application Q2 and verify via [sam.gov](https://sam.gov)

Pass

Fail

5. TIN

Is the TIN provided valid?

See Applicant Registration form Q6 and verify via <https://apps.irs.gov/app/eos/>

Pass

Fail

**6. CoC Program Eligibility**

*Is the application for a project that is eligible under the CoC program?*

See Supplemental Application, e-snaps Application and NOFO.

Pass

Fail

**7. Financial and Management Capacity**

*Does the applicant organization have sufficient financial capacity? Consider proposed budget and activities, and past history of the organization if applicable.*

See RFFs, prior monitoring (if applicable).

Pass

Fail

**8. Certifications**

*Has the applicant organization completed the certifications in e-snaps, including confirmation all statements are truthful and equal participation of faith-based organizations in HUD programs and activities?*

See e-snaps Application Section 7.

Pass

Fail

**9. Population Served**

*Is the applicant proposing to serve an eligible population?*

See Supplemental Application Q11 and NOFO p22-23.

Pass

Fail

**10. HMIS Participation**

*Does the agency agree to participate in the local HMIS system?*

See Applicant Registration Form Q8.

Pass

Fail

**11. Prohibition Against Lobbying Activities**

*Applicant has completed and provided Lobbying Disclosure Form.*

Pass

Fail

**12. Resolution of Civil Rights Matters**

*Civil rights matters have been resolved; there are no known outstanding civil rights issues against the applicant.*

Pass

Fail

**13. Coordinated Entry**

*Applicant has stated they participate or will participate in the CoC's Coordinated Entry system.*

See Applicant Registration Form Q10.

Pass

Fail

**14. Match Funding**

*Applicant has demonstrated documented/secured minimum match funding, including providing match letter if needed. Minimum match funding is 25% of total budget minus leasing costs.*

See e-snaps Application sections 6D and 7.

Pass

Fail

**15. Data Quality: Universal Data Elements**

*Applicant's Universal Data Elements errors is 19% or under.*

See Data Team.

Pass

Fail

**16. Data Quality: Missing Exit Destinations.**

*Applicant's Missing Exit Destinations is 19% or under.*

See Data Team.

Pass

Fail

**17. Bed/Unit Utilization**

*Applicant's bed/unit utilization rate is at or above 90%.*

See HMIS data.

Pass

Fail

**18. Audit**

*Applicant's most recent organizational audit/financial review contains no major findings.*

Pass

Fail

View results

Respondent

2 Anonymous

36:11

Time to complete

### Application Details

1. Reviewer Name \*

2. Applicant Name \*

3. Project Name \*

### Objective Criteria

Objective criteria represents a total of 80 out of maximum 240 points (one third) in the scoring for this application.

4. **Housing First project; housing project is using a Housing First approach by providing low barriers that do not have service participation requirements or preconditions to entry and prioritize rapid placement and stabilization in permanent housing.**

*The applicant demonstrates that at least 75% of the project application commit to operating as Housing First. Any applicant that indicates it will use a Housing First approach will be required to operate as a Housing First project.*

See Applicant Registration and Supplemental Application.

Maximum Points: 10. \*

Project is using a Housing First Approach as demonstrated by their policies and procedures or has a plan to incorporate into a new project (10 points)

Project is not using a Housing First Approach (0 points)

5. Severity of Needs.

See Supplemental Application.

Maximum Points: 15. \*

	0-25% (0 points)	26-50% (1 point)	51-58% (2 points)	59-66% (3 points)	67-74% (4 points)	75-100% (5 points)
% of participants to be served will be chronically homeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
% of participants to be served will have no or low income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
% of participants to be served that have history of victimization/ab use, domestic violence, sexual assault, childhood abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Rate of Permanent Housing Retention.

The percentage of households who remained in a permanent housing program as of the end of the operating year or exited to permanent housing.

See APR: (Q22a1 Stayers)+(Q23 Total persons exiting to positive housing destinations)/(Q5a Total number of persons served)-(Q23c Total persons whose destinations excluded them from the calculation).

- 0-6%: 0 points
- 7-13%: 1 point
- 14-19%: 2 points
- 20-25%: 3 points
- 26-32%: 4 points
- 33-38%: 5 points
- 39-44%: 6 points
- 45-50%: 7 points
- 51-57%: 8 points
- 58-63%: 9 points
- 64-69%: 10 points
- 70-77%: 11 points
- 78-82%: 12 points
- 83-88%: 13 points
- 89-95%: 14 points
- 96-100%: 15 points

Maximum Points: 15. \*

Number must be between 0 ~ 15

7.

**Rate of returns to homelessness.**

See Clarity Recidivism Dashboard (Data Team). Take percentage, subtract from 100, then divide by 10.

Maximum Points: 10. \*

8

Number must be between 0 ~ 10

**8. Employment and Income Growth.**

See APR.

Maximum Points: 30. \*

	0% (0 points)	1-7% (1 point)	8-14% (2 points)	15-19% (3 points)	20-24% (4 points)	25%+ (5 points)
Change in earned income for adult system stayers.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change in non-employment cash income for adult system stayers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Change in total income for adult system stayers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Change in earned income for adult system stayers.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change in non-employment cash income for adult system leavers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Change in total income for adult system leavers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

**Financial**

This section awards a maximum of 5 points out of a total 240 points for this application.



**9. Most Recent Audit:**

- 1) Found no exceptions to standard practices;**
- 2) Identified agency as 'low risk'; and**
- 3) Indicates no findings.**

See Supplemental and Audit.

Maximum Points: 5. \*

- Met all three criteria (5 points)
- Failed to meet one of the three criteria (1 point)
- Failed to meet two or more criteria (0 points)

### Equity Factors

This section awards a maximum of 15 points out of a total 240 points for this application.

**10. Project applicant has under-represented individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions.**

See Supplemental Application.

Maximum Points: 5. \*

- Yes (5 points)
- No (0 points)

**11. Project applicant's Board of Directors includes representatives from more than one person with lived experience.**

See Supplemental Application.

Maximum Points: 5. \*

- Yes (5 points)
- No (0 points)

**12. The agency has anti-discrimination policies in place to address the needs of LGBTQ+ individuals.**

See Supplemental Application.

Maximum Points: 5. \*

- Yes (5 points)
- No (0 points)

### Leveraging Housing and Healthcare Resources

This section awards a maximum of 20 points out of a total 240 points for this application.

**13. Housing Subsidies. The project will utilize housing subsidies or subsidized housing units not funded through the CoC or ESG programs.**

*Housing subsidies or subsidized housing units may be funded through any of the following sources: Private organizations; State or local government, including through the use of HOME funding provided through the American Rescue Plan; Public Housing Agencies, including through the use of a set aside or limited preference; Faith-based organizations; or Federal programs other than the CoC or ESG programs.*

See Supplemental Application.

Maximum Points: 10.

- Project successfully leverages other housing resources provided to at least 50% of the units (for PSH projects) or 50% of the participants (for RRH projects). Must provide letter of commitment (10 points)
- Application does not include a letter of commitment or the letter of commitment does not meet the criteria for points (0 points)

**14. Healthcare Resources. The project will utilize healthcare resources to help individuals and families experiencing homelessness.**

*Sources of healthcare resources include: Direct contributions from a public or private health insurance provider to the project (e.g. Medicaid), and Provision of healthcare services, including mental health services, by a private or public organization (including FQHCs and state or local health departments) tailored to the program participants of the project, direct partnerships with organizations that provide healthcare services, including mental health services to individuals and families experiencing homelessness who have HIV/AIDS. Eligibility for the project must comply with HUD program and fair housing requirements. Eligibility criteria cannot be restricted by the eligibility requirements of the healthcare service provider.*

See Supplemental Application.

Maximum Points: 10.

- Letter of commitment includes: value of the commitment, and dates the healthcare resources will be provided. In the case of a substance abuse treatment or recovery provider, it will provide access to treatment or recovery services for all program participants who qualify and choose those services; or the value of assistance being provided is at least an amount that is equivalent to 50 percent of the funding being requested for the project, which will be covered by the healthcare organization. In-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds (10 points)
- Application does not include a letter of commitment or the letter of commitment does not meet the criteria for points (0 points)

View results

Respondent

1

Anonymous

02:05

Time to complete

Application Details

1. Reviewer Name \*

[Redacted]

2. Applicant Name \*

TMHA

3. Project Name \*

SLO City PSH

Objective Criteria

Objective criteria represents a total of 80 out of maximum 240 points (one third) in the scoring for this application.

4. Housing First project; housing project is using a Housing First approach by providing low barriers that do not have service participation requirements or preconditions to entry and prioritize rapid placement and stabilization in permanent housing.

The applicant demonstrates that at least 75% of the project application commit to operating as Housing First. Any applicant that indicates it will use a Housing First approach will be required to operate as a Housing First project.

See Applicant Registration and Supplemental Application.

Maximum Points: 10. \*

Project is using a Housing First Approach as demonstrated by their policies and procedures or has a plan to incorporate into a new project (10 points)

Project is not using a Housing First Approach (0 points)

5. Severity of Needs.

See Supplemental Application.

Maximum Points: 15. \*

	0-25% (0 points)	26-50% (1 point)	51-58% (2 points)	59-66% (3 points)	67-74% (4 points)	75-100% (5 points)
% of participants to be served will be chronically homeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
% of participants to be served will have no or low income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
% of participants to be served that have history of victimization/ab use, domestic violence, sexual assault, childhood abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. Rate of Permanent Housing Retention.

The percentage of households who remained in a permanent housing program as of the end of the operating year or exited to permanent housing.

See APR: (Q22a1 Stayers)+(Q23 Total persons exiting to positive housing destinations)/(Q5a Total number of persons served)-(Q23c Total persons whose destinations excluded them from the calculation).

- 0-6%: 0 points
- 7-13%: 1 point
- 14-19%: 2 points
- 20-25%: 3 points
- 26-32%: 4 points
- 33-38%: 5 points
- 39-44%: 6 points
- 45-50%: 7 points
- 51-57%: 8 points
- 58-63%: 9 points
- 64-69%: 10 points
- 70-77%: 11 points
- 78-82%: 12 points
- 83-88%: 13 points
- 89-95%: 14 points
- 96-100%: 15 points

Maximum Points: 15. \*

Number must be between 0 ~ 15

7.

**Rate of returns to homelessness.**

See Clarity Recidivism Dashboard (Data Team). Take percentage, subtract from 100, then divide by 10.

Maximum Points: 10. \*

9

Number must be between 0 ~ 10

**8. Employment and Income Growth.**

See APR.

Maximum Points: 30. \*

	0% (0 points)	1-7% (1 point)	8-14% (2 points)	15-19% (3 points)	20-24% (4 points)	25%+ (5 points)
Change in earned income for adult system stayers.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change in non-employment cash income for adult system stayers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Change in total income for adult system stayers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Change in earned income for adult system stayers.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change in non-employment cash income for adult system leavers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Change in total income for adult system leavers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

**Financial**

This section awards a maximum of 5 points out of a total 240 points for this application.

**9. Most Recent Audit:**

- 1) Found no exceptions to standard practices;**
- 2) Identified agency as 'low risk'; and**
- 3) Indicates no findings.**

See Supplemental and Audit.

Maximum Points: 5. \*

- Met all three criteria (5 points)
- Failed to meet one of the three criteria (1 point)
- Failed to meet two or more criteria (0 points)

### Equity Factors

This section awards a maximum of 15 points out of a total 240 points for this application.

**10. Project applicant has under-represented individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions.**

See Supplemental Application.

Maximum Points: 5. \*

- Yes (5 points)
- No (0 points)

**11. Project applicant's Board of Directors includes representatives from more than one person with lived experience.**

See Supplemental Application.

Maximum Points: 5. \*

- Yes (5 points)
- No (0 points)

**12. The agency has anti-discrimination policies in place to address the needs of LGBTQ+ individuals.**

See Supplemental Application.

Maximum Points: 5. \*

- Yes (5 points)
- No (0 points)

### Leveraging Housing and Healthcare Resources

This section awards a maximum of 20 points out of a total 240 points for this application.

**13. Housing Subsidies. The project will utilize housing subsidies or subsidized housing units not funded through the CoC or ESG programs.**

*Housing subsidies or subsidized housing units may be funded through any of the following sources: Private organizations; State or local government, including through the use of HOME funding provided through the American Rescue Plan; Public Housing Agencies, including through the use of a set aside or limited preference; Faith-based organizations; or Federal programs other than the CoC or ESG programs.*

See Supplemental Application.

Maximum Points: 10.

- Project successfully leverages other housing resources provided to at least 50% of the units (for PSH projects) or 50% of the participants (for RRH projects). Must provide letter of commitment (10 points)
- Application does not include a letter of commitment or the letter of commitment does not meet the criteria for points (0 points)

**14. Healthcare Resources. The project will utilize healthcare resources to help individuals and families experiencing homelessness.**

*Sources of healthcare resources include: Direct contributions from a public or private health insurance provider to the project (e.g. Medicaid), and Provision of healthcare services, including mental health services, by a private or public organization (including FQHCs and state or local health departments) tailored to the program participants of the project, direct partnerships with organizations that provide healthcare services, including mental health services to individuals and families experiencing homelessness who have HIV/AIDS. Eligibility for the project must comply with HUD program and fair housing requirements. Eligibility criteria cannot be restricted by the eligibility requirements of the healthcare service provider.*

See Supplemental Application.

Maximum Points: 10.

- Letter of commitment includes: value of the commitment, and dates the healthcare resources will be provided. In the case of a substance abuse treatment or recovery provider, it will provide access to treatment or recovery services for all program participants who qualify and choose those services; or the value of assistance being provided is at least an amount that is equivalent to 50 percent of the funding being requested for the project, which will be covered by the healthcare organization. In-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds (10 points)
- Application does not include a letter of commitment or the letter of commitment does not meet the criteria for points (0 points)

[View results](#)

Respondent

2 Anonymous

23:08

Time to complete

### Application Details

1. **Reviewer Name \***

2. **Applicant Name \***

3. **Project Name \***

### Applicant Experience

This section awards a maximum of 20 points out of a total 240 points for this application.

4. **Experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing or services similar to that proposed in the application.**

See Supplemental Application.  
Maximum Points: 10.

- 0 points:** No prior experience providing proposed activity.
- 1-5 points:** Some prior experience with providing proposed activity.
- 6-10 points:** Years of organizational experience delivering proposed activity. \*

Number must be between 0 ~ 10



5. **Applicant Experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.**

See Supplemental Application.  
Maximum Points: 5.

- 0 points:** No or limited experience utilizing federal funds.
- 1-4 points:** Some experience utilizing federal funds, satisfactory drawdown experience.
- 5 points:** Significant experience utilizing federal funds, satisfactory drawdown experience. \*

Number must be between 0 ~ 5

6. **Extent to which the applicant demonstrates understanding of the needs of the clients to be served.**

See Supplemental Application.  
Maximum Points: 5.

- 0 points:** Does not understand the needs of clients to be served.
- 1-2 points:** Poorly understands the needs of clients to be served.
- 3-4 points:** Adequately understands the needs of clients to be served
- 5 points:** Fully explains the needs of clients to be served. \*

Number must be between 0 ~ 5

### Program Design

This section awards a maximum of 30 points out of a total 240 points for this application.

7. **Extent to which the applicant demonstrates that the type and scale of all the supportive services that will be offered to program participants to ensure successful retention in or help to obtain permanent housing, regardless of funding source, meets the needs of clients to be served.**

See Supplemental Application.  
Maximum Points: 5.

- 0-2 points:** Type and scale are inadequate.
- 3-4 points:** Type and scale are mostly adequate.
- 5 points:** Type and scale fully meet the needs. \*

Number must be between 0 ~ 5

8. **Applicant described the plan to assist clients to rapidly secure and maintain permanent housing that is safe, accessible, and acceptable to their needs.**

See Supplemental Application.  
Maximum Points: 5.

- 0-1 points:** The plan as described is not likely to be successful because it fails to address most barriers.
- 2-4 points:** The plan may be successful but does not fully address key barriers.
- 5 points:** The plan fully addresses how barriers will be addressed and is likely to be successful. \*

Number must be between 0 ~ 5

9. **Affirmatively markets services within the geographic area to ensure all persons experiencing homelessness are reached.**

See Supplemental Application.  
Maximum Points: 5.

- 0 points:** Does not market services to people experiencing homelessness in the area.
- 1-2 points:** Markets services to some people experiencing homelessness in the area.
- 3-4 points:** Markets services to most people experiencing homelessness in the area.
- 5 points:** Affirmatively markets services to all people experiencing homelessness in the area. \*

Number must be between 0 ~ 5

10. **Applicant has a plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Applicant provided a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.**

See Supplemental Application.  
Maximum Points: 5.

- 0-1 points:** It's unclear whether the project can sufficiently meet project milestones.
- 2-3 points:** Project might encounter some delays.
- 4-5 points:** Applicant identified realistic milestones on timeline for the activity. \*

Number must be between 0 ~ 5

11. **The project applicant has a current strategy used to recruit landlords and described how well it works at identifying units across the entire CoC area, including areas where the CoC has historically not been able to find units.**

See Supplemental Application.  
Maximum Points: 5.

- 0 points:** Applicant does not have a current recruitment strategy.
- 1-4 points:** Applicant has a recruitment strategy.
- 5 points:** Applicant has a strong recruitment strategy and will use data to update their strategy. \*

Number must be between 0 ~ 5

12. **Extent to which the applicant demonstrates how clients will be assisted in obtaining mainstream benefits.**

See e-snaps Application Section 4A.  
Maximum Points: 5.

- 0-1 points:** Does not adequately explain how clients will be assisted in obtaining mainstream benefits.
- 2-4 points:** Adequately explains how clients will be assisted in obtaining mainstream benefits, but barriers may remain.
- 5 points:** Adequately explains how clients will be assisted in obtaining mainstream benefits and addresses key barriers to obtaining benefits. \*

Number must be between 0 ~ 5

### Equity

This section awards a maximum of 50 points out of a total 240 points for this application.

13. **Informs program participants of their rights and remedies available under federal, state and local fair housing and civil rights laws.**

See Supplemental Application.  
Maximum Points: 5.

- 0 points:** Does not inform program participants of their rights and remedies available.
- 1 point:** Insufficient plan to inform program participants of their rights and remedies available.
- 2-3 points:** Some plan to inform program participants of their rights and remedies available.
- 4-5 points:** Clear plan to inform program participants of their rights and remedies available. \*

Number must be between 0 ~ 5

14. **Reports conditions or actions that impede fair housing choice for program participants.**

See Supplemental Application.  
Maximum Points: 5.

- 0 points:** No indication of plan to report conditions or actions impeding fair housing choice.
- 1 point:** Insufficient indication of plan to report conditions or actions impeding fair housing choice.
- 2-3 points:** Some indication of plan to report conditions or actions impeding fair housing choice.
- 4-5 points:** Clear plan to report conditions or actions impeding fair housing choice. \*

Number must be between 0 ~ 5

**15. The project applicant has a plan for reaching underserved subpopulations.**

See Supplemental Application.  
Maximum Points: 5.

**0 points:** Applicant does not have a plan for reaching underserved subpopulations.  
**1-4 points:** Applicant has a plan for reaching underserved subpopulations.  
**5 points:** Applicant has a strong plan for reaching underserved subpopulations. \*

Number must be between 0 ~ 5

**16. Project identifies barriers to participation (e.g. lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homeless population.**

See Supplemental Application.  
Maximum Points: 10. \*

- Yes (10 points)
- No (0 points)

**17. Applicant has taken or will take steps to eliminate barriers to participation faced by persons of different races and ethnicities, particularly those over-represented in the local homeless population.**

See Supplemental Application.  
Maximum Points: 10. \*

- Yes (10 points)
- No (0 points)

**18. Project applicant has a relational process for receiving and incorporating feedback from people with lived experience.**

See Supplemental Application.  
Maximum Points: 5. \*

- Yes (5 points)
- No (0 points)

**19. Applicant provided examples of professional development and employment opportunities provided to individuals with lived experience.**

See Supplemental Application.  
Maximum Points: 5. \*

- Yes (5 points)
- No (0 points)

20. **The agency has a plan to ensure that LGBTQ+ individuals and families receive supportive services, shelter and housing, free from discrimination.**

See Supplemental Application.  
Maximum Points: 5. \*

Yes (5 points)

No (0 points)

### Finance

This section awards a maximum of 15 points out of a total 240 points for this application.

21. **Budgeted costs are reasonable, allocable, and allowable.**

See e-snaps Application Section 6.  
Maximum Points: 5.

**0-1 points:** Budget is lacking key pieces to support success of program.

**2-3 points:** Provides budget and demonstrates ability to expend funds within grant term; information provided suggests budget is realistic and is mostly adequate to sustain program through grant term.

**4-5 points:** Provides thorough budget and budget narrative sufficient to demonstrate sustainable financial support for proposed activity beyond grant term; budget and program design suggest program has all necessary components. \*

5

Number must be between 0 ~ 5

22. **Project costs and cost per client are reasonable.**

See e-snaps Application Section 6E.  
Maximum Points: 10.

**0-3 points:** Costs are reasonable or cost per person is very high compared to projects of serving similar populations with similar models.

**4-7 points:** Costs are reasonable and per person cost is relatively within range of other projects serving similar populations with similar models.

**8-10 points:** Costs are reasonable and per person costs are lower than other successful programs using similar models and serving a similar population. \*

7

Number must be between 0 ~ 10

### Alignment

This section awards a maximum of 5 points out of a total 240 points for this application.

23. **The project will align with a Line of Effort to support the San Luis Obispo Countywide Plan to Address Homelessness (2022- 2027).**

See Supplemental Application and the San Luis Obispo Countywide Plan to Address Homelessness (2022 - 2027).  
Maximum Points: 5.

**0-1 points:** Project does not align or poorly aligns with a Line of Effort.

**2-3 points:** Project somewhat aligns with a Line of Effort.

**4-5 points:** Project aligns well with a Line of Effort. \*

Number must be between 0 ~ 5

View results

Respondent

1

Anonymous

28:35

Time to complete

### Application Details

1. Reviewer Name \*

2. Applicant Name \*

3. Project Name \*

### Applicant Experience

This section awards a maximum of 20 points out of a total 240 points for this application.

4. Experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing or services similar to that proposed in the application.

See Supplemental Application.  
Maximum Points: 10.

- 0 points: No prior experience providing proposed activity.
- 1-5 points: Some prior experience with providing proposed activity.
- 6-10 points: Years of organizational experience delivering proposed activity. \*

Number must be between 0 ~ 10

5. **Applicant Experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.**

See Supplemental Application.  
Maximum Points: 5.

- 0 points:** No or limited experience utilizing federal funds.
- 1-4 points:** Some experience utilizing federal funds, satisfactory drawdown experience.
- 5 points:** Significant experience utilizing federal funds, satisfactory drawdown experience. \*

Number must be between 0 ~ 5

6. **Extent to which the applicant demonstrates understanding of the needs of the clients to be served.**

See Supplemental Application.  
Maximum Points: 5.

- 0 points:** Does not understand the needs of clients to be served.
- 1-2 points:** Poorly understands the needs of clients to be served.
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Number must be between 0 ~ 5

### Program Design

This section awards a maximum of 30 points out of a total 240 points for this application.

7. **Extent to which the applicant demonstrates that the type and scale of all the supportive services that will be offered to program participants to ensure successful retention in or help to obtain permanent housing, regardless of funding source, meets the needs of clients to be served.**

See Supplemental Application.  
Maximum Points: 5.

- 0-2 points:** Type and scale are inadequate.
- 3-4 points:** Type and scale are mostly adequate.
- 5 points:** Type and scale fully meet the needs. \*

Number must be between 0 ~ 5



8. **Applicant described the plan to assist clients to rapidly secure and maintain permanent housing that is safe, accessible, and acceptable to their needs.**

See Supplemental Application.  
Maximum Points: 5.

- 0-1 points:** The plan as described is not likely to be successful because it fails to address most barriers.
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Number must be between 0 ~ 5

9. **Affirmatively markets services within the geographic area to ensure all persons experiencing homelessness are reached.**

See Supplemental Application.  
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Number must be between 0 ~ 5

10. **Applicant has a plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Applicant provided a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.**

See Supplemental Application.  
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Number must be between 0 ~ 5

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Maximum Points: 5.

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Number must be between 0 ~ 5

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See e-snaps Application Section 4A.  
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Number must be between 0 ~ 5

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See Supplemental Application.  
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Number must be between 0 ~ 5

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See Supplemental Application.  
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Number must be between 0 ~ 5

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See Supplemental Application.  
Maximum Points: 10. \*

- Yes (10 points)
- No (0 points)

**17. Applicant has taken or will take steps to eliminate barriers to participation faced by persons of different races and ethnicities, particularly those over-represented in the local homeless population.**

See Supplemental Application.  
Maximum Points: 10. \*

- Yes (10 points)
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See Supplemental Application.  
Maximum Points: 5. \*

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**19. Applicant provided examples of professional development and employment opportunities provided to individuals with lived experience.**

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Maximum Points: 5. \*

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See Supplemental Application.  
Maximum Points: 5. \*

Yes (5 points)

No (0 points)

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8

Number must be between 0 ~ 10

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Number must be between 0 ~ 5

View results

Respondent

6

Anonymous

38:30

Time to complete

### Application Details

1. Reviewer Name \*

2. Applicant Name \*

3. Project Name \*

### Applicant Experience

This section awards a maximum of 20 points out of a total 240 points for this application.

4. Experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing or services similar to that proposed in the application.

See Supplemental Application.  
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Number must be between 0 ~ 10

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Number must be between 0 ~ 5

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See Supplemental Application.  
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See Supplemental Application.  
Maximum Points: 5.

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- 5 points:** Type and scale fully meet the needs. \*

Number must be between 0 ~ 5

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Number must be between 0 ~ 5

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Number must be between 0 ~ 5

10. **Applicant has a plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Applicant provided a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.**

See Supplemental Application.  
Maximum Points: 5.

- 0-1 points:** It's unclear whether the project can sufficiently meet project milestones.
- 2-3 points:** Project might encounter some delays.
- 4-5 points:** Applicant identified realistic milestones on timeline for the activity. \*

Number must be between 0 ~ 5

11. **The project applicant has a current strategy used to recruit landlords and described how well it works at identifying units across the entire CoC area, including areas where the CoC has historically not been able to find units.**

See Supplemental Application.  
Maximum Points: 5.

- 0 points:** Applicant does not have a current recruitment strategy.
- 1-4 points:** Applicant has a recruitment strategy.
- 5 points:** Applicant has a strong recruitment strategy and will use data to update their strategy. \*

Number must be between 0 ~ 5



12. **Extent to which the applicant demonstrates how clients will be assisted in obtaining mainstream benefits.**

See e-snaps Application Section 4A.  
Maximum Points: 5.

- 0-1 points:** Does not adequately explain how clients will be assisted in obtaining mainstream benefits.
- 2-4 points:** Adequately explains how clients will be assisted in obtaining mainstream benefits, but barriers may remain.
- 5 points:** Adequately explains how clients will be assisted in obtaining mainstream benefits and addresses key barriers to obtaining benefits. \*

Number must be between 0 ~ 5

**Equity**

This section awards a maximum of 50 points out of a total 240 points for this application.

13. **Informs program participants of their rights and remedies available under federal, state and local fair housing and civil rights laws.**

See Supplemental Application.  
Maximum Points: 5.

- 0 points:** Does not inform program participants of their rights and remedies available.
- 1 point:** Insufficient plan to inform program participants of their rights and remedies available.
- 2-3 points:** Some plan to inform program participants of their rights and remedies available.
- 4-5 points:** Clear plan to inform program participants of their rights and remedies available. \*

Number must be between 0 ~ 5

14. **Reports conditions or actions that impede fair housing choice for program participants.**

See Supplemental Application.  
Maximum Points: 5.

- 0 points:** No indication of plan to report conditions or actions impeding fair housing choice.
- 1 point:** Insufficient indication of plan to report conditions or actions impeding fair housing choice.
- 2-3 points:** Some indication of plan to report conditions or actions impeding fair housing choice.
- 4-5 points:** Clear plan to report conditions or actions impeding fair housing choice. \*

Number must be between 0 ~ 5

**15. The project applicant has a plan for reaching underserved subpopulations.**

See Supplemental Application.  
Maximum Points: 5.

- 0 points:** Applicant does not have a plan for reaching underserved subpopulations.
- 1-4 points:** Applicant has a plan for reaching underserved subpopulations.
- 5 points:** Applicant has a strong plan for reaching underserved subpopulations. \*

Number must be between 0 ~ 5

**16. Project identifies barriers to participation (e.g. lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homeless population.**

See Supplemental Application.  
Maximum Points: 10. \*

- Yes (10 points)
- No (0 points)

**17. Applicant has taken or will take steps to eliminate barriers to participation faced by persons of different races and ethnicities, particularly those over-represented in the local homeless population.**

See Supplemental Application.  
Maximum Points: 10. \*

- Yes (10 points)
- No (0 points)

**18. Project applicant has a relational process for receiving and incorporating feedback from people with lived experience.**

See Supplemental Application.  
Maximum Points: 5. \*

- Yes (5 points)
- No (0 points)

**19. Applicant provided examples of professional development and employment opportunities provided to individuals with lived experience.**

See Supplemental Application.  
Maximum Points: 5. \*

- Yes (5 points)
- No (0 points)

20. **The agency has a plan to ensure that LGBTQ+ individuals and families receive supportive services, shelter and housing, free from discrimination.**

See Supplemental Application.  
Maximum Points: 5. \*

Yes (5 points)

No (0 points)

**Finance**

This section awards a maximum of 15 points out of a total 240 points for this application.

21. **Budgeted costs are reasonable, allocable, and allowable.**

See e-snaps Application Section 6.  
Maximum Points: 5.

**0-1 points:** Budget is lacking key pieces to support success of program.

**2-3 points:** Provides budget and demonstrates ability to expend funds within grant term; information provided suggests budget is realistic and is mostly adequate to sustain program through grant term.

**4-5 points:** Provides thorough budget and budget narrative sufficient to demonstrate sustainable financial support for proposed activity beyond grant term; budget and program design suggest program has all necessary components. \*

5

Number must be between 0 ~ 5

22. **Project costs and cost per client are reasonable.**

See e-snaps Application Section 6E.  
Maximum Points: 10.

**0-3 points:** Costs are reasonable or cost per person is very high compared to projects of serving similar populations with similar models.

**4-7 points:** Costs are reasonable and per person cost is relatively within range of other projects serving similar populations with similar models.

**8-10 points:** Costs are reasonable and per person costs are lower than other successful programs using similar models and serving a similar population. \*

8

Number must be between 0 ~ 10

**Alignment**

This section awards a maximum of 5 points out of a total 240 points for this application.

23. **The project will align with a Line of Effort to support the San Luis Obispo Countywide Plan to Address Homelessness (2022- 2027).**

See Supplemental Application and the San Luis Obispo Countywide Plan to Address Homelessness (2022 - 2027).  
Maximum Points: 5.

**0-1 points:** Project does not align or poorly aligns with a Line of Effort.

**2-3 points:** Project somewhat aligns with a Line of Effort.

**4-5 points:** Project aligns well with a Line of Effort. \*

Number must be between 0 ~ 5



**COUNTY OF SAN LUIS OBISPO**  
**DEPARTMENT OF SOCIAL SERVICES**  
**Department Head** *Devin Drake*

---

CA-614 did not reject or reduce any project applications for the FY24 HUD CoC local competition.

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**County of San Luis Obispo Department of Social Services**

P.O. Box 8119 | San Luis Obispo, CA 93403 | (P) 805-781-1825 | (F) 805-781-1846 [info@slocounty.ca.gov](mailto:info@slocounty.ca.gov)  
| [slocounty.ca.gov](http://slocounty.ca.gov)

**From:** [Russell Francis](#)  
**To:** [Jack Lahey](#)  
**Subject:** FY24 HUD CoC Program Competition  
**Date:** Wednesday, October 2, 2024 3:09:03 PM  
**Attachments:** [CoC FY2024 Notification of Project Accepted CAPSLO.pdf](#)  
[image001.wmz](#)  
[image003.png](#)

---

Hello,

On September 11, 2024, a non-conflicted grant review committee reviewed, scored and recommended project applications for the FY 2024 HUD CoC Program Competition.

The Homeless Services Oversight Council met on September 18, 2024, and reviewed and voted to recommend the projects to the County Board of Supervisors. The item will go to the Board of Supervisors on October 8, 2024.

Please find attached the acceptance letter for CAPSLO's renewal project application as part of the County of San Luis Obispo's CoC application. The attachment includes tables with the ranking, score and funding amount for each project application.

Thank you and please let me know if you have any questions.

Kind regards

**Russ Francis**  
**Program Review Specialist**  
**Homeless Services Division**  
[rfrancis@co.slo.ca.us](mailto:rfrancis@co.slo.ca.us)

**COUNTY OF SAN LUIS OBISPO**  
**DEPARTMENT OF SOCIAL SERVICES**

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COUNTY OF SAN LUIS OBISPO  
DEPARTMENT OF SOCIAL SERVICES  
Adult and Homeless Services Branch  
Devin Drake *Director*

---

October 2, 2024

Jack Lahey  
Homeless Services Director  
Community Action Partnership of San Luis Obispo County  
1033 Southwood Drive  
San Luis Obispo, CA 93401

SUBJECT: FY 2024 Continuum of Care Program – Coordinated Entry

Dear Mr. Lahey,

This letter is being written to communicate the results of the Community Action Partnership of San Luis Obispo's submitted subrecipient application to the FY 2024 Continuum of Care Program. On September 11, 2024, a non-conflicted Grant Review Committee scored and recommended the projects in the attached tables to be accepted and included in Tier 1 for the San Luis Obispo County Continuum of Care's application for FY 2024 CoC funding. The Homeless Services Oversight Council voted on the Grant Review Committee's recommendations on September 18, 2024, and will submit recommended projects for a vote by the County Board of Supervisors on October 8, 2024.

The County thanks CAPSLO for their continued work in the Continuum of Care program.

Sincerely,

A handwritten signature in black ink, appearing to read "Russ Francis", on a light-colored background.

Russ Francis  
Program Review Specialist  
County of San Luis Obispo

<b>TIER 1</b>					
<b>Rank</b>	<b>Agency</b>	<b>Project Name</b>	<b>New or Renewal</b>	<b>Score (Max: 240)</b>	<b>Request</b>
1	County	HMIS	Renewal	223	\$ 61,160
2	TMHA	SLO City PSH	Renewal	202	\$ 832,620
3	CAPSLO	Coordinated Entry	Renewal	190	\$ 293,139
<b>TIER 1/TIER 2 STRADDLE</b>					
4	Lumina	DV RRH	Renewal	177	\$ 150,438

<b>BONUS</b>					
<b>Rank</b>	<b>Agency</b>	<b>Project Name</b>	<b>New or Renewal</b>	<b>Score (Max: 240)</b>	<b>Request</b>
1	PSHH	Supportive Housing Services	New	192	\$ 261,591

<b>DV BONUS</b>					
<b>Rank</b>	<b>Agency</b>	<b>Project Name</b>	<b>New or Renewal</b>	<b>Score (Max: 240)</b>	<b>Request</b>
1	Lumina	DV RRH	New	168	\$ 326,989

---

**County of San Luis Obispo Department of Social Services**

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**From:** [Russell Francis](#)  
**To:** [Jeffrey Al-Mashat](#)  
**Subject:** FY24 HUD CoC Program Competition  
**Date:** Friday, October 4, 2024 4:30:00 PM  
**Attachments:** [image001.wmz](#)  
[CoC FY2024 Notification of Project Accepted HMIS.pdf](#)  
[image003.png](#)

---

Hello,

On September 11, 2024, a non-conflicted grant review committee reviewed, scored and recommended project applications for the FY 2024 HUD CoC Program Competition.

The Homeless Services Oversight Council met on September 18, 2024, and reviewed and voted to recommend the projects to the County Board of Supervisors. The item will go to the Board of Supervisors on October 8, 2024.

Please find attached the acceptance letter for the County's HMIS renewal project application as part of the County of San Luis Obispo's CoC application. The attachment includes tables with the ranking, score and funding amount for each project application.

Thank you and please let me know if you have any questions.

Kind regards

**Russ Francis**  
**Program Review Specialist**  
**Homeless Services Division**  
[rfrancis@co.slo.ca.us](mailto:rfrancis@co.slo.ca.us)

**COUNTY OF SAN LUIS OBISPO**  
**DEPARTMENT OF SOCIAL SERVICES**

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**COUNTY OF SAN LUIS OBISPO**  
**DEPARTMENT OF SOCIAL SERVICES**  
**Adult and Homeless Services Branch**  
Devin Drake *Director*

---

October 2, 2024

Jeff Al-Mashat  
Administrative Services Manager  
County of San Luis Obispo Department of Social Services  
3433 South Higuera Street  
San Luis Obispo, CA 93401

SUBJECT: FY 2024 Continuum of Care Program – HMIS

Dear Mr. Al-Mashat,

This letter is being written to communicate the results of the County of San Luis Obispo's submitted subrecipient application to the FY 2024 Continuum of Care Program. On September 11, 2024, a non-conflicted Grant Review Committee scored and recommended the project in the attached tables to be accepted and included in Tier 1 for the San Luis Obispo County Continuum of Care's application for FY 2024 CoC funding. The Homeless Services Oversight Council voted on the Grant Review Committee's recommendations on September 18, 2024, and will submit recommended projects for a vote by the County Board of Supervisors on October 8, 2024.

Sincerely,

A handwritten signature in black ink, appearing to read "Russ Francis", on a light-colored background.

Russ Francis  
Program Review Specialist  
County of San Luis Obispo

<b>TIER 1</b>					
<b>Rank</b>	<b>Agency</b>	<b>Project Name</b>	<b>New or Renewal</b>	<b>Score (Max: 240)</b>	<b>Request</b>
1	County	HMIS	Renewal	223	\$ 61,160
2	TMHA	SLO City PSH	Renewal	202	\$ 832,620
3	CAPSLO	Coordinated Entry	Renewal	190	\$ 293,139
<b>TIER 1/TIER 2 STRADDLE</b>					
4	Lumina	DV RRH	Renewal	177	\$ 150,438

<b>BONUS</b>					
<b>Rank</b>	<b>Agency</b>	<b>Project Name</b>	<b>New or Renewal</b>	<b>Score (Max: 240)</b>	<b>Request</b>
1	PSHH	Supportive Housing Services	New	192	\$ 261,591

<b>DV BONUS</b>					
<b>Rank</b>	<b>Agency</b>	<b>Project Name</b>	<b>New or Renewal</b>	<b>Score (Max: 240)</b>	<b>Request</b>
1	Lumina	DV RRH	New	168	\$ 326,989

---

**County of San Luis Obispo Department of Social Services**

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**From:** [Russell Francis](#)  
**To:** [Kaitlin Goodpaster](#)  
**Subject:** FY24 HUD CoC Program Competition  
**Date:** Wednesday, October 2, 2024 3:14:53 PM  
**Attachments:** [CoC FY2024 Notification of Project Accepted LuminaE.pdf](#)  
[image001.wmz](#)  
[image002.png](#)

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Hello,

On September 11, 2024, a non-conflicted grant review committee reviewed, scored and recommended project applications for the FY 2024 HUD CoC Program Competition.

The Homeless Services Oversight Council met on September 18, 2024, and reviewed and voted to recommend the projects to the County Board of Supervisors. The item will go to the Board of Supervisors on October 8, 2024.

Please find attached the acceptance letter for Lumina's expansion project application as part of the County of San Luis Obispo's CoC application. The attachment includes tables with the ranking, score and funding amount for each project application.

Thank you and please let me know if you have any questions.

Kind regards

**Russ Francis**  
**Program Review Specialist**  
**Homeless Services Division**  
[rfrancis@co.slo.ca.us](mailto:rfrancis@co.slo.ca.us)

**COUNTY OF SAN LUIS OBISPO**  
**DEPARTMENT OF SOCIAL SERVICES**

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**COUNTY OF SAN LUIS OBISPO**  
**DEPARTMENT OF SOCIAL SERVICES**  
**Adult and Homeless Services Branch**  
Devin Drake *Director*

---

October 2, 2024

Kaitlin Goodpaster  
Grants Manager  
Lumina Alliance  
51 Zaca Lane Suite 150  
San Luis Obispo, CA 93401

**SUBJECT: FY 2024 Continuum of Care Program – DV Rapid Rehousing (Bonus Expansion)**

Dear Ms. Goodpaster,

This letter is being written to communicate the results of Lumina Alliance's submitted subrecipient application to the FY 2024 Continuum of Care Program. On September 11, 2024, a non-conflicted Grant Review Committee scored and recommended the projects in the attached tables to be accepted and included in the DV Bonus category for the San Luis Obispo County Continuum of Care's application for FY 2024 CoC funding. The Homeless Services Oversight Council voted on the Grant Review Committee's recommendations on September 18, 2024, and will submit recommended projects for a vote by the County Board of Supervisors on October 8, 2024.

The County thanks Lumina Alliance for their continued work in the Continuum of Care program.

Sincerely,

A handwritten signature in black ink, appearing to read "Russ Francis", on a light-colored background.

Russ Francis  
Program Review Specialist  
County of San Luis Obispo

<b>TIER 1</b>					
<b>Rank</b>	<b>Agency</b>	<b>Project Name</b>	<b>New or Renewal</b>	<b>Score (Max: 240)</b>	<b>Request</b>
1	County	HMIS	Renewal	223	\$ 61,160
2	TMHA	SLO City PSH	Renewal	202	\$ 832,620
3	CAPSLO	Coordinated Entry	Renewal	190	\$ 293,139
<b>TIER 1/TIER 2 STRADDLE</b>					
4	Lumina	DV RRH	Renewal	177	\$ 150,438

<b>BONUS</b>					
<b>Rank</b>	<b>Agency</b>	<b>Project Name</b>	<b>New or Renewal</b>	<b>Score (Max: 240)</b>	<b>Request</b>
1	PSHH	Supportive Housing Services	New	192	\$ 261,591

<b>DV BONUS</b>					
<b>Rank</b>	<b>Agency</b>	<b>Project Name</b>	<b>New or Renewal</b>	<b>Score (Max: 240)</b>	<b>Request</b>
1	Lumina	DV RRH	New	168	\$ 326,989

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**County of San Luis Obispo Department of Social Services**

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**From:** [Russell Francis](#)  
**To:** [Kaitlin Goodpaster](#)  
**Subject:** FY24 HUD CoC Program Competition  
**Date:** Wednesday, October 2, 2024 3:13:58 PM  
**Attachments:** [CoC FY2024 Notification of Project Accepted LuminaR.pdf](#)  
[image001.wmz](#)  
[image002.png](#)

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Hello,

On September 11, 2024, a non-conflicted grant review committee reviewed, scored and recommended project applications for the FY 2024 HUD CoC Program Competition.

The Homeless Services Oversight Council met on September 18, 2024, and reviewed and voted to recommend the projects to the County Board of Supervisors. The item will go to the Board of Supervisors on October 8, 2024.

Please find attached the acceptance letter for Lumina's renewal project application as part of the County of San Luis Obispo's CoC application. The attachment includes tables with the ranking, score and funding amount for each project application.

Thank you and please let me know if you have any questions.

Kind regards

**Russ Francis**  
**Program Review Specialist**  
**Homeless Services Division**  
[rfrancis@co.slo.ca.us](mailto:rfrancis@co.slo.ca.us)

**COUNTY OF SAN LUIS OBISPO**  
**DEPARTMENT OF SOCIAL SERVICES**

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**COUNTY OF SAN LUIS OBISPO**  
**DEPARTMENT OF SOCIAL SERVICES**  
**Adult and Homeless Services Branch**  
Devin Drake *Director*

---

October 2, 2024

Kaitlin Goodpaster  
Grants Manager  
Lumina Alliance  
51 Zaca Lane Suite 150  
San Luis Obispo, CA 93401

SUBJECT: FY 2024 Continuum of Care Program – DV Rapid Rehousing

Dear Ms. Goodpaster,

This letter is being written to communicate the results of Lumina Alliance's submitted subrecipient application to the FY 2024 Continuum of Care Program. On September 11, 2024, a non-conflicted Grant Review Committee scored and recommended the projects in the attached tables to be accepted and included in the San Luis Obispo County Continuum of Care's application for FY 2024 CoC funding. The project straddles Tiers 1 and 2, so that, of the \$150,438 applied for, \$16,702 would be in Tier 1 and is likely to be received, and \$133,736 would be in Tier 2 and is subject to the national competition. The Homeless Services Oversight Council voted on the Grant Review Committee's recommendations on September 18, 2024, and will submit recommended projects for a vote by the County Board of Supervisors on October 8, 2024.

The County thanks Lumina Alliance for their continued work in the Continuum of Care program.

Sincerely,

A handwritten signature in black ink, appearing to read "Russ Francis".

Russ Francis  
Program Review Specialist  
County of San Luis Obispo

---

**County of San Luis Obispo Department of Social Services**

P.O. BOX 8119, San Luis Obispo, CA 93403-8119

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<b>TIER 1</b>					
<b>Rank</b>	<b>Agency</b>	<b>Project Name</b>	<b>New or Renewal</b>	<b>Score (Max: 240)</b>	<b>Request</b>
1	County	HMIS	Renewal	223	\$ 61,160
2	TMHA	SLO City PSH	Renewal	202	\$ 832,620
3	CAPSLO	Coordinated Entry	Renewal	190	\$ 293,139
<b>TIER 1/TIER 2 STRADDLE</b>					
4	Lumina	DV RRH	Renewal	177	\$ 150,438

<b>BONUS</b>					
<b>Rank</b>	<b>Agency</b>	<b>Project Name</b>	<b>New or Renewal</b>	<b>Score (Max: 240)</b>	<b>Request</b>
1	PSHH	Supportive Housing Services	New	192	\$ 261,591

<b>DV BONUS</b>					
<b>Rank</b>	<b>Agency</b>	<b>Project Name</b>	<b>New or Renewal</b>	<b>Score (Max: 240)</b>	<b>Request</b>
1	Lumina	DV RRH	New	168	\$ 326,989

**From:** [Russell Francis](#)  
**To:** [PSHH Grants](#)  
**Subject:** FY24 HUD CoC Program Competition  
**Date:** Wednesday, October 2, 2024 3:12:10 PM  
**Attachments:** [CoC FY2024 Notification of Project Accepted\\_PSHH.pdf](#)  
[image001.wmz](#)  
[image002.png](#)

---

Hello,

On September 11, 2024, a non-conflicted grant review committee reviewed, scored and recommended project applications for the FY 2024 HUD CoC Program Competition.

The Homeless Services Oversight Council met on September 18, 2024, and reviewed and voted to recommend the projects to the County Board of Supervisors. The item will go to the Board of Supervisors on October 8, 2024.

Please find attached the acceptance letter for People's Self-Help Housing's bonus project application as part of the County of San Luis Obispo's CoC application. The attachment includes tables with the ranking, score and funding amount for each project application.

Thank you and please let me know if you have any questions.

Kind regards

**Russ Francis**  
Program Review Specialist  
Homeless Services Division  
[rfrancis@co.slo.ca.us](mailto:rfrancis@co.slo.ca.us)

**COUNTY OF SAN LUIS OBISPO**  
**DEPARTMENT OF SOCIAL SERVICES**

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COUNTY OF SAN LUIS OBISPO  
DEPARTMENT OF SOCIAL SERVICES  
Adult and Homeless Services Branch  
Devin Drake *Director*

---

October 2, 2024

June Eastham  
Grants Manager  
People's Self-Help Housing  
1060 Kendall Road  
San Luis Obispo, CA 93401

SUBJECT: FY 2024 Continuum of Care Program – Supportive Housing Services

Dear Ms. Eastham,

This letter is being written to communicate the results of People's Self-Help Housing's submitted subrecipient application to the FY 2024 Continuum of Care Program. On September 11, 2024, a non-conflicted Grant Review Committee scored and recommended the projects in the attached tables to be accepted and included in the Bonus category for the San Luis Obispo County Continuum of Care's application for FY 2024 CoC funding. The Homeless Services Oversight Council voted on the Grant Review Committee's recommendations on September 18, 2024, and will submit recommended projects for a vote by the County Board of Supervisors on October 8, 2024.

The County thanks People's Self-Help Housing for their participation in the Continuum of Care program.

Sincerely,

A handwritten signature in black ink, appearing to read "Russ Francis", on a light-colored background.

Russ Francis  
Program Review Specialist  
County of San Luis Obispo

<b>TIER 1</b>					
<b>Rank</b>	<b>Agency</b>	<b>Project Name</b>	<b>New or Renewal</b>	<b>Score (Max: 240)</b>	<b>Request</b>
1	County	HMIS	Renewal	223	\$ 61,160
2	TMHA	SLO City PSH	Renewal	202	\$ 832,620
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<b>TIER 1/TIER 2 STRADDLE</b>					
4	Lumina	DV RRH	Renewal	177	\$ 150,438

<b>BONUS</b>					
<b>Rank</b>	<b>Agency</b>	<b>Project Name</b>	<b>New or Renewal</b>	<b>Score (Max: 240)</b>	<b>Request</b>
1	PSHH	Supportive Housing Services	New	192	\$ 261,591

<b>DV BONUS</b>					
<b>Rank</b>	<b>Agency</b>	<b>Project Name</b>	<b>New or Renewal</b>	<b>Score (Max: 240)</b>	<b>Request</b>
1	Lumina	DV RRH	New	168	\$ 326,989

---

**County of San Luis Obispo Department of Social Services**

P.O. BOX 8119, San Luis Obispo, CA 93403-8119

| (P) 1-805-788-9491 | (F) 805-788-2457 | [slocounty.ca.gov/dss](http://slocounty.ca.gov/dss)

**From:** [Russell Francis](#)  
**To:** [Mark Lamore](#)  
**Subject:** FY24 HUD CoC Program Competition  
**Date:** Wednesday, October 2, 2024 3:10:15 PM  
**Attachments:** [CoC FY2024 Notification of Project Accepted TMHA.pdf](#)  
[image001.wmz](#)  
[image002.png](#)

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Hello,

On September 11, 2024, a non-conflicted grant review committee reviewed, scored and recommended project applications for the FY 2024 HUD CoC Program Competition.

The Homeless Services Oversight Council met on September 18, 2024, and reviewed and voted to recommend the projects to the County Board of Supervisors. The item will go to the Board of Supervisors on October 8, 2024.

Please find attached the acceptance letter for TMHA's renewal project application as part of the County of San Luis Obispo's CoC application. The attachment includes tables with the ranking, score and funding amount for each project application.

Thank you and please let me know if you have any questions.

Kind regards

**Russ Francis**  
**Program Review Specialist**  
**Homeless Services Division**  
[rfrancis@co.slo.ca.us](mailto:rfrancis@co.slo.ca.us)

**COUNTY OF SAN LUIS OBISPO**  
**DEPARTMENT OF SOCIAL SERVICES**

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COUNTY OF SAN LUIS OBISPO  
DEPARTMENT OF SOCIAL SERVICES  
Adult and Homeless Services Branch  
Devin Drake *Director*

---

October 2, 2024

Mark Lamore  
Director, Homeless Services  
Transitions Mental Health Association  
784 High Street  
San Luis Obispo, CA 93401

SUBJECT: FY 2024 Continuum of Care Program – SLO City PSH

Dear Mr. Lamore,

This letter is being written to communicate the results of the Transitions-Mental Health Association's submitted subrecipient application to the FY 2024 Continuum of Care Program. On September 11, 2024, a non-conflicted Grant Review Committee scored and recommended the projects in the attached tables to be accepted and included in Tier 1 for the San Luis Obispo County Continuum of Care's application for FY 2024 CoC funding. The Homeless Services Oversight Council voted on the Grant Review Committee's recommendations on September 18, 2024, and will submit recommended projects for a vote by the County Board of Supervisors on October 8, 2024.

The County thanks Transitions-Mental Health Association for their continued work in the Continuum of Care program.

Sincerely,

A handwritten signature in black ink, appearing to read "Russ Francis", on a light-colored background.

Russ Francis  
Program Review Specialist  
County of San Luis Obispo

<b>TIER 1</b>					
<b>Rank</b>	<b>Agency</b>	<b>Project Name</b>	<b>New or Renewal</b>	<b>Score (Max: 240)</b>	<b>Request</b>
1	County	HMIS	Renewal	223	\$ 61,160
2	TMHA	SLO City PSH	Renewal	202	\$ 832,620
3	CAPSLO	Coordinated Entry	Renewal	190	\$ 293,139
<b>TIER 1/TIER 2 STRADDLE</b>					
4	Lumina	DV RRH	Renewal	177	\$ 150,438

<b>BONUS</b>					
<b>Rank</b>	<b>Agency</b>	<b>Project Name</b>	<b>New or Renewal</b>	<b>Score (Max: 240)</b>	<b>Request</b>
1	PSHH	Supportive Housing Services	New	192	\$ 261,591

<b>DV BONUS</b>					
<b>Rank</b>	<b>Agency</b>	<b>Project Name</b>	<b>New or Renewal</b>	<b>Score (Max: 240)</b>	<b>Request</b>
1	Lumina	DV RRH	New	168	\$ 326,989

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**County of San Luis Obispo Department of Social Services**

P.O. BOX 8119, San Luis Obispo, CA 93403-8119

| (P) 1-805-788-9491 | (F) 805-788-2457 | [slocounty.ca.gov/dss](http://slocounty.ca.gov/dss)

**San Luis Obispo County CoC  
Local Competition Selection Results**

	<b>Project Name</b>	<b>Score</b>	<b>Status</b>	<b>Rank</b>	<b>Amount Requested from HUD</b>	<b>Reallocated Funds</b>
<b>1</b>	HMIS	223	Accepted	1	\$61,160	\$0
<b>2</b>	SLO City PSH	202	Accepted	2	\$832,620	\$0
<b>3</b>	Coordinated Entry	193	Accepted	3	\$293,139	\$0
<b>4</b>	Supportive Housing Services	192	Accepted	4	\$261,591	\$0
<b>5</b>	DV Rapid Rehousing	177	Accepted	5	\$150,438	\$0
<b>6</b>	DV Rapid Rehousing Expansion	168	Accepted	6	\$326,989	\$0
<b>7</b>	CoC Planning	-	Accepted	Not Ranked	\$108,996	\$0





5cities homeless coalition  
resources. support. hope.

**5Cities Homeless Coalition  
Board of Directors**

Jeff Lee, President  
Jane Renahan, Vice President  
Donna Milne, Vice President  
Paul Jarvis, Secretary  
Lisa Murdoch, Treasurer  
Ken Dalebout, Past Chair  
Nancy Allison  
Pat Cusack  
Kassi Dee  
Mike Martinez  
Nicole Moore  
Amber Rogers  
Andy Stenson  
Paul Tompkins  
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

September 6, 2024

Jennifer Adams  
Chief Executive Officer  
Lumina Alliance  
51 Zaca Lane Suite 150  
San Luis Obispo, CA 93401

RE: Housing Services for the Lumina Alliance Rapid Re-Housing Program

Dear Jennifer Adams,

5Cities Homeless Coalition (5CHC) understands that Lumina Alliance (LA) is applying for funding under the U.S. Department of Housing and Urban Development (HUD) Continuum of Care program for the proposed Rapid Re-Housing (RRH) Program. Lumina Alliance's program, offered throughout San Luis Obispo (SLO) County, will provide thirty-two (32) beds across two confidential shelters and fifteen (15) transitional housing units for survivors of sexual assault (SA) and intimate partner violence (IPV) in SLO County. 5CHC and LA have maintained a years' long relationship in which 5CHC has supported, and will continue to support, LA's rapid re-housing program.

5CHC will provide shelter to approximately 30 IPV survivors, and commits to continue providing shelter to eligible program participants through 5CHC's Shelter Program in obtaining emergency housing, and via 5CHC's Rapid Re-Housing Program in specific circumstances in collaboration with LA. 5Cities currently supports 30 survivors who qualify for LA services, and regularly supports approximately 120 survivors per year through supportive services. Participants will also be offered supportive case management services by Lumina Alliance and partnering agencies/organizations led by the project's Program Coordinator. Program participants will have access to 5Cities services during their participation in 5CHC's shelter program for the duration of the grant period. 5Cities will provide shelter to eligible participants for as long as they require and qualify for shelter services, regardless of provision of services under the grant program. The estimated value of the supportive services for 30 survivors is \$45,000 annually.

We are pleased to support Lumina Alliance's application to the HUD CoC DV Bonus Program and look forward to our collaboration in meeting the needs of unhoused sexual assault and intimate partner violence survivors in San Luis Obispo County.

If I can be of further assistance, please contact me.

Sincerely,

Janna Nichols  
Executive Director





September 6, 2024

Ms. Jennifer Adams  
Chief Executive Officer  
Lumina Alliance  
51 Zaca Lane Suite 150  
San Luis Obispo, CA 93401

RE: Housing Services for the Lumina Alliance Rapid Re-Housing Program

Dear Ms. Adams:

The Housing Authority of San Luis Obispo (HASLO) understands that Lumina Alliance (LA) is applying for funding under the U.S. Department of Housing and Urban Development (HUD) Continuum of Care program for the proposed Renewal Rapid Re-Housing Program. Lumina Alliance's program, located throughout San Luis Obispo (SLO) County, will provide 32 beds across two confidential shelters and 15 transitional housing units for survivors of sexual assault (SA) and intimate partner violence (IPV) in SLO County. HASLO and LA have maintained a long relationship in which HASLO has supported, and will continue to support, LA's transitional housing.

HASLO currently provides eight set-aside vouchers for Lumina Alliance clients and commits that three of the eight will be dedicated to clients receiving services under the grant, equal to 30% of eligible program participants in the Rapid Re-Housing Program to assist participants in their move into permanent housing after exiting the rapid re-housing project. HASLO currently supports three of LA's current transitional housing residents, and regularly supports eight LA transitional housing residents through set-aside vouchers. Participants will also be offered supportive case management services by Lumina Alliance and partnering agencies/organizations led by the project's Program Coordinator. Program participants will have access to HASLO services during their residence at the Renewal Rapid Re-Housing Program for the duration of the grant period (7/1/24-6/30/25). HASLO will provide voucher assistance to eligible participants for as long as they require and qualify for the voucher subsidy, regardless of provision of services under the grant program. The estimated value of the three set-aside vouchers is \$45,000 annually.

We are pleased to support Lumina Alliance's application to the HUD CoC DV Bonus Program and look forward to our collaboration in meeting the needs of unhoused sexual assault and intimate partner violence survivors in San Luis Obispo County.

Sincerely,

DocuSigned by:  
  
05FD71F4D3914E2...

Michelle Pedigo  
Director of Housing Management





September 9, 2024

Homeless Services Division  
1055 Monterey Street  
San Luis Obispo, California 93408

Devin Drake and Continuum of Care Staff,

I am writing to certify that the following numbers of units are being provided to support the project for which Continuum of Care funding is sought.

Pismo Terrace  
855 N 4th St  
Pismo Beach, CA 93449  
25 units

Templeton Place II  
1041 Petersen Ranch Rd  
Templeton, CA 93465  
5 units

Tiburon Place  
3750 Bullock Lane  
San Luis Obispo, CA 93401  
24 units

Broad Street Place  
3720 Broad Street  
San Luis Obispo, CA 93401  
10 units

Furthermore, the following units are being constructed under California Project Homekey, and will be provided to support the project upon completion:

Calle Jaquin Apartments  
1433 Calle Joaquin  
San Luis Obispo, CA 93405  
75 units

Sincerely,

Kenneth Trigueiro  
President & CEO

## **RESIDENTIAL PROPERTY LEASE**

This Residential Property Lease (“Lease”) is entered into this 12th day of February, 2024, by and between EDNA ISLAY HOUSING CORPORATION, California non-profit corporation (hereinafter “Landlord”), whose address is P.O. Box 13657, San Luis Obispo, CA 93406 and TRANSITIONS MENTAL HEALTH ASSOCIATION, a California non-profit corporation (hereinafter “Tenant”), whose address is 784 High Street, San Luis Obispo, CA 93401, who agree as follows:

### Recitals

This Lease is made with reference to the following facts and objectives:

1. Landlord is the owner of the premises at 1379 Sydney Street, San Luis Obispo, CA (the “Premises”), which consists of a five-bedroom residential dwelling.
2. Tenant is willing to lease the Premises from Landlord pursuant to the provisions stated in this Lease.
3. Tenant has examined the Premises and is fully informed of their condition.

NOW THEREFORE, for good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, the parties agree as follows:

### **I. PREMISES**

Landlord leases to Tenant and Tenant leases from Landlord the Premises.

### **II. TERM**

- A. The term shall commence April 1, 2024 and shall expire March 31, 2025.
- B. Tenant shall have no right to extend the term beyond the extended term.

### **III. RENT**

Tenant shall pay to Landlord as monthly rent, without deduction, setoff, prior notice, or demand, the sum of \$3,125 per month. Rent is paid in advance on the first day of each month, commencing on the date the term commences, and continuing for 1 year.

All rent shall be paid to Landlord at the address to which notices to Landlord are given.

### **IV. SECURITY DEPOSIT**

Tenant has deposited with Landlord \$0 as a security deposit (the “Security Deposit”) for the performance by Tenant of the provisions of this Lease. Landlord shall have the rights and obligations with regard to this Security Deposit as prescribed by California law.

### **V. MAINTENANCE**

- A. Landlord’s Maintenance

Landlord at its cost shall maintain, in good condition, the following:



1. The structural parts of the building and other improvements that are a part of the Premises, which structural parts include only the foundations, bearing and exterior walls, and roof.

B. Tenant's Maintenance

Except as provided in paragraphs V.A.1., Tenant at its cost shall maintain the Premises in good condition.

**VI. ALTERATIONS**

Tenant shall not make any alterations to the Premises without Landlord's consent. Any alterations made shall remain on and be surrendered with the Premises on expiration or termination of the term, except that Landlord can elect within 30 days before expiration of the term, or within 10 days after termination of the term, to require Tenant to remove any alterations that Tenant has made to the Premises. If Landlord so elects, Tenant at its cost shall restore the Premises to the condition designated by Landlord in its election, before the last day of the term, or within 30 days after notice of election is given, whichever is later.

**VII. UTILITIES AND SERVICES**

Tenant shall make all arrangements for and pay for all utilities and services furnished to or used by it, including, without limitation, gas, electricity, telephone service, cable television service and any applicable connection charges. In the event that any utilities are not separately metered for the Premises, Tenant shall pay to Landlord, upon demand, the portion of such utilities used by Tenant as reasonably determined by Landlord.

**VIII. USE**

The Premises shall be used as a private dwelling with no more than the number of person(s) permitted by applicable law, and for no other purpose, without Landlord's prior written consent. Without Landlord's prior written consent, Tenant may not use or maintain a waterbed on the Premises. Tenant may not repair any automobiles or any other motor vehicles, heavy machinery, or equipment, anywhere on the Premises or in or around the building of which the Premises are a part, including any parking area, garage or driveway. Tenant agrees not to keep or maintain any pets on the Premises without the prior written consent of Landlord, which Landlord may withhold in Landlord's sole discretion. If a pet is approved, an additional pet deposit may be required. Tenant agrees that no smoking of any substance is allowed in or around the Premises.

**IX. COMPLIANCE WITH LAWS**

Tenant shall comply with all laws, statutes, ordinances, and requirements of all city, county, state, and federal authorities now or later in force pertaining to the use of the Premises.

In addition, in the event Landlord receives an administrative or other citation or fine caused by Tenant's violation of any San Luis Obispo City noise ordinance, including without limitation Municipal Code §9.12.050, Tenant shall pay to Landlord the greater of \$500.00 or the actual amount of said fine.

**X. CONDUCT OF TENANT; COMPLIANCE WITH RULES**

Tenant shall not create a nuisance on the Premises or otherwise disturb other tenants of the property.

Tenant shall comply with the rules and regulations, if any, for the building that are from time to time promulgated by Landlord. Tenant agrees that Landlord may from time to time modify or adopt rules and



regulations by delivering a copy of the modifications to Tenant at least ten (10) days prior to the effective date of the modifications.

**XI. INDEMNITY AND EXCULPATION; INSURANCE**

A. Exculpation of Landlord

Landlord shall not be liable to Tenant for any damage to Tenant or Tenant's property from any cause. Tenant waives all claims against Landlord for damage to person or property arising for any reason.

B. Indemnity

Tenant shall hold Landlord harmless from all damages arising out of any damage to any person or property occurring in, on, or about the Premises, except that Landlord shall be liable to Tenant for damage resulting from the acts or omissions of Landlord or its authorized representatives. Landlord shall hold Tenant harmless from all damages arising out of any such damage. A party's obligation under this paragraph to indemnify and hold the other party harmless shall be limited to the sum that exceeds the amount of insurance proceeds, if any, received by the party being indemnified.

C. Public Liability and Property Damage Insurance

Tenant at its cost shall maintain public liability and property damage insurance insuring against all liability of Tenant and its authorized representatives arising out of and in connection with Tenant's use or occupancy of the Premises.

All public liability insurance and property damage insurance shall insure performance by Tenant of the indemnity provisions of paragraph XI.B. Both parties shall be named as additional insureds, and the policy shall contain cross-liability endorsements.

**XII. ASSIGNMENT**

Tenant shall not voluntarily assign or encumber its interest in this lease or in the premises, or sublease all or any part of the Premises, or allow any other person or entity (except Tenant's authorized occupants) to occupy or use all or any part of the Premises, without first obtaining Landlord's written consent. Any assignment, encumbrance, or sublease without Landlord's consent shall be voidable and, at Landlord's election, shall constitute a default. No consent to any assignment, encumbrance, or sublease shall constitute a further waiver of the provisions of this paragraph.

A. Involuntary Assignment

An involuntary assignment shall constitute a default by Tenant and Landlord shall have the right to elect to terminate this Lease, in which case this Lease shall not be treated as an asset of Tenant.

**XIII. DEFAULT**

A. Tenant's Default

The occurrence of any of the following shall constitute a default by Tenant:

1. Failure to pay rent when due, if the failure continues for 10 days after notice has been given to Tenant.

2. Failure to perform or comply with any other covenant or obligation of this Lease, if the failure continues for 30 days after notice has been given to Tenant.

3. Abandonment and vacation of the Premises (failure to occupy and operate the Premises for 10 consecutive days shall be deemed an abandonment and vacation).

**B. Remedies**

If Tenant defaults, Landlord may elect to:

1. continue the lease in effect, and enforce all Landlord's rights and remedies under this Lease, including the right to recover the rent as it becomes due;

2. at any time, terminate all of Tenant's rights under this Lease, and recover from Tenant all damages Landlord may incur by reason of the breach of the Lease, including the cost of recovering the Premises and including the worth at the time of the termination or at the time of an award if suit is instituted to enforce this provision, of the amount by which the unpaid rent for the balance of the term exceeds the amount of the rental loss that the Tenant proves could be reasonably voided; or

3. exercise any other rights or remedies available to Landlord by law.

In addition to any other rights and remedies allowed by this Lease or by law, Landlord shall have the remedies as set forth in California Civil Code §§1951.2 and 1951.4.

**C. Limitation of Landlord's Liability**

If Landlord is in default of this Lease, and as a consequence Tenant recovers a money judgment against Landlord, the judgment shall be satisfied only out of the proceeds of sale received on execution of the judgment and levy against the right, title, and interest of Landlord in the Premises, and out of rent or other income from such real property receivable by Landlord or out of the consideration received by Landlord from the sale or other disposition of all or any part of Landlord's right, title, and interest in the Premises.

**XIV. LANDLORD'S ENTRY ON PREMISES**

Landlord and its authorized representatives shall have the right to enter the Premises at all reasonable times for any of the following purposes:

1. To determine whether the Premises are in good condition and whether Tenant is complying with its obligations under this Lease;

2. To do any necessary maintenance and to make any restoration to the Premises that Landlord has the right or obligation to perform;

3. To serve, post, or keep posted any notices required or allowed under the provisions of this Lease;

4. To post "for sale" signs at any time during the term, to post "for rent" or "for lease" signs during the last 3 months of the term, or during any period while Tenant is in default;

5. To show the Premises to prospective brokers, agents, buyers, tenants, or persons interested in an exchange, at any time during the term.

**XV. DISCLOSURES**



A. Lead-Based Paint.  X  (if checked) The Premises were built prior to 1978. Housing constructed prior to 1978 may contain lead-based paint. In accordance with federal law, Landlord gives and Tenant acknowledges receipt of the disclosures on the attached form and a federally approved lead pamphlet.

B. Megan's Law Database Disclosure. Pursuant to Section 290.46 of the Penal Code, information about specified registered sex offenders is made available to the public via an internet website maintained by the Department of Justice at [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov). Depending on an offender's criminal history, this information will include either an address at which the offender resides or the community of residence and ZIP code in which he or she resides. (Neither Landlord nor brokers, if any, are required to check this website. If Tenant wants further information, Tenant should obtain information directly from the website.)

C. Mold. Mold can grow if the Premises are not properly maintained. Tenant agrees to take all precautions detailed on the Lease/Rental Mold and Ventilation Addendum, attached hereto. Precautions include without limitation, keeping the Premises dry and well-ventilated, the use of exhaust fans, if any, and the immediate notification of Landlord in the event of water intrusion, overflow or the appearance of significant mold growth.

#### **XVI. NOTICE**

Any notice, demand, request, consent, approval, or communication that either party desires or is required to give to the other party or any other person shall be in writing and either served personally or sent by prepaid, first-class mail. Any notice, demand, request, consent, approval, or communication that either party desires or is required to give to the other party shall be addressed to the other party at the address set forth at the beginning of this Lease. Either party may change its address by notifying the other party of the change of address. Notice shall be deemed communicated within 48 hours from the time of mailing if mailed as provided in this paragraph.

#### **XVII. WAIVER**

No delay or omission in the exercise of any right or remedy of Landlord on any default by Tenant shall impair such a right or remedy or be construed as a waiver.

The receipt and acceptance by Landlord of delinquent rent shall not constitute a waiver of any other default; it shall constitute only a waiver of timely payment for the particular rent payment involved.

No act or conduct of Landlord, including, without limitation, the acceptance of the keys to the Premises, shall constitute an acceptance of the surrender of the premises by Tenant before the expiration of the term. Only a notice from Landlord to Tenant shall constitute acceptance of the surrender of the premises and accomplish a termination of the Lease.

Landlord's consent to or approval of any act by Tenant requiring Landlord's consent or approval shall not be deemed to waive or render unnecessary Landlord's consent to or approval of any subsequent act by Tenant. Any waiver by Landlord of any default must be in writing and shall not be a waiver of any other default concerning the same or any other provision of the lease.

#### **XVIII. SALE OR TRANSFER OF PREMISES**

If Landlord sells or transfers all or any portion of the Premises, Landlord, on consummation of the sale or transfer, shall be released from any liability thereafter accruing under this Lease.



**XVIX. ATTORNEY'S FEES**

If either party becomes a party to any litigation concerning this Lease, the Premises, or the building or other improvements in which the Premises are located, by reason of any act or omission of the other party or its authorized representatives, and not by any act or omission of the party that becomes a party to that litigation or any act or omission of its authorized representatives, the party that causes the other party to become involved in the litigation shall be liable to that party for reasonable attorneys' fees and court costs incurred by it in the litigation.

If either party commences an action against the other party arising out of or in connection with this Lease, the prevailing party shall be entitled to have and recover from the losing party reasonable attorneys' fees and costs of suit.

**XX. SURRENDER OF PREMISES; HOLDING OVER**

A. Surrender of Premises

On expiration or 10 days after termination of the term, Tenant shall surrender to Landlord the Premises and all tenant's improvements and alterations in good condition (except for ordinary wear and tear occurring after the last necessary maintenance made by Tenant) except for alterations that Tenant has the right to remove or is obligated to remove. Tenant shall remove all its personal property within the above stated time. Tenant shall perform all restoration made necessary by the removal of any alterations or tenant's personal property within the time periods stated in this paragraph.

If Tenant fails to surrender the Premises to Landlord on expiration or 10 days after termination of the term as required by this paragraph, Tenant shall hold Landlord harmless from all damages resulting from Tenant's failure to surrender the premises, including, without limitation, claims made by a succeeding tenant resulting from Tenant's failure to surrender the Premises.

B. Holding Over

If Tenant, with Landlord's consent, remains in possession of the Premises after expiration or termination of the term, or after the date in any notice given by Landlord to Tenant terminating this lease, such possession by Tenant shall be deemed to be a month-to-month tenancy terminable on 30 days' notice given at any time by either party.

All provisions of this Lease, except those pertaining to term, option to extend, and option to acquire the premises, shall apply to the month-to-month tenancy.

**XXI. MISCELLANEOUS PROVISIONS**

A. Time is of the essence of each provision of this Lease.

B. This Lease shall be binding on and inure to the benefit of the parties and their successors.

C. Rent and all other sum payable under this lease must be paid in lawful money of the United States of America.

D. This Lease shall be construed and interpreted in accordance with the laws of the State of California.

E. This Lease contains all the agreements of the parties and cannot be amended or modified except by a written agreement signed by the parties to be bound thereby.

F. The unenforceability, invalidity, or illegality of any provision of this Lease shall not render the other provisions unenforceable, invalid, or illegal.

G. The foregoing recitals and all attached exhibits, including without limitation exhibits detailing parking requirements and any other rules applicable to public housing residents, are incorporated herein and made a part of this Lease.

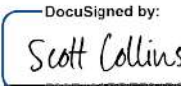
H. In order to comply with HUD requirements, Tenant will provide names and incomes of residents to reflect the low income nature of each resident, even though Tenant is liable for the rental agreement and program operations.

I. The persons executing this Lease on behalf of each party have been duly authorized to do so.

J. This lease may be executed in multiple counterparts. Facsimile and electronic copies of signatures shall be deemed to be originals.


**LANDLORD:**

EDNA ISLAY HOUSING CORPORATION, a California non-profit corporation

DocuSigned by:  
By:   
393E1374BDE794D3...  
Scott Collins, Executive Director  
1150 Laurel Lane, Suite 190, San Luis Obispo, CA 93401

**TENANT:**

TRANSITIONS MENTAL HEALTH ASSOCIATION,  
A California non-profit corporation

DocuSigned by:  
By:   
383235530526470...  
Jill Bolster-White, Executive Director  
784 High Street, San Luis Obispo, CA 93401



**COUNTY OF SAN LUIS OBISPO**

**HEALTH AGENCY**

**BEHAVIORAL HEALTH DEPARTMENT**

**Nicholas Drews**, *Health Agency Director*

**Star Graber PhD, LMFT** *Behavioral Health Director*

06 September 2024

Jennifer Adams Chief Executive Officer  
Lumina Alliance  
51 Zaca Lane Suite 150  
San Luis Obispo, CA 93401

RE: Healthcare Services for the Lumina Alliance Rapid Re-Housing Program

Dear Jennifer Adams,

The County of San Luis Obispo Behavioral Health Department (SLOBHD) understands that Lumina Alliance is applying for funding under the U.S. Department of Housing and Urban Development (HUD) Continuum of Care program for the proposed Rapid Re-Housing Program. Lumina Alliance’s program, located throughout San Luis Obispo (SLO) County, will provide thirty-two (32) beds across two confidential shelters and fifteen (15) transitional housing units for survivors of sexual assault (SA) and intimate partner violence (IPV) in SLO County. Participants will also be offered supportive case management services by Lumina Alliance and partnering agencies led by the Program Coordinator.

SLOBHD commits to provide medically necessary behavioral health treatment to participants in the Rapid Re-Housing Program. We anticipate that at least 25% of the program participants will be eligible for behavioral health treatment services. These services are available at no cost to full scope Medi-Cal beneficiaries who meet the eligibility standards for care. Program participants will have access to SLOBHD services during their residence at the Rapid Re-Housing Program for the duration of the grant period. SLOBHD will not discontinue medically necessary services to any individual who continues to require and qualify for care after the grant period. The estimated value of the behavioral health services is at least \$40,000 annually.

We are pleased to support Lumina Alliance’s application to the HUD CoC DV Bonus Program and look forward to our collaboration in meeting the needs of unhoused sexual assault and intimate partner violence survivors in San Luis Obispo County.

Sincerely,

Star Graber, PhD, LMFT  
Behavioral Health Director

~~The Health Agency complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex or any other protected class~~

**County of San Luis Obispo Health Agency**

2180 Johnson Avenue | San Luis Obispo, CA 93401 | (P) 805-781-4719 | (F) 805-781-1273  
[slobehavioralhealth.org](http://slobehavioralhealth.org) | [slocounty.ca.gov](http://slocounty.ca.gov)





**COUNTY OF SAN LUIS OBISPO**

**HEALTH AGENCY**

**BEHAVIORAL HEALTH DEPARTMENT**

**Nicholas Drews**, *Health Agency Director*

**Star Graber PhD, LMFT** *Behavioral Health Director*

06 September 2024

Jennifer Adams Chief Executive Officer  
Lumina Alliance  
51 Zaca Lane Suite 150  
San Luis Obispo, CA 93401

RE: Healthcare Services for the Lumina Alliance Rapid Re-Housing Program

Dear Jennifer Adams,

The County of San Luis Obispo Behavioral Health Department (SLOBHD) understands that Lumina Alliance is applying for funding under the U.S. Department of Housing and Urban Development (HUD) Continuum of Care program for the proposed Renewal Rapid Re-Housing Program. Lumina Alliance’s program, located throughout San Luis Obispo (SLO) County, will provide thirty-two (32) beds across two confidential shelters and fifteen (15) transitional housing units for survivors of sexual assault (SA) and intimate partner violence (IPV) in SLO County. Participants will be offered supportive case management services by Lumina Alliance and partnering agencies led by the project's Program Coordinator.

SLOBHD commits to provide medically necessary behavioral health treatment to participants in the Renewal Rapid Re-Housing Program. We anticipate that at least 25% of the program participants will be eligible for behavioral health treatment services. These services are available at no cost to full scope Medi-Cal beneficiaries who meet the eligibility standards for care. Program participants will have access to SLOBHD services during their residence at the Renewal Rapid Re-Housing Program for the duration of the grant period. SLOBHD will not discontinue medically necessary services to any individual who continues to require and qualify for care after the grant period. The estimated value of the behavioral health services is at least \$40,000 annually.

We are pleased to support Lumina Alliance’s application to the HUD CoC DV Bonus Program and look forward to our collaboration in meeting the needs of unhoused sexual assault and intimate partner violence survivors in San Luis Obispo County.

Sincerely,

Star Graber, PhD, LMFT  
Behavioral Health Director

~~The Health Agency complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex or any other protected class~~

**County of San Luis Obispo Health Agency**



## **Housing and Homeless Incentive Program Funding Agreement**

The Santa Barbara San Luis Obispo Regional Health Authority, dba, CenCal Health (“CenCal Health”) located at 4050 Calle Real, Santa Barbara, CA 93110, and People’s Self-Help Housing (“Participant”), located at 1060 Kendall Rd, San Luis Obispo CA 93401, enter into this Housing and Homeless Incentive Program Funding Agreement (the “Agreement”) on the date of the last execution signature (the “Effective Date”) with reference to the following facts:

**WHEREAS**, CenCal Health, a local public entity, is contracted with the State of California, Department of Health Care Services (“DHCS”) to manage the healthcare needs of Medi-Cal members who reside in Santa Barbara and San Luis Obispo Counties;

**WHEREAS**, DHCS has implemented the Housing and Homeless Incentive Program (“HHIP”) for the Medi-Cal population, which is a voluntary incentive program that enables health plans to earn incentive funds for improving health outcomes and access to whole person care services by addressing homelessness and housing insecurity as social drivers of health and health disparities;

**WHEREAS**, the goals of HHIP are to:

- Reduce and prevent homelessness; and
- Ensure Medi-Cal managed care plans develop the necessary capacity and partnerships to connect their members to needed housing services (collectively, the “Objectives”);

**WHEREAS**, CenCal Health is required to comply with DHCS requirements in order to earn incentive payments, which will be based on the successful completion and achievement of program measures, its local homelessness plan (“LHP”), and its investment plan (“IP”);

**WHEREAS**, DHCS expects, and CenCal Health desires, to work closely with applicable local partners in CenCal Health’s efforts to meet the program’s goals and to report on measures; and

**WHEREAS**, Participant desires to partner with CenCal Health in order to earn incentive funds to work towards and achieve the Objectives, as further detailed in this Agreement.

**NOW THEREFORE**, in consideration of the mutual promises, covenants, and conditions hereinafter contained, the parties hereby agree as follows:

### **1. Rights and Obligations of Participant**

#### **a. HHIP Incentive Funds.**

- i. Participant’s use of the HHIP incentive funds (the “HHIP Funds”) shall comply and be consistent with the activities and purpose(s) stated in Attachment A, Statement of Work, attached hereto and incorporated herein by this reference. The Statement of Work shall outline the Participant’s responsibilities and outcomes, as well as Participant’s ability and capacity to meet the stated outcomes.





- ii. Use of HHIP Funds must commence within six (6) months of receipt from CenCal Health, and all HHIP Funds shall be expended within twenty-four (24) months of receipt. In the event all the HHIP Funds are not utilized within this time frame, Participant shall return the remaining HHIP Funds to CenCal Health or submit a written request for extension.
- iii. In the event Participant desires to use HHIP Funds in an alternative manner than the purposes described in Attachment A, Participant shall submit a written request for preapproval of such changed use. Participant understands that any changed use must support the LHP and IP and further the Objectives, in order to be eligible for approval.
- iv. Any review, action, approval, denial, or request for additional information by CenCal Health pursuant to Subsection (iii) above, may be granted, withheld, or made at CenCal Health's sole discretion.

b. Reporting Requirements.

- i. Participant shall submit interim progress reports every three (3) months, or as otherwise requested by CenCal Health, detailing the use of HHIP Funds and evaluating the progress and outcomes. The reporting format shall follow CenCal Health's reporting template or reporting instructions, which shall be made available prior to the due date of Participant's first progress report. Upon use of all funds, Participant shall submit a final report to CenCal Health within three (3) months.
- ii. In order to demonstrate progress and success in the required metrics, Participant shall input relevant data into the Health Management Information System ("HMIS") to collect and track necessary data on homeless members.

c. Representation and Warranties.

- i. Participant represents and warrants the following:
  - 1. That Participant shall utilize the HHIP Funds to further the Objectives and consistent with the uses and purposes stated in Attachment A.
  - 2. That Participant is not listed on the Office of Inspector General for the Department of Health and Human Services' Cumulative Sanctions list (List of Excluded Individuals and Entities), Medi-Cal Suspended and Ineligible Provider List, or such other debarment list relating to state or federal health care programs. Participant understands that should Participant be listed on any such debarment or exclusion list, CenCal Health is prohibited from paying Participant and any payments made shall be recouped in accordance with applicable law and regulation.



3. That Participant is in good standing and has no history of, nor is being investigated for, fraud, embezzlement, misuse or misappropriation of grant funds or property.
    - ii. In the event CenCal Health discovers the above representations were falsely made, or discovers any breach of the above warranties, this Agreement is considered void and CenCal Health shall be authorized to recoup HHIP Funds from Participant.
  - d. Record Retention. Participant shall maintain all records, files, and documentation that document the use of HHIP Funds for a period of not less than ten (10) years from the close of the calendar year in which this Agreement was in effect. Participant shall cooperate and provide access to any and all such records, files and documentation upon demand of CenCal Health or DHCS.
  - e. Non-Duplication of Funds. Participant shall ensure that HHIP Funds received by CenCal Health are not duplicate funds received from DHCS or other such grant, where DHCS and/or grant requirements prohibit obtaining multiple sources of funding to be used towards the same service(s).
  - f. DHCS Requirements. Participant understands that the HHIP is a state program under DHCS. Any change in requirement, discontinuation, or demand for repayment by DHCS shall be the responsibility of Participant.
2. Rights and Obligations of CenCal Health
  - a. Distribution of Funds. Funding under this Agreement will be specified in Attachment A. The distribution of funds will be in accordance with the terms of the LHP and IP. Funds received by DHCS are based on CenCal Health and Participant meeting specified performance metrics. Subject to receipt of funds from DHCS for meeting such performance metrics, CenCal Health shall provide funds to Participant within thirty (30) days of full execution of this Agreement. CenCal Health shall send HHIP Funds to:

People's Self-Help Housing  
Anna Miller  
1060 Kendall Rd  
San Luis Obispo, CA 93401

Participant acknowledges and agrees that payments under this Agreement are subject to reduction or termination without penalty to CenCal Health, in whole or in part, subject to the availability of funding by DHCS, as further described in Subsection (c) below. In the event additional funds are received from DHCS, this Agreement may be amended to account for additional funding.





- b. Audit Rights. CenCal Health, DHCS, or designees of either party, shall have the right to audit Participant’s use of HHIP Funds awarded under this Agreement. Audit results showing that funds were not used for the purposes described in Attachment A (or subsequent written approved uses), are unverifiable, or otherwise show evidence of misuse, shall be subject to recoupment by CenCal Health or DHCS. Upon written notice to Participant, Participant agrees to refund such monies to CenCal Health within thirty (30) days of written request.
- c. Non-Appropriation of Funds. It is mutually agreed and understood that the obligation of CenCal Health is limited by and contingent upon the availability of funds from DHCS. In the event such funds are not forthcoming for any reason, this Agreement shall be rendered null and void and CenCal Health shall immediately notify Participant in writing. This Agreement shall be deemed terminated and of no further force and effect immediately upon CenCal Health’s notification to Participant or such timeframe as otherwise stated in the notification.

3. Rights and Obligations of Both Parties

- a. Insurance Requirements. Each party agrees to continuously maintain insurance coverages, at its sole cost and expense, as required for their normal course of business, including general liability and professional liability coverages, and any other coverage that each party deems prudent and customary in the exercise of business operations. Such insurance policies shall be in amounts as may be necessary to provide adequate coverage in the discharge of its responsibilities and obligations under this Agreement. Upon request, Participant shall furnish CenCal Health with evidence of such insurance coverage.
- b. Party Representatives. Each party shall designate a primary liaison between Participant and CenCal Health (the “Representative”) to serve as the lead contact for each party.
  - i. CenCal Health’s Representative shall be:

CenCal Health  
c/o Christy Nichols  
Community Relations Specialist  
4050 Calle Real  
Santa Barbara, California 93110  
(805) 685-9525 x1903  
[cnichols@cencalhealth.org](mailto:cnichols@cencalhealth.org)  
[www.CenCalHealth.org](http://www.CenCalHealth.org)

- ii. Participant’s Representative shall be:

People’s Self-Help Housing  
c/o Rick Gulino





Director of Neighborhood Development & Resident Services  
1060 Kendall Rd  
San Luis Obispo, CA 93401  
(805) 540-2498  
rickg@pshhc.org  
www.pshhc.org

- c. Compliance with Law. The parties shall comply with all applicable local, state, and federal laws, regulations and guidelines, which pertain to their respective rights, responsibilities, and actions under this Agreement, now in effect or hereafter enacted.
- d. Indemnification. Participant shall indemnify, defend, and hold harmless CenCal Health from any and all liability, loss, settlement, claim, demand, and expense, arising from third party claims relating to Participant's performance or omission of any act under this Agreement.

4. General Provisions

- a. The term of this Agreement shall commence on the Effective Date and continue in effect until all funds have been utilized and all reporting requirements fulfilled by Participant, or such other termination date as mutually agreed to by both parties. If necessary, the parties may mutually agree to extend the term of the Agreement by a written amendment. Either party may terminate this Agreement, for no cause or for convenience, upon sixty (60) days prior written notice to the other party in accordance with Section 4.d. In such event, the parties shall reconcile the funding due or owed to either party through verifying actions completed by Participant, consistent with Attachment A, and review of Participant's documentary evidence.
- b. The parties hereto and their respective employees or agents shall have no interest, and shall not acquire any interest, direct or indirect, which will conflict in any manner or degree with the performance of services required under this Agreement.
- c. Participant and CenCal Health shall not discriminate in performance of this Agreement, or related services thereunder, on the basis of age, race, ethnic group identification, ancestry, color, creed, religion, gender, sex, sexual orientation, marital status, national origin, health status, genetic information or characteristics, physical and/or mental disability, medical condition, income level, source of payment, or identification with any other persons or groups defined in Penal Code Section 422.56 in the performance of this Agreement, and, to the extent they shall be found to be applicable hereto, shall comply with the provisions of the Fair Employment and Housing Act (commencing with Section 12900 *et seq.* of the Government Code), and Federal Civil Rights Act of 1964 (P.L. 88-352).
- d. Unless expressly provided otherwise, all notices will be deemed to have been fully given when written and personally delivered or deposited in the United States mail, certified and





- postage prepaid and addressed to the other party's Representative as identified in Section 3.b. Any legal notices to CenCal Health shall require a copy to General Counsel.
- e. The parties are independent contractors. Neither party has the power or authority to act on behalf of the other party as its agent. Nothing in this Agreement shall be construed to make the parties hereto partners, joint venturers, or agents of or with each other, nor shall either party so represent itself.
  - f. This Agreement constitutes the entire agreement between the parties hereto with respect to the subject matter hereof, and supersedes any and all other agreements, promises, negotiations or representations, either oral or written, between the parties with respect to the subject matter and period governed by this Agreement.
  - g. Any modifications to the terms of this Agreement must be in writing and signed by the parties herein. The unenforceability or invalidity of any Section or provision of this Agreement shall not affect the enforceability and validity of the balance of this Agreement.
  - h. This Agreement and the rights, interests, and benefits hereunder shall not be assigned, transferred, pledged, or hypothecated in any way by Participant or CenCal Health, and shall not be subject to execution, attachment or similar process, without the written consent of the other party.
  - i. Any and all disputes arising in relation to this Agreement shall be governed by the laws of the State of California, without regard to its conflicts of law provisions. The provisions of the Government Claims Act (California Government Code Section 900, *et seq.*) must be followed first for any disputes under this Agreement. All actions and proceedings arising in connection with this Agreement shall be tried and litigated exclusively in the applicable courts located in the counties of San Luis Obispo or Santa Barbara, State of California.
  - j. Unless otherwise provided herein, the rights and obligations of any party which by their nature extend beyond the expiration or termination of this Agreement, shall continue in full force and effect, notwithstanding the expiration or termination of this Agreement.
  - k. It is understood and acknowledged by Participant that CenCal Health is a public entity and subject to all applicable open meeting and record laws, including but not limited to the California Public Records Act and the Ralph M. Brown Act.
  - l. The failure of either party, at any time, to enforce any right or remedy available to it under this Agreement or otherwise with respect to any breach or failure by the other party does not constitute a waiver of such right or remedy with respect to any other breach or failure by the other party.
  - m. This Agreement may be executed in separate counterparts, each of which shall be deemed an original, and all of which shall be deemed one and the same instrument. The parties' faxed signatures, and/or signatures scanned into PDF format, shall be effective to bind the parties to this Agreement.



**IN WITNESS WHEREOF**, the parties have executed this Agreement to be effective on the Effective Date:

**PEOPLE'S SELF-HELP HOUSING**  
Anna Miller

**CENCAL HEALTH**  
Marina G. Owen

DocuSigned by:  
*Anna Miller*  
9626AB77A4713402...  
\_\_\_\_\_  
By:  
Chief Operating Officer

DocuSigned by:  
*Marina Owen*  
951BF20CFC044E0...  
\_\_\_\_\_  
By:  
Chief Executive Officer

4/11/2023  
\_\_\_\_\_  
Date

4/13/2023  
\_\_\_\_\_  
Date





## Attachment A

### Statement Of Work

#### People's Self-Help Housing HHIP Grant Funds

CenCal Health, located at 4050 Calle Real, Santa Barbara, CA 93110 is contracting with People's Self-Help Housing (PSHH), located at 1060 Kendall Road, San Luis Obispo CA 93401 for the services and deliverables listed below. Data for all services and deliverables rendered will be collected for in reports for the Housing and Homeless Incentive Program.

#### San Luis Obispo County

##### Permanent Supportive Housing for San Luis Obispo County - \$212,249

People's Self-Help Housing (PSHH) provides permanent supportive housing units for previously unhoused individuals in San Luis Obispo County. In addition to the affordable housing itself, PSHH provides supportive services via the PSHH Supportive Housing Program (SHP). This funding allocation focuses on the following HHIP metric, as outlined by DHCS:

##### **3.5 MCP Members who were successfully housed**

To successfully reach these goals, People's Self-Help Housing will use the HHIP funding to:

- Provide essential support services for residents to maintain housing. These services include crises intervention, eviction prevention, resources referral and rental assistance.

People's Self-Help Housing is a Community Supports partner with CenCal Health and can bill CenCal Health for the separate Community Supports services rendered. Please note that HHIP funding **cannot** be used to pay for Community Supports services that are billed to CenCal Health.

##### Deliverables

The funds and activities listed above are expected to result in:

- An increase in the number of CenCal Health members, hereinafter referred to as Members, experiencing homelessness becoming housed,
- All clients will be screened for Medi-Cal enrollment. If a client is not yet enrolled, client will be referred to the county DSS to check eligibility and Medi-Cal enrollment, and
- All data entered into HMIS/CES.



### Measures

Success of the deliverables will be determined by comparing data percentage changes through specific time frames.

**Metric 3.5 - MCP Members who were successfully housed** – 25% increase in the number of Members housed from 5/1/2022 – 12/31/2022 compared to 1/1/2023 – 10/31/2023. Equation used to determine percentage is:

	Baseline data 5/1/2022 to 12/31/2022	25% improvement* 01/01/2023 to 10/31/2023	Ending data
(Numerator) Number of Members experiencing homelessness who were successfully housed for at least one month	67	17**	84
(Denominator) Number of Members experiencing homelessness	1,049	N/A	N/A

\*Partial points/funding will be awarded for significant improvement that is less than required percentage.

\*\*Members can be successfully housed at any PSHH property and or through the successful placements of collaborating agencies in San Luis Obispo County such as the 5 Cities Homeless Coalition.

### Disbursements

Funding will be disbursed in 2 installments, according to the following actions:

	Amount	Disbursement requirement
<b>Installment 1</b>	\$100,000	Signed Funding Agreement
<b>Installment 2</b>	\$112,249	<b>Metric 3.5</b> – At least 8 Members (12% increase from baseline data) being housed before or by 7/31/23

Santa Barbara County

Housing support - \$130,991





Housing support is used to obtain housing for people experiencing homelessness and to prevent homelessness by keeping people at risk of homelessness successfully housed. Housing support focuses on the following HHIP metrics, as outlined by DHCS:

**3.6 MCP Members who remained successfully housed**

To successfully reach these goals, People’s Self-Help Housing will use the HHIP funding to:

- Support housing stability for local qualifying residents and households
- Provide 1-time emergency rental assistance to prevent Members at risk of eviction from becoming homeless
- Prioritize security and stability in housing
- Increase the number of individuals and households who remain housed through the reporting timeframe

Deliverables

The funds and activities listed above are expected to result in:

- An increase in the number of newly housed members who remain housed.
- All clients will be screened for Medi-Cal enrollment. If a client is not yet enrolled, client will be referred to the county DSS to check eligibility.
- All data entered into HMIS/CES.

Measures

Success of the deliverables will be determined by comparing data percentage changes through specific time frames.

**Metric 3.6 - MCP Members who remained successfully housed – 85% of Members housed for at least one month during the time period outlined in the table below remain housed through October 31, 2023.**

Equation used to determine percentage is:

		<b>85% to remain housed*</b> 01/01/2023 to 10/31/2023
Data set 1	(Numerator) Number of MCP Members who were housed from January 1, 2022 to December 31, 2022 who remained housed through October 31, 2023.	Needs to be at least <b>694</b> for the county
	(Denominator) Number of MCP Members experiencing homelessness who were housed for at least one month between January 1, 2022 and April 30, 2022	315



Data set 2	(Numerator) Number of MCP Members experiencing homelessness who were housed from May 1, 2022 to December 31, 2022 who remained housed through October 31, 2023.	Needs to be at least <b>426</b> for the county
	(Denominator) Number of MCP Members experiencing homelessness who were housed for at least one month between May 1, 2022 and December 31, 2022	501

\*Partial points/funding will be awarded for significant improvement that is less than required percentage.

Disbursements

Funding will be disbursed in 2 installments of \$65,500 each, according to the following actions:

	Amount	Disbursement requirement
<b>Installment 1</b>	\$65,500	Signed Funding Agreement
<b>Installment 2</b>	\$65,491	<p><b>Metric 3.6 – 408 (50% of) Members housed in 2022 remain housed through 7/31/2023 for the county. If this metric is not met county wide by 7/31/23, partner will:</b></p> <ul style="list-style-type: none"> <li>• Submit organization’s specific data based upon Data set 1 and 2 (from section above),</li> <li>• Provide action plan to ensure 85% of the organization’s clients remain housed during the measurement period.</li> </ul>



**MEMORANDUM OF UNDERSTANDING**  
**BETWEEN**  
**PEOPLES' SELF-HELP HOUSING CORPORATION**  
**AND**  
**COMMUNITY ACTION PARTNERSHIP OF SAN LUIS OBISPO**

On this 1st of June, 2024, Community Action Partnership of San Luis Obispo (herein “Lessee”) and Peoples’ Self-Help Housing Corporation (PSHHC, herein “Lessor”) wish to enter into an understanding regarding the use of the two exam rooms, waiting room and two bathrooms located at 400 Oak Hill Road, Paso Robles, CA 93446, Canyon Creek Apartments (herein the “Premises”). Peoples’ Self-Help Housing’s goal is to build homes and provide services to strengthen communities and change lives. This is made possible through growing and deepening our relationships with strong community partners. Peoples’ Self-Help Housing works with community partners to advocate for the most vulnerable in our communities by searching for ways to break the cycle of poverty while enhancing self-sufficiency programs.

1. **USE:** Lessee will utilize the facilities for the purpose of Community Action Partnership of San Luis Obispo North SLO County Satellite Clinic. Lessee will offer Tenants of the Premises, and non-tenants, medical care, free of charge.

MOU with Community Action Partnership of San Luis Obispo  
**Peoples’ Self-Help Housing**



Lessee shall be solely responsible for the security of any personal property Lessee brings on to the Premises as part of Lessee's use of the same. Lessor, Lessor's affiliates, agents and employees, including but not limited to the Owner of the Premises and Peoples' Self-Help Housing and its directors, officers, agents and employees (collectively "Lessor's agents") will not be responsible for any loss or damage to any materials, equipment or documents maintained or stored on Premises (if any) pursuant to this Agreement.

Lessee shall not do or permit anything to be done in or about the Premises or bring or keep anything on the Premises that will in any way increase the existing fire, liability, and other insurance rates on the Premises or building in which the Premises are situated, or that will cause a cancellation of any insurance policy covering the Premises or building in which the Premises are situated.

2. **TERM:** Lessee shall have access to and the use of both exam rooms, waiting space and two bathrooms at the Premises one day a week. This Agreement shall commence on June 1, 2024 and terminate on June 1, 2025.

3. **REPAIR AND MAINTENANCE RESPONSIBILITIES:** Lessee has inspected the Premises and all improvements on the Premises and acknowledges that the Premises are, on the date of this Agreement, in good order, repair and condition and fit for its intended use.

Lessor will provide usual maintenance services as described in paragraph 6 below. Required repairs and maintenance due to unusual wear and tear caused by the Lessee's use shall be charged to Lessee and shall become due and payable within ten (10) days

MOU with Community Action Partnership of San Luis Obispo  
**Peoples' Self-Help Housing**

of written notice of said charges. Lessee's Requests for Work to be performed by Lessor shall be provided to Lessor in writing.

4. **REGULATION COMPLIANCE:** Lessee shall at all times during the term of this Agreement, and at its own cost and expense, comply with all statutes, ordinances, regulations and requirements of all governmental entities, both federal and state and county or municipal, with respect to the use, occupancy and/or maintenance of all property used in connection with the said use. Lessee will, at all times, comply promptly with any and all reasonable requests of the Lessor's staff and/or representatives.

5. **SERVICES PROVIDED TO CHILDREN:** All of Lessee's staff working with children through the N/A will need to be fingerprinted through a fingerprinting agent approved by Lessor.

6. **USAGE FEE:** Lessee agrees to pay the Lessor the sum of \$ 0.00 per month. In return Lessee will agree to cover the janitorial for the clinic space and the bathrooms, which includes all bathroom supplies (stocking/restocking paper products, soap etc.)

7. **CONTROL AND SUPERVISION:** Lessee will be solely responsible for the supervision of all areas used and under its control during Lessee's hours of operation as set forth above in paragraph 2, as well as any unusual maintenance required due to Lessee or Lessee's guests, or invitees use.

8. **NUISANCE NOT PERMITTED:** During any periods of occupancy and use under the terms of this Agreement, Lessee shall not permit any activity that damages or



adversely affects the peace and quiet enjoyment of the Tenants of Lessor or the property of which the Premises are a part.

9. **PROOF OF INSURANCE REQUIRED:** Mandatory liability insurance is required.

10. **INDEMNIFICATION:** The Lessee shall hold harmless, indemnify and defend the Lessor and its officers, employees, servants, agents, successors and assigns from any claim, demand, damage, liability, loss, cost or expense, including attorney fees, or any damage to any whatsoever, including but not limited to death or injury to any person and damage to any property, resulting from the misconduct, negligent acts, errors or omissions of the Lessee or any of its officers, employees or agents in the performance of the Agreement except such damage as is caused by the gross negligence of the Lessor or any of its officers, employees, servants, agents, successors or assigns.

The Lessor does not, and shall not, waive any rights that it may have against the Lessee by reason of the acceptance by the Lessor, or the deposit with the lessor, of any insurance policies or endorsements required pursuant to this Agreement. This indemnification provision shall apply regardless of whether or not said insurance policies or endorsements are determined to be applicable to any claim, demand, damage, liability, loss, cost or expense described above.

11. **NO WASTE PERMITTED:** Lessee agrees to commit no waste or intentional damage or alterations to the Premises. Lessee shall not be responsible for reasonable wear and tear to the Premises or for damages caused by the elements.

12. **PARKING LIMITS:** Lessee and Lessee's agents will only park in designated visitor parking spaces or, if necessary, utilize street parking. Loading and unloading of Lessee's equipment from the parking lot may be done on a limited basis.

13. **WRITTEN MODIFICATIONS ONLY:** This Agreement replaces all other agreements and modifications made to date, both verbal and written. Any future mutually agreed upon modification of the terms of this Agreement shall be in writing signed by the parties. Oral agreements or consent to an act or series of acts inconsistent with the terms of this Agreement shall not constitute a binding modification of this Agreement. Lessee shall not assign Lessee's interests under this Agreement or sublet all or a part of the Premises.

14. **NO LIABILITY FOR GOVERNMENTAL ACTION:** Lessor shall not be responsible to the Lessee for any claims or damages occasioned by any redlining of the Premises or cease and desist orders issued by any political subdivision having jurisdiction or control of the Premises.

15. **ANNUAL REVIEW TERMINATION RIGHTS:** This Agreement is for a period of one (1) year and may be renewed automatically for one year periods thereafter. The parties further agree to review the operations under this Agreement at any time Lessor deems reasonably necessary. Lessor and or Lessee may terminate this Agreement at any time on thirty (30) days' written notice.

16. **ATTORNEYS' FEES:** If any action or proceeding arising out of or relating to this Agreement, including an action for declaratory relief, is commenced by either party to this Agreement, then as between Lessor and Lessee the prevailing party shall be entitled to recover from the other party, in addition to any other costs and relief that may be granted, the reasonable attorneys' fees incurred in the action or proceeding by the prevailing party. That recovery shall include court costs and attorneys' fees on appeal.

  
Elizabeth Steinberg (Jun 7, 2024 16:16 PDT)

06/07/2024

**Community Action Partnership of San Luis Obispo**  
By: **Elizabeth "Biz" Steinberg, CEO**

Date

Address: 1030 Southwood Drive,  
San Luis Obispo, CA 93401

Phone #: (805) 544-4355

Email: esteinberg@capslo.org

  
Anna Miller (Jun 7, 2024 21:29 PDT)  
**Peoples' Self-Help Housing Corporation, Inc.**  
By: **Anna Miller, Chief Operating Officer**

06/07/2024

Date

Address: 1060 Kendall Rd  
San Luis Obispo, CA 93401

Phone #: (805) 540-2491

Email: AnnaM@pshhc.org

MOU with Community Action Partnership of San Luis Obispo  
**Peoples' Self-Help Housing**












# CAPSLO Satellite Clinic MOU - Canyon Creek Final

Final Audit Report

2024-06-08

Created:	2024-06-07
By:	Samantha Yruegas (samanthay@pshhc.org)
Status:	Signed
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## "CAPSLO Satellite Clinic MOU - Canyon Creek Final" History

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**MEMORANDUM OF UNDERSTANDING**  
**The Dental Group of Latta, Wells & Associates, Inc.**  
**And**

**Transitions-Mental Health Association (TMHA)**

**October 16, 2024**

This Agreement is entered into on August 16, 2023 by and between **The Dental Group of Latta, Wells & Associates, Inc.** San Luis Obispo, and Transitions – Mental Health Association, hereafter called “TMHA”, for the purpose of confirming an agreement whereas **The Dental Group of Latta, Wells & Associates, Inc.** has offered to provide general dental services to TMHA’s homeless clients who are participants in the SLO City Permanent Supportive Housing programs.

**PURPOSE and BACKGROUND**

**The Dental Group of Latta, Wells & Associates, Inc.** has provided past general dentistry services to TMHA’s extremely low-income homeless clients for over 4 years. **The Dental Group of Latta, Wells & Associates, Inc.** recognized this population has a history of being underserved due to lack of income, uninsured/under insured and hesitancy for clients to seek dental services. This proposed dental assistance will be provided at no charge to the client. It is estimated the in-kind value of this dental service can be estimated at \$25,000 per year depending on the extent of dental services required. **The Dental Group of Latta, Wells & Associates, Inc.** reserves the right to evaluate each client and determine the services needed, and to decline or refer a client who is in need of dental services beyond the general dentistry scope of work provided by **The Dental Group of Latta, Wells, & Associates, Inc.**

TMHA has been gifted a substantial private grant for the purpose of assisting homeless individuals and families with housing, education, employment and uninsured health care services. Although **The Dental Group of Latta, Wells & Associates, Inc.**, will absorb the cost of the general, dentistry there remains the cost of the dental lab work. Through this private grant, TMHA will pay for dental lab work to include dentures, bridges, crowns for up to 24 patient visits per year.

The estimated cost of lab work can range from \$500 up to \$2,000.

**GENERAL PROVISIONS**

**Independent Contractor**

Each party, during the entire term of this Agreement, shall be construed as independent contractors, and nothing in this Agreement is intended nor shall be construed to create an employer-employee relationship or joint venture relationship, with Owner and TMHA. Neither of the parties nor any of the party’s agents, employees, or contractors are or shall be

MOU – Latta, Wells & Associates and TMHA

considered to be agents or employees of the other in connection with performance of each party's obligations under the Agreement.

**Indemnification**

Each party agrees to indemnify and hold harmless the other party (including, as the case may be, the party's chief executive officer, its Board of Directors, officers, agents, representatives and employees as the same may constitute from time to time hereafter) and each of them from and against all liability, losses and or damages or expenses or costs of judgments of any kind against the indemnified party that may arise in connection with the indemnifying party's failure to perform under the terms of this Agreement, and/or any intentional or criminal misconduct, negligence or gross negligence arising out of or in connection with indemnifying party's performance under this Memorandum of Understanding.

**Assignment**

Without written consent of the parties, this agreement is not assignable either in whole or in part.

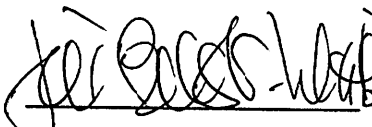
**It is mutually agreed by and between both parties:**

- 1) This agreement and any amendments to it will remain in effect until terminated by both parties. Parties may request, in writing, an amendment to this MOU; or agreement to amend may be reached by consensus. The parties must both agree to the changes.
- 2) This MOU may be executed and delivered by the parties by means of email or facsimile. When each party has signed and delivered at least one counterpart to the MOU, each counterpart will be deemed an original; and all of them, taken together, will constitute one and the same MOU, which will be binding on all parties.

The above constitutes our mutual agreement for the provisions of these services.

Transitions-Mental Health Association (TMHA)

The Dental Group of Latta, Wells, & Associates, Inc.



Date



Date

10/16/24

Jill Bolster-White,

The Dental Group of Latta, Wells, & Associates, Inc.

Executive Director



## **Before Starting the Project Listings for the CoC Priority Listing**

**The CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be completed and submitted prior to the CoC Program Competition submission deadline stated in the NOFO.**

The CoC Priority Listing includes:

- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects or if a project applicant will transition from an existing component to an eligible new component.
- Project Listings:

- New;
- Renewal;
- UFA Costs;
- CoC Planning;
- YHDP Renewal; and
- YHDP Replacement and Reallocation.
- Attachment Requirement

- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:

- New and Renewal Project Listings – all CoC project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.
- Project applications on the following Project Listings must be approved and are not ranked per the FY 2024 - FY 2025 CoC Program Competition NOFO:

- UFA Costs Project Listing;
- CoC planning Project Listing;
- YHDP Renewal Project Listing (All Rounds); and
- YHDP Replacement and Reallocation Project Listing.
- Collaborative Applicants are responsible for ensuring all project applications accurately appear on the Project Listings and there are no project applications missing from one or more Project Listings.
- For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND ranked or approved BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on HUD’s website.  
[https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition)

## 1A. Continuum of Care (CoC) Identification

**Instructions:**

For guidance on completing the CoC Priority listing, please reference the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide on HUD's website.  
[https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition).

**Collaborative Applicant Name:** County of San Luis Obispo

## 2. Reallocation

**Instructions:**

For guidance on completing the CoC Priority listing, please reference the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide on HUD's website.  
[https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition)

**2-1 Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in Calendar Year 2025 into one or more new projects?** No

## Continuum of Care (CoC) New Project Listing

**Instructions:**

Prior to starting the New Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD’s website.

To upload all new project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of new projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make the necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps. [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition).

**WARNING:** If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC’s Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	PH/Realloc	Rank	PSH/RRH	Expansion
Lumina Alliance N...	2024-10-10 03:25:...	PH	San Luis Obispo C...	\$326,989	1 Year	DV Bonus	DE6	RRH	Yes
PSHH Supportive H...	2024-10-17 17:28:...	PH	San Luis Obispo C...	\$261,591	1 Year	CoC Bonus	4	PSH	

## Continuum of Care (CoC) Renewal Project Listing

### Instructions:

Prior to starting the Renewal Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of renewal projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

[https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition).

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.	X
The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.	X
The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.	

**WARNING:** If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	PSH/RRH	Comp Type	Consolidation Type	Expansion Type
SLO City PSH 2024	2024-09-05 13:22:...	1 Year	San Luis Obispo C...	\$832,620	2	PSH	PH		
DV RRH 2024	2024-09-06 15:46:...	1 Year	San Luis Obispo C...	\$150,438	5	RRH	PH		
HMIS 2024	2024-10-17 18:37:...	1 Year	San Luis Obispo C...	\$61,160	1		HMIS		
Coordinated Entry...	2024-09-06 13:04:...	1 Year	San Luis Obispo C...	\$293,139	3		SSO		

## Continuum of Care (CoC) Planning Project Listing

### Instructions:

Prior to starting the CoC Planning Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload the CoC planning project application submitted to this Project Listing, click the "Update List" button. This process may take a few minutes while the project is located in the e-snaps system. You may update each of the Project Listings simultaneously. To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If you identify errors in the project application, you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Only one CoC planning project application can be submitted and only by the Collaborative Applicant designated by the CoC which must match the Collaborative Applicant information on the CoC Applicant Profile.

[https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition).

**WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.**

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
CoC Planning Proj...	2024-10-21 16:28:...	1 Year	San Luis Obispo C...	\$108,996	Yes

# Continuum of Care (CoC) YHDP Renewal Project Listing

## Instructions:

Prior to starting the YHDP Renewal Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all YHDP Renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP Renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the Project simultaneously. To review a project on the YHDP Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps. .

As stated in the FY 2024 - FY 2025 NOFO, YHDP Renewal and YHDP Replacement applications must not be ranked.  
[https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition).

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing.

The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid rehousing YHDP renewal projects.

**WARNING:** If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.



Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Accepted?	PSH/RRH	Consolidation Type
This list contains no items								

# Continuum of Care (CoC) YHDP Replacement and YHDP Reallocation Listing

## Instructions:

Prior to starting the YHDP Replacement and YHDP Reallocation Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all YHDP Replacement project and YHDP Reallocation project applications, submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the projects simultaneously. To review a project on the YHDP Replacement and YHDP Reallocation Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

As stated in the FY 2024 - FY 2025 NOFO, YHDP Renewal, YHDP Reallocation and YHDP Replacement applications must not be ranked.  
[https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition).

**WARNING:** If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Funding Type	Accepted?
This list contains no items							

## Funding Summary

### Instructions

This page provides the total budget summaries for each of the project listings after you approved and ranked or rejected new and renewal project applications. You must review this page to ensure the totals for each of the categories is accurate.

The "Total CoC Request" indicates the total funding request amount your CoC will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
CoC Renewal Amount	\$1,337,357
New CoC Bonus and CoC Reallocation Amount	\$261,591
New DV Bonus Amount	\$326,989
New DV Reallocation Amount	\$0
CoC Planning Amount	\$108,996
YHDP Renewal and Replacement Amount	\$0
YHDP Reallocation Amount	\$0
Rejected Amount	\$0
<b>TOTAL CoC REQUEST</b>	<b>\$2,034,933</b>

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan (HUD-2991)	Yes	Certification of ...	10/18/2024
Other	No		
Other	No		
Project Rating and Ranking Tool (optional)	No		

## Attachment Details

**Document Description:** Certification of Consistency with the Consolidated Plan

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## Submission Summary

**WARNING: The FY 2024 - FY 2025 CoC Consolidated Application requires submissions of CoC Priority Listings AND the CoC Application.**

**As stated in the FY 2024 - FY 2025 CoC and YHDP Program NOFO, for FY 2024 funding, CoCs must submit the FY 2024 - 2025 CoC Application and the FY 2024 Priority Listing by the FY 2024 Application Submission Deadline.**

**WARNING: The FY 2024 - FY 2025 CoC Consolidated Application requires submissions of CoC Priority Listings AND the CoC Application.**

**As stated in the FY 2024 - FY 2025 CoC and YHDP Program NOFO, for FY 2024 funding, CoCs must submit the FY 2024 - 2025 CoC Application and the FY 2024 Priority Listing by the FY 2024 Application Submission Deadline.**

Page	Last Updated
<b>Before Starting</b>	No Input Required
<b>1A. Identification</b>	08/21/2024
<b>2. Reallocation</b>	09/05/2024
<b>5A. CoC New Project Listing</b>	10/17/2024
<b>5B. CoC Renewal Project Listing</b>	10/18/2024
<b>5D. CoC Planning Project Listing</b>	10/21/2024
<b>5E. YHDP Renewal Project Listing</b>	No Input Required

<b>5F. YHDP Replacement and YHDP Reallocation Project Listing</b>	No Input Required
<b>Funding Summary</b>	No Input Required
<b>Attachments</b>	10/18/2024
<b>Submission Summary</b>	No Input Required

**U.S. Department of Housing  
and Urban Development**

**Certification of Consistency Plan  
with the Consolidated Plan  
for the Continuum of Care  
Program Competition**

I certify the proposed activities included in the Continuum of Care (CoC) project application(s) is consistent with the jurisdiction's currently approved Consolidated Plan.

Applicant Name: County of San Luis Obispo

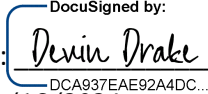
Project Name: FY2024 Continuum of Care Program

Location of the Project: See Attachment

Name of  
Certifying Jurisdiction: County of San Luis Obispo

Certifying Official  
of the Jurisdiction Name: Devin Drake

Title: Director

Signature:   
10/16/2024

Date: \_\_\_\_\_

**Public reporting burden** for this collection of information is estimated to average 3.0 hours per response, including the time for reviewing instructions, completing the form, attaching a list of projects if submitting one form per jurisdiction, obtaining local jurisdiction's signature, and uploading to the electronic e-snaps CoC Consolidated Application. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

**Privacy Act Statement.** This form does not collect SSN information. The Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under 24 CFR part 91, 24 CFR Part 578, and is authorized by the McKinney-Vento Act, as amended by S. 896 The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 (42 U.S.C. 11371 et seq.). HUD considers the completion of this form, including the local jurisdiction(s) authorizing official's signature, as confirmation the project application(s) proposed activities submitted to HUD in the CoC Program Competition are consistent with the jurisdiction's Consolidated Plan and, if the project applicant is a state or unit of local government, that the jurisdiction is following its Consolidated Plan per the requirement of 24 CFR part 91. Failure to either submit one form per project or one form with a listing of project information for each field (i.e., name of applicant, name of project, location of project) will result in a technical deficiency notification that must be corrected within the number of days designated by HUD, and further failure to provide missing or incomplete information will result in project application removal from the review process and rejection in the competitive process.



**FY 2024 Proposed San Luis Obispo County CoC (CA-614) Projects**

<b>Rank</b>	<b>Agency</b>	<b>Project Name</b>	<b># of Clients</b>	<b>Request</b>
<b>TIER 1</b>				
1	County	HMIS	8100	\$ 61,160
2	TMHA	SLO City PSH	73	\$ 832,620
3	CAPSLO	Coordinated Entry	747	\$ 293,139
<b>TIER 1/TIER 2 STRADDLE</b>				
4	Lumina	DV Rapid Rehousing	N/A	\$ 150,438
<b>Tiered Projects Subtotal</b>				<b>\$ 1,337,357</b>
<b>BONUS</b>				
1	PSHH	Supportive Housing Services	N/A	\$ 261,591
<b>DV BONUS</b>				
1	Lumina	DV Rapid Rehousing Expansion	N/A	\$ 326,989
<b>NON-COMPETITIVE</b>				
N/A	County	CoC Planning	N/A	\$ 108,996
<b>TOTAL</b>				<b>\$ 2,034,933</b>

## 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 2024 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition). The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- Before starting 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).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2023 Project Application will be imported into the FY 2024 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2024 CoC Program Competition NOFO.

## 1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/06/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA1628

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

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-6800-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 2024

16. Congressional District(s):

a. Applicant: CA-024  
(for multiple selections hold CTRL key)

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

17. Proposed Project

a. Start Date: 06/01/2025

b. End Date: 05/31/2026

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:** 09/06/2024

# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Number: 2501-0017 Expiration Date: 01/31/2026**

## 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: \$293,139.00**

(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
---

**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:** 09/06/2024

# 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. 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.	e. 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 Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees — (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. 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 — (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 (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;
c. 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.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will — (1) Abide by the terms of the statement; and (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;	

### 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
---

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:** 09/06/2024

## **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:** 09/06/2024



# 1J. SF-LLL

## DISCLOSURE OF LOBBYING ACTIVITIES

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.  
Approved by OMB: 4040-0013 (exp. 02/28/2025)**

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 Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/06/2024

## IK. SF-424B

### (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

**OMB Number: 4040-0007**  
**Expiration Date: 02/28/2025**

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:** 09/06/2024

## Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2024 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2023 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2023 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2024 CoC Competition.

## Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input checked="" type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
<b>Part 5 - Participants and Outreach Information</b>	
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
<b>Part 7 - Attachment(s) &amp; Certification</b>	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

**You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):**

In past years CES provided a subsidy to CES participating agencies to compensate for the increased burden of administering CES. This is no longer needed due to the integration of all CES agencies into the SLO CoC HMIS. As such, SLO CES will be working with providers to ensure that the CES system is decreasing its work burden on providers and improving the system to allow all CES partner agencies to work more efficiently and effectively to address homelessness in SLO CoC. Moreover, this brings the SLO CoC CES system in better alignment with the vast majority of CoCs that do not compensate organizations for participating in a system that is mandated to use by HUD.

**You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.**



## Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes
  
2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No
  
3. Do you draw funds quarterly for your current renewal project? Yes
  
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

## **Renewal Grant Consolidation or Renewal Grant Expansion**

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to **ONLY** submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to **ONLY** submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)



2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

**1. Is this renewal project application requesting to consolidate or expand? No**

If "No" click on "Next" or "Save & Next" below 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: \$293,139

Organization	Type	Sub-Award Amount
CAPSLO	M. Nonprofit with 501C3 IRS Status	\$293,139

## 2A. Project Subrecipients Detail

**a. Organization Name:** CAPSLO

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 95-2410253

**d. Unique Entity Identifier:** GBL8FWWWVCLC5

**e. Physical Address**

**Street 1:** 1030 Southwood Drive

**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:** \$293,139

**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:**

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

### 3A. Project Detail

- 1. Expiring Grant Project Identification Number (PIN):** CA1628  
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)
- 2. CoC Number and Name:** CA-614 - San Luis Obispo County CoC
- 3. CoC Collaborative Applicant Name:** County of San Luis Obispo
- 4. Project Name:** Coordinated Entry 2024
- 5. Project Status:** Standard
- 6. Component Type:** SSO
- 6a. Please select the type of SSO project:** Coordinated Entry
- 7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No
- 9. 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.**

The Continuum of Care (CoC) of San Luis Obispo County (SLO) contracts with the Community Action Partnership of San Luis Obispo Co., Inc. (CAPSLO) as the Coordinated Entry System (CES) Management Ententy. Since its inception in 2016, CES in SLO CoC has made incremental improvements to the functionality of the homeless services response system. In 2022, CES began a significant transformation from directly funding case managers at the most prominent three homeless service providers. At the time, CES was disconnected from the prioritization and referral processes of the CES, did not include all homeless services providers, and operated outside of the SLO CoC Homeless Management Information System (HMIS). Now, in 2024, CES is fully integrated into the SLO CoC HMIS, includes seven service providers and continues to engage other service providers to join CES, shifted the focus of staffing to system activities, and no longer provides subsidies to homeless services agencies for participating in CES. Additionally, in 2024, the SLO CoC Homeless Services Oversight Committee (HSOC) formally established a CES Oversight Committee as a sub-committee of HSOC, which allowed the CES to revise all of the CES policies and develop a system of target guidances to help operate the CES in SLO CoC. While it is difficult not to be able to provide more funding to participating agencies, this allows CES to be fully implemented in SLO CoC and for CES in SLO CoC to establish a full Community Queue system allowing for increased efficiencies and outcomes in FY 25-26.

In this grant year, CES will continue to evolve as the administrative and operating system for homeless service providers in SLO County. Utilizing the CES, a homeless individual or family can arrive at the CES agencies' doors, enter the system, receive needed services, and then be referred to the best-suited agency to meet their needs. In this way, the entire homeless services system can reduce duplication of services and more efficiently end someone's experience of homelessness. The average duration from program enrollment to exit to housing was 360 days in FY 21-22; in FY 22-23, this was reduced to 203 days; finally, in FY 23-24, this was reduced to 114 days. Through increased efficiency in the CES program and expanding providers, CES anticipates reducing the time from entry to housing by at least 30 days.

This evolution is best highlighted by the use of the grant funds and the activities of the CES staff. This grant year, CAPSLO will add a CES matcher and CES specialist to the CES team to allow for CES to be fully integrated into HMIS and support all CES partner agencies in the implementation of CES policies (Access, Assessment, Prioritization, and Referrals). This shift is substantial as the required staffing differs from the past CES grant years. Staff will not be interacting with clients as case managers and will not be providing direct services; they will provide administrative support, training, and facilitating community groups to increase the functionality of SLO CES and understanding CES in the community.

**2. 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"/>	Survivors	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Use Disorders	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other(Click 'Save' to update)	<input type="checkbox"/>

**3. Housing First**

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>



**3d. Does the project follow a "Housing First" approach?** Yes

**4. As a renewal SSO-Coordinated Entry project update 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 individuals and families 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 participates in various community meetings focused on a diverse array of populations, with staff in leadership roles in multiple aspects of the social safety net. There is frequent collaboration between CAPSLO departments and other nonprofits focusing on addressing any service delivery gaps brought forward in those spaces. Specifically, service providers often identify barriers in the monthly SLO CoC CES Case Managers meeting - where all CES participating agency staff can discuss the challenges they face in assisting households in obtaining safe and stable housing. 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.

Specifically, this group has consistently identified two major issues that pose as barriers to engagement in services, lack of reliable means of transportation and lack of adaptive resources for the undocumented community in SLO CoC, which is primarily Hispanic/Latino. This group is grossly underrepresented in the population served by SLO CoC CES, with the Latino/Hispanic population comprising over 25% of SLO County's overall population and only 6% of the population served by CES in previous grant years.

CAPSLO also implemented a functional model approach to its homeless services division, focusing on the ability to deliver the full continuum of services efficiently through partner agencies or via CAPSLO itself. Through this process, CAPSLO identified a gap in services 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. Does the coordinated entry process use a comprehensive, standardized assessment process?** Yes

**4e. Describe the referral process and how the coordinated entry process ensures program participants are directed to appropriate housing and services.**

The San Luis Obispo Continuum of Care (CoC) Coordinated Entry System (CES) Management Entity matches and refers adults, youth, and families with children experiencing homelessness to permanent housing resources, prioritizing following the criteria delineated in the CES policies and subsequent guidance. CES will use a systematic and transparent process to match and refer persons and households experiencing homelessness to appropriate housing resources and services within the CoC. The term “match” means CES has identified that a client is eligible for a resource, and the term “refer” means that CES follows the HMIS workflow to reassign the client from the Community Queue to the housing resource for the housing provider to process. CES maintains a centralized Permanent Housing Queue (PHQ) within the CoC’s designated Homeless Management Information System (HMIS) of persons and households—prioritized following the criteria established by the Prioritization Scoring Guidance –from which participants are matched and referred to available housing resources and services. Unless otherwise designated, all CES-designated Permanent Supportive Housing (PSH) will be filled exclusively through this outlined process. In cases where the circumstances of an individual case necessitate an exception to this guidance, exceptions may be made and discussed through case conferencing at the discretion of the CES Management Entity.

Prioritization in CES in SLO CoC uses the Vi-SPDAT and other social, medical, and community-related factors to match the level of need and vulnerability to the level of services offered with housing. This has been adapted multiple times to be responsive to the SLO CoC local context and needs, which is essential because housing resources are especially limited in SLO CoC. Prioritization is based on factors that differ across households and relate to each household’s relative capacity to obtain housing without assistance. Prioritization is dynamic, meaning prioritized households are not tied to specific program types or projects that might never become available.

CES prioritizes those persons/households with the highest level of vulnerability, regardless of their subpopulation groups (i.e., single adults, families with children, unaccompanied youth, survivors of domestic violence, and Veterans). The prioritization process does not allow people who are more vulnerable or who have more severe service needs to languish on the streets or in shelters because more intensive types of assistance are not available.

**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 five 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.

## 6A. Funding Request

### VAWA Budget

In FY2024, 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 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.

**1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor’s emergency transfer per Section III.B.4.a.(3) (a) of the NOFO?** Yes

**2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO?** Yes

**Rural Cost Budget**

In FY2024, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.
- Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units.
- Staff Training to include professional development, skill development, and staff retention activities.

**3. Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO?** No

**4. 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.**

**a. Please complete the indirect cost rate schedule below:**

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Plan approved by cognizant agency or will use 15% de minimis rate
Department of Health and Human Services	8%	\$293,139	Approved Rate



**5. Renewal Grant Term:** This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

**6. Select the costs for which funding is requested:**

Leased Structures	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>
VAWA	<input checked="" type="checkbox"/>
Rural	<input type="checkbox"/>

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.

## 6D. 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 Value of Cash Commitments:	\$74,284
Total Value of In-Kind Commitments:	\$0
<b>Total Value of All Commitments:</b>	<b>\$74,284</b>

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Contributor	Value of Commitments
Cash	Private	Community Action ...	\$74,284

## 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:** \$74,284



## 6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	\$0
1b. Leased Structures (Enter)	\$0
2. Rental Assistance (Screen 6C)	\$0
3. Supportive Services (Enter)	\$277,972
4. Operating (Enter)	\$0
5. HMIS (Enter)	\$0
6. VAWA (Enter)	\$0
7. Rural (Enter) (Only for HUD CoC Program approved rural areas)	\$0
8. Sub-total of CoC Program Costs Requested	\$277,972
9. Admin (Up to 10% of Sub-total in #8)	\$15,167
10. HUD funded Sub-total + Admin. Requested	\$293,139
11. Cash Match (From Screen 6D)	\$74,284
12. In-Kind Match (From Screen 6D)	\$0
13. Total Match (From Screen 6D)	\$74,284
14. Total Project Budget for this grant, including Match	\$367,423

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Non-Profit Status	09/26/2019
2) Other Attachment	No	Match letter	09/06/2024
3) Other Attachment	No	Federal Indirect ...	09/26/2019

## **Attachment Details**

**Document Description:** Non-Profit Status

## **Attachment Details**

**Document Description:** Match letter

## **Attachment Details**

**Document Description:** Federal Indirect Cost Rate Approval

## 7B. 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:** 09/06/2024  
**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

## 8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/05/2024
1B. SF-424 Legal Applicant	09/05/2024
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/05/2024
1E. SF-424 Compliance	09/05/2024
1F. SF-424 Declaration	09/05/2024
1G. HUD 2880	09/05/2024
1H. HUD-50070	09/05/2024

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<b>1I. Cert. Lobbying</b>	09/05/2024
<b>1J. SF-LLL</b>	09/05/2024
<b>IK. SF-424B</b>	09/05/2024
<b>Submission Without Changes</b>	09/06/2024
<b>Recipient Performance</b>	09/05/2024
<b>Renewal Grant Consolidation or Renewal Grant Expansion</b>	09/05/2024
<b>2A. Subrecipients</b>	09/06/2024
<b>3A. Project Detail</b>	09/05/2024
<b>3B. Description</b>	09/06/2024
<b>6A. Funding Request</b>	09/06/2024
<b>6D. Match</b>	09/05/2024
<b>6E. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/06/2024
<b>7B. Certification</b>	09/05/2024

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.

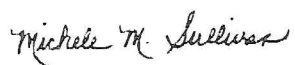
Our records indicate that a determination letter was issued in May 1966, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

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





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

September 2024

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 2025-26 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	\$74,285

John "Jack" Lahey, MSW  
Director of Homeless Services

**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

## 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 2024 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO and the FY 2024 General Section NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition). The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus, DV Bonus or DV Reallocation. 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. Please review the NOFO for eligibility standards.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- 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 2024 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: 10/10/2024

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:** Laurel  
**Middle Name:**  
**Last Name:** Weir  
**Suffix:**  
**Title:** Administrative Services Manager  
**Organizational Affiliation:** San Luis Obispo County  
**Telephone Number:** (805) 788-9477  
**Extension:**

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

**Email:** lweir@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-6800-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: Lumina Alliance New DV Bonus RRH Expansion 2024

16. Congressional District(s):

16a. Applicant: CA-024

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

17. Proposed Project

a. Start Date: 07/01/2025

b. End Date: 06/30/2026

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:** 10/10/2024

# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Number: 2501-0017 Expiration Date: 01/31/2026**

## 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: \$326,989.00**

(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:** 10/10/2024

# 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. 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.	e. 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;
b. Establishing an on-going drug-free awareness program to inform employees — (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. 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 — (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 (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;
c. 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.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will — (1) Abide by the terms of the statement; and (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;	

## 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
---

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:** 10/10/2024

## **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:** 10/10/2024

# 1J. SF-LLL

**DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 Approved by OMB: 4040-0013 (exp. 02/28/2025)**

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:** 10/10/2024

## IK. SF-424B

### (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007  
Expiration Date: 02/28/2025

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:** 10/10/2024



## 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: \$326,989**

Organization	Type	Sub-Award Amount
Lumina Alliance	M. Nonprofit with 501C3 IRS Status	\$326,989

## 2A. Project Subrecipients Detail

**a. Organization Name:** Lumina Alliance

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status  
If "Other" specify:

**c. Employer or Tax Identification Number:** 95-3370729

**d. Unique Entity Identifier:** HM5TDHNPWQW3

**e. Physical Address**

**Street 1:** 51 Zaca Lane

**Street 2:** Suite 150

**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:** \$326,989

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Kaitlin  
**Middle Name:**  
**Last Name:** Goodpaster  
**Suffix:**  
**Title:** Senior Grants Manager  
**E-mail Address:** kgoodpaster@luminaalliance.org  
**Confirm E-mail Address:** kgoodpaster@luminaalliance.org  
**Phone Number:** 805-781-6400  
**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.**

Lumina Alliance (LA) successfully manages 2 federal grants through the Office of Violence Against Women: The Transitional Housing Program grant program (\$675,000 over 48 months) and the Legal Assistance for Victims grant program (\$599,820 over 36 months). LA regularly applies for new grants with federal funding sources. LA works closely with grant managers and program/project specialists designated by the grantor organizations to ensure appropriate and timely project implementation and outcomes. Our organization designates a Grants Administrator to manage the application and reporting processes for all grants, overseen by the Chief Communications Officer (CCO) to ensure accuracy in our application and required reporting. As well, our Chief Finance Officer (CFO) ensures all grant drawdowns and invoices are submitted in a timely manner, and partners with the Budget Analyst and bookkeepers to manage and accurately code expenditure. Finally, the LA Executive Admin Team – including the CCO, CFO, Chief Executive Officer, Chief Program Officer, Chief People & Culture Officer, and Chief Operating Officer – ensures resolution of any monitoring findings as necessary.

The 5Cities Homeless Coalition (5CHC), celebrating our 12th year, is now seen as a lead organization in the region for addressing the breadth of challenges facing homeless families. 5CHC has a proven track record of developing programs utilizing federal and state funds. Since 2015 5CHC has provided rapid re-housing and homeless prevention services through state and federal ESG and CDBG funds. Beginning in 2016 5CHC joined with two other agencies to provide Coordinated Entry services county-wide; and has been providing seasonal emergency shelter services since 2017. Since initiating program services in 2012, 5CHC has been serving victims of domestic violence, through the provision of coordinated entry, emergency shelter, housing support. Additionally 5CHC has connected clients with legal and supportive services of the District Attorney, Department of Social Services, and partner agencies in both San Luis and Santa Barbara County (Lumina Alliance, Domestic Violence Solutions, Good Samaritan Shelter, and others).

**2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.**

Lumina Alliance will manage our fiscal year 2023 budget of approximately \$5,500,00 comprised of federal, state, local, and private sector funds. Lumina Alliance is the product of the July 2021 merger between RISE San Luis Obispo County and Stand Strong. Our organization successfully managed a budget of \$5,108,700 in fiscal year 2022 post-merger. Lumina Alliance's largest source of funds is in California Governor's Office of Emergency Services (Cal OES) at the state level.

5CHC has a track record of braiding government and private funding streams to meet the needs of our community. Several State and Federal grants require a local match. In 2020, 5CHC leveraged over \$500,000 in private contributions to support 8 different programs that were also funded through government support (of over \$1 Million).

**3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.**

Lumina Alliance maintains a finance department comprised of our Chief Financial Officer (CFO), Budget Analyst, and two Bookkeepers with a third Bookkeeper position for which we are currently hiring. Our CFO reports directly to Lumina Alliance's Chief Executive Officer (CEO).

5CHC's grants administrator prepares all payment requests, which are then reviewed by the agency's Associate Director and Executive Director prior to submittal. All funding requests are dual tracked through the agency's financial accounting process in Quickbooks by class and grant and a program-based master assistance file. All expenditures for the program are verified for eligibility against program budget with appropriate back-up documentation, copies of which are maintained separately for review and monitoring.

**4. Are there any unresolved HUD monitoring or No  
OIG audit findings for any HUD grants (including  
ESG) under your organization?**

### 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: Lumina Alliance New DV Bonus RRH Expansion 2024
  
- 4. Project Status: Standard
  
- 5. Component Type: PH
  
- 5a. Select the type of PH project: RRH
  
- 6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? Yes
  
- 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.

Lumina Alliance (LA) will provide rapid rehousing services to survivors of intimate partner violence (IPV) in San Luis Obispo County based on the Housing First model. LA will also provide comprehensive wraparound services including advocacy, case management, legal support, and therapy to increase survivors' sense of safety and self-sufficiency and help them retain permanent housing after their exit from our organization's housing programs. LA will request surveys to track the efficacy of our services and maintain the organization's internal HMIS-compliant database to track survivor demographics and retention rates. 5Cities Homeless Coalition will support the project by providing rapid rehousing services to survivors of IPV.

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	60	60	60	60
Begin program participant enrollment	90	90	90	90
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	120	120	120	120
Leased or rental assistance units or structure, and supportive services near 100% capacity	180	180	180	180
Closing on purchase of land, structure(s), or execution of structure lease	0	0	0	0
Start rehabilitation	0	0	0	0
Complete rehabilitation	0	0	0	0
Start new construction	0	0	0	0
Complete new construction	0	0	0	0

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 type="checkbox"/>	Survivors	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Use Disorders	<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. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? **Yes**

**5. Housing First**

5a. Will the project quickly move participants into permanent housing? **Yes**

5b. Will the project enroll program participants who have the following barriers? **Select all that apply.**

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

5c. Will the project prevent program participant termination for the following reasons? **Select all that apply.**

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

**5d. Will the project follow a "Housing First" approach?** Yes  
(Click 'Save' to update)

**6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program?** No

**7. Will more than 16 persons live in a single structure?** No

### 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 2024 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: CA2188

1b. Eligible Renewal Grant Project Name: DV RRH 2024

2. Will this expansion project increase the number of program participants? Yes

2a.	Currently Approved Renewal Numbers (from "Stand-alone Renewal" project application)	
	Number of persons (From renewal application Screen 5A)	176
	Number of units (From renewal application Screen 4B)	27
	Number of beds (From renewal application Screen 4B)	59
2b.	New Requested Numbers to Add (from this "Stand-alone New" project application)	
	Number of additional persons (From this new application Screen 5A)	54
	Number of additional units (From this new application Screen 4B)	2
	Number of additional beds (From this new application Screen 4B)	50

3. Will this expansion project provide additional supportive services to program participants? Yes

3a. Indicate how the project will provide additional supportive services to program participants.  
 (Check one or both boxes)

Increase number of or expand supportive services provided	<input type="checkbox"/>
Increase frequency or intensity of supportive services	<input type="checkbox"/>

4. Will this expansion project bring existing facilities up to government health or safety standards? No

## **4A. Supportive Services for Participants**

### **1. Describe how program participants will be assisted to obtain and remain in permanent housing.**

Note: If applying for DV Bonus or DV Reallocation, you must describe how the project will include trauma-informed, victim-centered approaches in their strategies to assist participants to obtain or remain in permanent housing.

Our Advocates will offer the following follow-up supportive services for at least three months after a victim has secured permanent housing: case management to create client driven goals, provide support achieving those goals, and tools to promote safety and housing stability; connection to resources in the community to become established in their new home, including assistance with furnishings and new school enrollment; continued advocacy with partner agencies and landlords, as well as employment agencies to secure financial and social services that will ensure steady income and housing moving forward; safety planning which may include signing up for the Safe at Home confidential P.O. box program, lock installation, or restraining order application support; offering other therapy and crisis support as needed.

### **2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.**

LA maintains MOUs with 48 entities throughout SLO County to ensure that we are receiving referrals when IPV is disclosed outside of our organization and that we have relationships with organizations providing additional services to whom we can refer clients when necessary. We work regularly and closely with organizations such as 5Cities Homeless Coalition, El Camino Homeless Organization (ECHO), Community Action Partnership of San Luis Obispo County (CAPSLO), Community Counseling Center (CCC), and more to connect survivors with services in the community to create a network of support.

LA participates on multi-disciplinary teams and partners with numerous community stakeholders in an effort to ensure a coordinated community response to IPV. LA is an active member of the Homeless Services Oversight Council - which compiles community data about homelessness to make policy and funding recommendations to the Board of Supervisors. We also participate in the SLO Supportive Housing Consortium, which brings together homeless service providers to address community-specific housing needs and to ensure efficient access to diverse homeless prevention and intervention resources. LA offers outreach and education on the dynamics of IPV, how to respond to disclosure and connect survivors with LA services, and the survivors' needs for safety that are unique to this population. Community partners include landlords and the Housing Authority of SLO, housing and homeless programs such as Peoples Self-Help Housing and 40-Prado Homeless Shelter, legal assistance providers such as California Rural Legal Assistance and SLO Legal Assistance Foundation, law enforcement, the District Attorney's (DA) Office and Victim/Witness, employment agencies such as Eckerd Workforce Development, the Department of Social Services, and others. LA also holds leadership roles on the Intimate Partner Violence Coalition (DV Task Force) and the SART Advisory Board.

**3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.  
 Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	As needed
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Weekly
Child Care	Applicant	As needed
Education Services	Applicant	As needed
Employment Assistance and Job Training	Applicant	As needed
Food	Applicant	As needed
Housing Search and Counseling Services	Applicant	Weekly
Legal Services	Applicant	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Applicant	Weekly
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Applicant	Monthly
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Applicant	As needed

Utility Deposits

Applicant	As needed
-----------	-----------

**Identify whether the project will include the following activities:**

**4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Yes

**5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed?** Yes

**6. Will program participants have access to SSI/SSDI technical assistance provided by the project applicant, subrecipient, or partner agency?** No

## 4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

**Total Units:** 29

**Total Beds:** 109

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Single Room Occupancy (SRO)...	---	12	32	0
Single Room Occupancy (SRO)...	---	2	50	0
Clustered apartments	---	15	27	0

## 4B. Housing Type and Location Detail

1. **Housing Type:** Single Room Occupancy (SRO) units

2. **Indicate the maximum number of units and beds available for program participants at the selected housing site.**

a. **Units:** 12

b. **Beds:** 32

3. **Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 51 Zaca Lane

**Street 2:** Suite 150

**City:** San Luis Obispo

**State:** California

**ZIP Code:** 93401

**\*4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.  
(for multiple selections hold CTRL key)**

069079 San Luis Obispo County

## 4B. Housing Type and Location Detail



**1. Housing Type:** Single Room Occupancy (SRO) units

**2. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

**a. Units:** 2

**b. Beds:** 50

**3. Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** [REDACTED]

**Street 2:**

**City:** [REDACTED]

**State:** California

**ZIP Code:** [REDACTED]

**\*4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.  
(for multiple selections hold CTRL key)**

069079 San Luis Obispo County

## **4B. Housing Type and Location Detail**

**1. Housing Type:** Clustered apartments

**2. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

**a. Units:** 15

**b. Beds:** 27

**3. Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** [REDACTED]

**Street 2:**

**City:** [REDACTED]

**State:** California

**ZIP Code:** [REDACTED]

**\*4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

069079 San Luis Obispo County

## 5A. Project Participants - Households

**Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.**

**Households Table**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
<b>Number of Households</b>	52	70		122
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
<b>Persons over age 24</b>	51	65		116
<b>Persons ages 18-24</b>	7	7		14
<b>Accompanied Children under age 18</b>	100			100
<b>Unaccompanied Children under age 18</b>				0
<b>Total Persons</b>	158	72	0	230

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

**Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.**

### Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	10					3	51			
Persons ages 18-24	1					1	7			
Children under age 18	5					1	100	1	1	
<b>Total Persons</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>158</b>	<b>1</b>	<b>1</b>	<b>0</b>

**Click Save to automatically calculate totals**

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	18			1		20	65	8		
Persons ages 18-24	3					1	7	1		
<b>Total Persons</b>	<b>21</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>21</b>	<b>72</b>	<b>9</b>	<b>0</b>	<b>0</b>

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Data on this screen should be based on Maximum Occupancy at a single point in time. It should not be based on the estimated amount of participants that will be served throughout the grant term.**

## 6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2026? Yes
2. What type of CoC funding is this project applying for in this CoC Program Competition? DV Bonus
- 2a. Will the project serve exclusively households who are eligible to be served with DV Bonus funding (survivors of domestic violence, dating violence, sexual assault, and/or stalking)? Yes – will exclusively serve DV Bonus eligible population  
(Projects that are focused on other populations, including survivors of human trafficking, should select “No” unless the project will be limited specifically to survivors of domestic violence, dating violence, sexual assault, and/or stalking.)
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Select a grant term: 1 Year

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

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>
VAWA	<input checked="" type="checkbox"/>
Rural	<input type="checkbox"/>

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? No  
(13 to 18 months)

## 6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

Total Annual Assistance Request:	\$68,052
Grant Term:	1 Year
Total Request for Grant Term:	\$68,052
Total Units:	3

The number of beds for which funding has been requested in the Rental Assistance budget is 5.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	CA - San Luis Obispo-Paso Robles-Arro...	3	\$68,052

## Rental Assistance Budget Detail

**Instructions:**

**Type of Rental Assistance:** Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

**Metropolitan or non-metropolitan fair market rent area:** This is a required field. Select the FY 2023 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

**Size of Units:** These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

**# of units:** This is a required field. For each unit size, enter the number of units for which funding is being requested.

**FMR:** These fields are populated with the FY 2023 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

**12 Months:** These fields are populated with the value 12 to calculate the annual rent request.

**Total Request:** This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

**Total Units and Annual Assistance Requested:** The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

**Grant Term:** This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** CA - San Luis Obispo-Paso Robles-Arroyo Grande, CA MSA (0607999999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	\$1,046	x	12		=	\$0
0 Bedroom		x	\$1,394	x	12		=	\$0
1 Bedroom	1	x	\$1,561	x	12		=	\$18,732



2 Bedrooms	2	x	\$2,055	x	12	=	\$49,320
3 Bedrooms		x	\$2,834	x	12	=	\$0
4 Bedrooms		x	\$3,155	x	12	=	\$0
5 Bedrooms		x	\$3,628	x	12	=	\$0
6 Bedrooms		x	\$4,102	x	12	=	\$0
7 Bedrooms		x	\$4,575	x	12	=	\$0
8 Bedrooms		x	\$5,048	x	12	=	\$0
9 Bedrooms		x	\$5,521	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	3						\$68,052
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$68,052

Click the 'Save' button to automatically calculate totals.

## 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
1. Assessment of Service Needs	0.1 FTE Client Services Director @ \$89,232 + Benefits @ 20% of wages, 0.05 FTE Chief Program Officer @ \$127,700 + Benefits @ 20% of wages	\$15,308
2. Assistance with Moving Costs		
3. Case Management	1 FTE Housing Advocate @ \$59,800 + Benefits @ 20% of wages	\$59,800
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services	\$45,000 annual cost for 5Cities Homeless Coalition Subrecipient Rapid Re-housing Services (rental assistance and deposits)	\$45,000
9. Legal Services		
10. Life Skills		
11. Mental Health Services	1 FTE Associate/Licensed Therapists/Therapist Trainees @ \$73,008 + Benefits @ 20% of wages	\$73,008
12. Outpatient Health Services		
13. Outreach Services	0.06 FTE Housing Services Director @ \$93,610 + Benefits @ 20% of wages	\$5,617
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs	Fringe Benefits @ 20% of Personnel	\$30,747
<b>Total Annual Assistance Requested</b>		<b>\$229,480</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$229,480</b>

Click the 'Save' button to automatically calculate totals.

# VAWA Budget

## VAWA Budget

In FY2024, 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 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:	
Estimated budget amount for VAWA Confidentiality Requirements:	

CoC VAWA BLI Total:	\$0
Grant Term	1 Year
Total Request for Grant Term	\$0

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:	\$81,748
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$81,748

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	Government	California Govern...	\$81,748

## Sources of Match Detail

- 1. **Type of Match commitment:** Cash
- 2. **Source:** Government
- 3. **Name of Source:** California Governor's Office of Emergency Services Housing First (XD) Grant Program  
**(Be as specific as possible and include the office or grant program as applicable)**
- 4. **Amount of Written Commitment:** \$81,748

## 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)	\$68,052	1 Year	\$68,052
4. Supportive Services (Screen 6F)	\$229,480	1 Year	\$229,480
5. Operating (Screen 6G)	\$0	1 Year	\$0
6. HMIS (Screen 6H)	\$0	1 Year	\$0
&nbsp;7. VAWA	\$0	1 Year	\$0
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$297,532
10. Admin (Up to 10% of Sub-total in #9)			\$29,457
11. HUD funded Sub-total + Admin. Requested			\$326,989
12. Cash Match (From Screen 6I)			\$81,748
13. In-Kind Match (From Screen 6I)			\$0
14. Total Match (From Screen 6I)			\$81,748
15. Total Project Budget for this grant, including Match			\$408,737

Click the 'Save' button to automatically calculate totals.

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Lumina Alliance S...	10/10/2024
2) Other Attachment(s)	No	5Cities Homeless ...	10/10/2024
3) Other Attachment(s)	No		



## Attachment Details

**Document Description:** Lumina Alliance Subrecipient Nonprofit Documentation

## Attachment Details

**Document Description:** 5Cities Homeless Coalition Nonprofit Status

## 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:** 10/10/2024  
**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

## 8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
New Project Application FY2024	Page 56 10/25/2024

<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	09/17/2024
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	09/17/2024
<b>1E. SF-424 Compliance</b>	09/17/2024
<b>1F. SF-424 Declaration</b>	09/17/2024
<b>1G. HUD 2880</b>	09/17/2024
<b>1H. HUD 50070</b>	09/17/2024
<b>1I. Cert. Lobbying</b>	09/17/2024
<b>1J. SF-LLL</b>	09/17/2024
<b>IK. SF-424B</b>	09/17/2024
<b>1L. SF-424D</b>	09/17/2024
<b>2A. Subrecipients</b>	10/10/2024
<b>2B. Experience</b>	09/17/2024
<b>3A. Project Detail</b>	09/17/2024
<b>3B. Description</b>	09/17/2024
<b>3C. Expansion</b>	09/17/2024
<b>4A. Services</b>	09/17/2024
<b>4B. Housing Type</b>	09/17/2024
<b>5A. Households</b>	09/17/2024
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	09/17/2024
<b>6E. Rental Assistance</b>	09/17/2024
<b>6F. Supp Srvcs Budget</b>	09/18/2024
<b>VAWA Budget</b>	No Input Required
<b>6I. Match</b>	10/10/2024
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	10/10/2024
<b>7D. Certification</b>	09/17/2024

OGDEN UT 84201-0046

In reply refer to: 0423263449  
Mar. 11, 2022 LTR 3910C 0  
\*\*-\*\*\*0729 000000 00

00029276  
BODC: TE

LUMINA ALLIANCE  
PO BOX 125  
SN LUIS OBISP CA 93406

074520

Dear Taxpayer:

Thank you for the inquiry dated Oct. 28, 2021.

This letter confirms that your employer identification number (EIN) as shown on our records is 95-3370729 and your name as shown on our records is LUMINA ALLIANCE

Attach a copy of this letter to a copy of the notice you received and return both items to the payers who asked you to verify your EIN.

You can get any of the forms, publications, or instructions mentioned in this letter by calling 1-800-TAX-FORM (1-800-829-3676) or visiting our website at [www.irs.gov/formspubs](http://www.irs.gov/formspubs).

If you have questions, you can call IRS Customer Account Services at 1-877-829-5500.

If you prefer, you can write to us at the address at the top of the first page of this letter. When you write, include this letter and provide in the spaces below, your telephone number and the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

Sincerely yours,

*Cynthia Crowell*

Cynthia J. Crowell  
Department Manager, Entity

Enclosures:  
Copy of this letter

Internal Revenue Service  
District Director

Department of the Treasury  
LA:EO:79 122E

Date: 07 JUN 1979

95-3370729

Woman's Crisis House of San Luis  
Obispo Inc.  
738 Higuera Street, Suite A  
San Luis Obispo, California 93401

Employer Identification Number:  
Accounting Period Ending:  
June 30  
Foundation Status Classification:  
170(b)(1)(A)(vi) and 509(c)(1)  
Advance Ruling Period Ends:  
June 30, 1981  
Person to Contact:  
B. Brewer  
Contact Telephone Number:  
(213) 688-4889

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 170(b)(1)(A)(vi) and 509(a)(1).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section 170(b)(1)(A)(vi) organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 170(b)(1)(A)(vi) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 170(b)(1)(A)(vi) organization.

P.O. Box 2350, Los Angeles, Calif. 90053

(over)

Letter 1045(DO)

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should call us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

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.

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than \$10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

See Attached.

Sincerely yours,

rrd

District Director



## Internal Revenue Service

Department of the Treasury

District  
Director

P.O. Box 2350 Los Angeles, Calif. 90053

Women's Crisis House of San Luis  
Obispo, Inc.  
738 Higuera Street, Suite A  
San Luis Obispo, CA 93401

Our Letter Dated: June 7, 1979

Person to Contact: Norma Jules

Telephone Number: (213) 688-4553

Refer Reply to:

Date: JAN 14 1982

Gentlemen:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section 509(a)(1)\*. Your exempt status under section 501(c)(3) of the Code is still in effect. ←

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1)\* status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1)\* organization.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



District Director

\*and 170(b)(1)(A)(vi)

Internal Revenue Service  
District Director

Department of the Treasury

Date: JUL 09 1990

Date of Exemption: MARCH 1978

Internal Revenue Code Section: 501(c)(3)

Refer Reply to: 95-3370729

▷ WOMEN'S SHELTER PROGRAM, INC.  
OF SAN LUIS OBISPO COUNTY  
PO BOX 125  
SAN LUIS OBISPO, CA. 93406

Gentlemen:

Thank you for submitting the information shown below. We have made it a part of your file.

The changes indicated do not adversely affect your exempt status and the exemption letter issued to you continues in effect.

Please let us know about any future change in the character, purpose, method of operation, name or address of your organization. This is a requirement for retaining your exempt status.

Thank you for your cooperation.

Sincerely yours,



District Director

Item Changed

From

To

NAME:

WOMEN'S CRISIS HOUSE  
OF SAN LUIS OBISPO, INC.

WOMEN'S SHELTER PROGRAM, INC.  
OF SAN LUIS OBISPO COUNTY

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **AUG 30 2009**

SCITIES HOMELESS COALITION  
C/O PATRICIA DIEFENDERFER  
592 S 13TH ST  
GROVER BEACH, CA 93433-3820

Employer Identification Number:  
27-0413593  
DLN:  
17053205320009  
Contact Person:  
CHRIS BROWN ID# 31503  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
February 17, 2009  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

5CITIES HOMELESS COALITION

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Choi". The signature is stylized with a large, looped initial "R" and a cursive "C".

Robert Choi  
Director, Exempt Organizations  
Rulings and Agreements

Enclosures: Publication 4221-PC

## 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 2024 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition). The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- Before starting 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).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2023 Project Application will be imported into the FY 2024 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2024 CoC Program Competition NOFO.

## 1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/06/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA2188

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

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-6800-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: DV RRH 2024

16. Congressional District(s):

a. Applicant: CA-024  
(for multiple selections hold CTRL key)

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

17. Proposed Project

a. Start Date: 07/01/2025

b. End Date: 06/30/2026

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: 09/06/2024

# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Number: 2501-0017 Expiration Date: 01/31/2026**

## 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: \$150,438.00**

(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
---

**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:** 09/06/2024

# 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. 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.	e. 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 Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees — (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. 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 — (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 (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;
c. 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.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will — (1) Abide by the terms of the statement; and (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;	

### 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
---

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:** 09/06/2024

# 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:** 09/06/2024

# 1J. SF-LLL

## DISCLOSURE OF LOBBYING ACTIVITIES

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.  
Approved by OMB: 4040-0013 (exp. 02/28/2025)**

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 Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/06/2024

## IK. SF-424B

### (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007  
Expiration Date: 02/28/2025

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:** 09/06/2024



## Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2024 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2023 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2023 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2024 CoC Competition.

## Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input checked="" type="checkbox"/>
6C. Rental Assistance	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
<b>Part 7 - Attachment(s) &amp; Certification</b>	
7A. Attachment(s)	<input checked="" type="checkbox"/>

7B. Certification	<input type="checkbox"/>

**You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):**

- project detail
- project description

**You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.**

## Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Not Applicable

1a. If you did not submit your APR on time to the SAGE website, provide an explanation.

The annual performance report is due on September 29, 2024, so has not yet been submitted.

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

## **Renewal Grant Consolidation or Renewal Grant Expansion**

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to **ONLY** submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to **ONLY** submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.



We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

**1. Is this renewal project application requesting to consolidate or expand? No**

If "No" click on "Next" or "Save & Next" below to move to the next screen.

## 2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: \$145,170

Organization	Type	Sub-Award Amount
Lumina Alliance	M. Nonprofit with 501C3 IRS Status	\$145,170

## 2A. Project Subrecipients Detail

**a. Organization Name:** Lumina Alliance

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 95-3370729

**d. Unique Entity Identifier:** HM5TDHNPWQW3

**e. Physical Address**

**Street 1:** 51 Zaca Lane Suite 150

**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:** \$145,170

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Kaitlin

**Middle Name:**  
**Last Name:** Goodpaster  
**Suffix:**  
**Title:** Grants Administrator  
**E-mail Address:** grants@luminaalliance.org  
**Confirm E-mail Address:** grants@luminaalliance.org  
**Phone Number:** 805-781-6400  
**Extension:** 504  
**Fax Number:**

Documentation of the subrecipient's nonprofit status is required with the submission of this application.



## 3A. Project Detail

**1. Expiring Grant Project Identification Number (PIN):** CA2188

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

**2. CoC Number and Name:** CA-614 - San Luis Obispo County CoC

**3. CoC Collaborative Applicant Name:** County of San Luis Obispo

**4. Project Name:** DV RRH 2024

**5. Project Status:** Standard

**6. Component Type:** PH

**6a. Select the type of PH project.** RRH

**7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** Yes

**9. 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.

Lumina Alliance (LA) will provide rapid rehousing services to survivors of intimate partner violence (IPV) in San Luis Obispo County based on the Housing First model. LA will also provide comprehensive wraparound services including advocacy, case management, legal support, and therapy to increase survivors' sense of safety and self-sufficiency and help them retain permanent housing after their exit from our organization's housing programs. LA will request surveys to track the efficacy of our services and maintain the organization's internal HMIS-compliant database to track survivor demographics and retention rates.

2. 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 type="checkbox"/>	Survivors	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Use Disorders	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other(Click 'Save' to update)	<input type="checkbox"/>

### 3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>

History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

**3c. Will the project prevent program participant termination for the following reasons? Select all that apply.**

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

**3d. Does the project follow a "Housing First" approach? Yes**

## 4A. Supportive Services for Program Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.  
 Click 'Save' to update.

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	As needed
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Weekly
Child Care	Applicant	As needed
Education Services	Applicant	As needed
Employment Assistance and Job Training	Applicant	As needed
Food	Applicant	As needed
Housing Search and Counseling Services	Applicant	Weekly
Legal Services	Applicant	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Applicant	Weekly
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Applicant	Monthly
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	Applicant	As needed

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

**4. Will program participants have access to SSI/SSDI technical assistance provided by the project applicant, subrecipient, or partner agency?** No

## 4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 26

Total Beds: 92

Housing Type	Housing Type (JOINT)	Units	Beds
Single Room Occupancy (SRO)...	---	16	44
Clustered apartments	---	10	48

## 4B. Housing Type and Location Detail

**Note:** These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

**1. Housing Type:** Single Room Occupancy (SRO) units

**2. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

**a. Units:** 16

**b. Beds:** 44

**3. Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** P.O. Box 125

**Street 2:**

**City:** San Luis Obispo

**State:** California

**ZIP Code:** 93406

**4. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

069079 San Luis Obispo County

## 4B. Housing Type and Location Detail

**Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.**

**1. Housing Type:** Clustered apartments

**2. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

**a. Units:** 10

**b. Beds:** 48

**3. Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** P.O. Box 125

**Street 2:**

**City:** San Luis Obispo

**State:** California

**ZIP Code:** 93406

**4. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

069079 San Luis Obispo County



## 5A. Program Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**Note:** These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	40	54	0	94
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	39	50		89
Persons ages 18-24	5	5		10
Accompanied Children under age 18	77		0	77
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	121	55	0	176

Click Save to automatically calculate totals

## 5B. Program Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**Note:** These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

### Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	8	0	0	0	0	2	39	0	0	0
Persons ages 18-24	1	0	0	0	0	1	5	0	0	0
Children under age 18	4			0	0	1	77	1	1	0
<b>Total Persons</b>	13	0	0	0	0	4	121	1	1	0

Click Save to automatically calculate totals

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	14	0	0	1	0	15	50	6	0	0
Persons ages 18-24	2	0	0	0	0	1	5	1	0	0
<b>Total Persons</b>	16	0	0	1	0	16	55	7	0	0

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										

Unaccompanied Children under age 18										
<b>Total Persons</b>	0			0	0	0	0	0	0	0

## 6A. Funding Request

### VAWA Budget

In FY2024, 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 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.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? Yes

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? Yes

**Rural Cost Budget**

In FY2024, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.
- Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units.
- Staff Training to include professional development, skill development, and staff retention activities.

3. Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO? Yes

4. Does this project propose to allocate funds according to an indirect cost rate? No

5. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year



6. Select the costs for which funding is requested:

Rental Assistance	X
Supportive Services	X
HMIS	

VAWA	<input checked="" type="checkbox"/>
Rural	<input type="checkbox"/>

**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.**

## 6C. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

Total Request for Grant Term:	\$58,668
Total Units:	2

The number of beds for which funding has been requested in the Rental Assistance budget is 5.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	CA - San Luis Obispo-Paso Robles-Arro...	2	\$58,668

## Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: CA - San Luis Obispo-Paso Robles-Arroyo Grande, CA MSA (0607999999)



Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months	Total Request (Applicant)
SRO		x	\$1,046	\$1,046	x	12 =	\$0
0 Bedroom		x	\$1,394	\$1,394	x	12 =	\$0
1 Bedroom	0	x	\$1,561	\$1,561	x	12 =	\$0
2 Bedrooms	1	x	\$2,055	\$2,055	x	12 =	\$24,660
3 Bedrooms	1	x	\$2,834	\$2,834	x	12 =	\$34,008
4 Bedrooms		x	\$3,155	\$3,155	x	12 =	\$0
5 Bedrooms		x	\$3,628	\$3,628	x	12 =	\$0
6 Bedrooms		x	\$4,102	\$4,102	x	12 =	\$0
7 Bedrooms		x	\$4,575	\$4,575	x	12 =	\$0
8 Bedrooms		x	\$5,048	\$5,048	x	12 =	\$0
9 Bedrooms		x	\$5,521	\$5,521	x	12 =	\$0
<b>Total Units and Annual Assistance Requested</b>							\$58,668
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$58,668

Click the 'Save' button to automatically calculate totals.



## 6D. 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 Value of Cash Commitments:	\$350,000
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$350,000

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

**Note: The estimated amount of program income that will be used as Match should not exceed the total value of all match commitments entered below**

Type	Source	Contributor	Value of Commitments
Cash	Government	California Govern...	\$350,000

## Sources of Match Detail

- 1. **Type of Match Commitment:** Cash
- 2. **Source:** Government
- 3. **Name of Source:** California Governor's Office of Emergency Services Housing First (XD) Grant Program  
**(Be as specific as possible and include the office or grant program as applicable)**
- 4. **Amount of Written Commitment:** \$350,000

## 6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	\$0
1b. Leased Structures (Enter)	\$0
2. Rental Assistance (Screen 6C)	\$58,668
3. Supportive Services (Enter)	\$78,667
4. Operating (Enter)	\$0
5. HMIS (Enter)	\$0
6. VAWA (Enter)	\$0
7. Rural (Enter) (Only for HUD CoC Program approved rural areas)	\$0
8. Sub-total of CoC Program Costs Requested	\$137,335
9. Admin (Up to 10% of Sub-total in #8)	\$13,103
10. HUD funded Sub-total + Admin. Requested	\$150,438
11. Cash Match (From Screen 6D)	\$350,000
12. In-Kind Match (From Screen 6D)	\$0
13. Total Match (From Screen 6D)	\$350,000
14. Total Project Budget for this grant, including Match	\$500,438

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	EIN Letter of Non...	08/16/2023
2) Other Attachment	No		
3) Other Attachment	No		

## Attachment Details

**Document Description:** EIN Letter of Nonprofit Status

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## 7B. 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:** 09/06/2024

**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

## 8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/03/2024
1B. SF-424 Legal Applicant	09/03/2024
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/03/2024
Renewal Project Application FY2024	Page 52 09/06/2024



1E. SF-424 Compliance	09/03/2024
1F. SF-424 Declaration	09/03/2024
1G. HUD 2880	09/03/2024
1H. HUD-50070	09/03/2024
1I. Cert. Lobbying	09/03/2024
1J. SF-LLL	09/03/2024
IK. SF-424B	09/03/2024
Submission Without Changes	09/03/2024
Recipient Performance	09/03/2024
Renewal Grant Consolidation or Renewal Grant Expansion	09/03/2024
2A. Subrecipients	09/03/2024
3A. Project Detail	09/05/2024
3B. Description	09/05/2024
4A. Services	09/03/2024
4B. Housing Type	09/03/2024
5A. Households	09/03/2024
5B. Subpopulations	No Input Required
6A. Funding Request	09/05/2024
6C. Rental Assistance	09/05/2024
6D. Match	09/05/2024
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/03/2024
7B. Certification	09/06/2024

Internal Revenue Service  
District Director

Department of the Treasury  
LA:EO:79 122E

Date: 07 JUN 1979

95-3370729

Woman's Crisis House of San Luis  
Obispo Inc.  
738 Higuera Street, Suite A  
San Luis Obispo, California 93401

Employer Identification Number:  
Accounting Period Ending:  
June 30  
Foundation Status Classification:  
170(b)(1)(A)(vi) and 509(c)(1)  
Advance Ruling Period Ends:  
June 30, 1981  
Person to Contact:  
B. Brewer  
Contact Telephone Number:  
(213) 688-4889

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 170(b)(1)(A)(vi) and 509(a)(1).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section 170(b)(1)(A)(vi) organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 170(b)(1)(A)(vi) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 170(b)(1)(A)(vi) organization.

P.O. Box 2350, Los Angeles, Calif. 90053

(over)

Letter 1045(DO)

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should call us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

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.

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than \$10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

See Attached.

Sincerely yours,

rrd

District Director

## Internal Revenue Service

Department of the Treasury

District  
Director

P.O. Box 2350 Los Angeles, Calif. 90053

Women's Crisis House of San Luis  
Obispo, Inc.  
738 Higuera Street, Suite A  
San Luis Obispo, CA 93401

Our Letter Dated: June 7, 1979

Person to Contact: Norma Jules

Telephone Number: (213) 688-4553

Refer Reply to:

Date: JAN 14 1982

Gentlemen:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section 509(a)(1)\*. Your exempt status under section 501(c)(3) of the Code is still in effect. ←

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1)\* status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1)\* organization.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



District Director

\*and 170(b)(1)(A)(vi)

Internal Revenue Service  
District Director

Department of the Treasury

Date: JUL 09 1990

Date of Exemption: MARCH 1978

Internal Revenue Code Section: 501(c)(3)

Refer Reply to: 95-3370729

▷ WOMEN'S SHELTER PROGRAM, INC.  
OF SAN LUIS OBISPO COUNTY  
PO BOX 125  
SAN LUIS OBISPO, CA. 93406

Gentlemen:

Thank you for submitting the information shown below. We have made it a part of your file.

The changes indicated do not adversely affect your exempt status and the exemption letter issued to you continues in effect.

Please let us know about any future change in the character, purpose, method of operation, name or address of your organization. This is a requirement for retaining your exempt status.

Thank you for your cooperation.

Sincerely yours,



District Director

Item Changed

From

To

NAME:

WOMEN'S CRISIS HOUSE  
OF SAN LUIS OBISPO, INC.

WOMEN'S SHELTER PROGRAM, INC.  
OF SAN LUIS OBISPO COUNTY

## 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 2024 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition). The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- Before starting 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).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2023 Project Application will be imported into the FY 2024 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2024 CoC Program Competition NOFO.

## 1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/05/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA0737

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

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-6800-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:** HMIS 2024

**16. Congressional District(s):**

**a. Applicant:** CA-024  
(for multiple selections hold CTRL key)

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

**17. Proposed Project**

**a. Start Date:** 11/01/2025

**b. End Date:** 10/31/2026

**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: 09/05/2024

# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Number: 2501-0017 Expiration Date: 01/31/2026**

## 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: \$61,160.00**

(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
---

**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:** 09/05/2024



# 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 Federal agency 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>

### 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
---

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:** 09/05/2024

## 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:** 09/05/2024

# 1J. SF-LLL

## DISCLOSURE OF LOBBYING ACTIVITIES

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.  
Approved by OMB: 4040-0013 (exp. 02/28/2025)**

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 Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/05/2024

# IK. SF-424B

## (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007  
Expiration Date: 02/28/2025

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:** 09/05/2024

## Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2024 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2023 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2023 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2024 CoC Competition.

## Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. HMIS Standards	<input checked="" type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
<b>Part 7 - Attachment(s) &amp; Certification</b>	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

**You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):**

Minor changes and updates to the HMIS Project Description and HMIS Standards to reflect updates to staff and organization titles.

**You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.**

## Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes
  
2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No
  
3. Do you draw funds quarterly for your current renewal project? Yes
  
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

## **Renewal Grant Consolidation or Renewal Grant Expansion**

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to **ONLY** submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to **ONLY** submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.



We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

**1. Is this renewal project application requesting to consolidate or expand? No**

If "No" click on "Next" or "Save & Next" below to move to the next screen.

## 2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

### 3A. Project Detail

**1. Expiring Grant Project Identification Number (PIN):** CA0737

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

**2. CoC Number and Name:** CA-614 - San Luis Obispo County CoC

**3. CoC Collaborative Applicant Name:** County of San Luis Obispo

**4. Project Name:** HMIS 2024

**5. Project Status:** Standard

**6. Component Type:** HMIS

**7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No

**9. 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.**

The County of San Luis Obispo serves as the HMIS Lead for the San Luis Obispo County CoC and contracts with a vendor to continue providing a web-based HMIS program countywide. Funds will be used to purchase software licenses and pay annual fees, and will also pay for salaries for those administering the HMIS program (for the HMIS Program Manager and Program Review Specialist). The HMIS Administrator will ensure compliance with HMIS data standards reporting requirements, analyze data, train staff on using HMIS, monitor and review HMIS data, and prepare all required reporting. Additionally, funding will support travel/ training expenditures for HUD-approved training on HMIS. During the current grant year, our HMIS database completed a migration to a new vendor and added 15 new projects for a total of 122 Continuum Projects. There are currently 133 active users and 14 agencies. Our HMIS now supports the data being shared with the state of California's HDIS and is in full compliance with AB977. HMIS supports HUD CoC, ESG, CDBG, VA, HHS, State and locally funded projects.

## 4A. HMIS Standards

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2024 HMIS Data Standard Manual? Yes

2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report (AHAR), System Performance Measures (SPM), and Data Quality Table, etc.). Yes

3. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS? Yes

4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC? Yes

5. Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures.

The Homeless Services Oversight Council (HSOC) is the CoC Governing Board for the San Luis Obispo County CoC. The HSOC provides oversight for the management and operation of the San Luis Obispo County CoC HMIS. In 2014, the HSOC designated the County of San Luis Obispo as the HMIS Lead as required by 24 CFR 578.7. The HSOC Data & Performance Committee (previously Finance and Data Committee) is responsible for governance of data collection, Policy and Procedure review, and reporting, including the bi-annual Point in Time Count and HMIS. The HMIS Lead updates the HSOC Data & Performance Committee on a monthly basis and brings recommendations on updates to HMIS Policies and Procedures annually. The HSOC Data & Performance votes to recommend any changes to HMIS to the Full CoC Governing Board for approval.

6. Who is responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?

The HMIS Lead in consultation with the Homeless Services Oversight Council, The CoC Governing Board, is responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners. Privacy and security standards are reviewed annually along all Policy and Procedures. HMIS end-users are required to complete training annually.

**7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis?** Yes

**8. What is the CoC’s policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?**

Access may be immediately rescinded when any HMIS user is suspected of breaching the Partner Agency User Agreement, violating the Policies & Procedures, or breaching confidentiality or security, while an investigation by the HMIS Lead and the Partner Agency is conducted. If the user is found to have breached or violated the above, and the Partner Agency does not otherwise permanently deactivate the user from the system (termination of employment, reassignment of duties) the HMIS Lead has the right to permanently deactivate the account thereby denying access to the system for that user.

Violation of the policies and procedures set forth in the document will have serious consequences. Any deliberate or unintentional action resulting in a breach of confidentiality or loss of data integrity may result in the withdrawal of system access for the offending entity.

## 6A. Funding Request

### VAWA Budget

In FY2024, 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 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.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

**Rural Cost Budget**

In FY2024, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.
- Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units.
- Staff Training to include professional development, skill development, and staff retention activities.

3. Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO? No

4. Does this project propose to allocate funds according to an indirect cost rate? No



5. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

6. Select the costs for which funding is requested:

HMIS	<input checked="" type="checkbox"/>
VAWA	<input checked="" type="checkbox"/>
Rural	<input type="checkbox"/>

**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.**

## 6D. 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 Value of Cash Commitments:	\$15,290
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$15,290

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Contributor	Value of Commitments
Cash	Government	CDBG	\$15,290

## Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Government
- 3. Name of Source: CDBG  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$15,290



## 6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	\$0
1b. Leased Structures (Enter)	\$0
2. Rental Assistance (Screen 6C)	\$0
3. Supportive Services (Enter)	\$0
4. Operating (Enter)	\$0
5. HMIS (Enter)	\$58,000
6. VAWA (Enter)	\$0
7. Rural (Enter) (Only for HUD CoC Program approved rural areas)	\$0
8. Sub-total of CoC Program Costs Requested	\$58,000
9. Admin (Up to 10% of Sub-total in #8)	\$3,160
10. HUD funded Sub-total + Admin. Requested	\$61,160
11. Cash Match (From Screen 6D)	\$15,290
12. In-Kind Match (From Screen 6D)	\$0
13. Total Match (From Screen 6D)	\$15,290
14. Total Project Budget for this grant, including Match	\$76,450

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	No		
3) Other Attachment	No		

## Attachment Details

Document Description:

## Attachment Details

Document Description:

## Attachment Details

Document Description:

## 7B. 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:** 09/05/2024  
**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

Page	Last Updated
1A. SF-424 Application Type	09/05/2024
1B. SF-424 Legal Applicant	09/05/2024
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/05/2024
1E. SF-424 Compliance	09/05/2024
1F. SF-424 Declaration	09/05/2024
1G. HUD 2880	09/05/2024

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<b>1H. HUD-50070</b>	09/05/2024
<b>1I. Cert. Lobbying</b>	09/05/2024
<b>1J. SF-LLL</b>	09/05/2024
<b>IK. SF-424B</b>	09/05/2024
<b>Submission Without Changes</b>	09/05/2024
<b>Recipient Performance</b>	09/05/2024
<b>Renewal Grant Consolidation or Renewal Grant Expansion</b>	09/05/2024
<b>2A. Subrecipients</b>	No Input Required
<b>3A. Project Detail</b>	09/05/2024
<b>3B. Description</b>	09/05/2024
<b>4A. HMIS Standards</b>	09/05/2024
<b>6A. Funding Request</b>	09/05/2024
<b>6D. Match</b>	09/05/2024
<b>6E. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	No Input Required
<b>7B. Certification</b>	09/05/2024

## 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 2024 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO and the FY 2024 General Section NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition). The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus, DV Bonus or DV Reallocation. 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. Please review the NOFO for eligibility standards.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- 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 2024 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: 10/17/2024

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:** Laurel  
**Middle Name:**  
**Last Name:** Weir  
**Suffix:**  
**Title:** Administrative Services Manager  
**Organizational Affiliation:** San Luis Obispo County  
**Telephone Number:** (805) 788-9477  
**Extension:**

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

**Email:** lweir@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-6800-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: PSHH Supportive Housing Services 2024

16. Congressional District(s):

16a. Applicant: CA-024

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

17. Proposed Project

a. Start Date: 04/01/2025

b. End Date: 03/31/2026

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:** 10/17/2024

# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Number: 2501-0017 Expiration Date: 01/31/2026**

## 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: \$261,591.00**

(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:** 10/17/2024

# 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. 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.	e. 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 Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees — (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. 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 — (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 (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;
c. 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.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will — (1) Abide by the terms of the statement; and (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;	

## 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:** 10/17/2024

## **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:** 10/17/2024

# 1J. SF-LLL

**DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 Approved by OMB: 4040-0013 (exp. 02/28/2025)**

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:** 10/17/2024



## IK. SF-424B

### (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007  
Expiration Date: 02/28/2025

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:** 10/17/2024

## 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: \$261,591**

Organization	Type	Sub-Award Amount
Peoples' Self-Help Housing Corp.	M. Nonprofit with 501C3 IRS Status	\$261,591

## 2A. Project Subrecipients Detail

**a. Organization Name:** Peoples' Self-Help Housing Corp.

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status  
If "Other" specify:

**c. Employer or Tax Identification Number:** 95-2750154

**d. Unique Entity Identifier:** NHC6G8NUGY17

**e. Physical Address**

**Street 1:** People's Self-Help Housing

**Street 2:** 1060 Kendall Road

**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:** \$261,591

**j. Contact Person**

**Prefix:** Ms.

**First Name:** June  
**Middle Name:**  
**Last Name:** Eastham  
**Suffix:**  
**Title:** Grants Manager  
**E-mail Address:** grants@pshhc.org  
**Confirm E-mail Address:** grants@pshhc.org  
**Phone Number:** 805-548-2345  
**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.**

People's Self-Help Housing (PSHH) has a substantial history of effectively utilizing federal funds and performing the activities proposed in applications. Over the past five years, PSHH has managed and implemented various federally funded projects, demonstrating financial capacity, feasibility, and sustainability.

Key highlights of PSHH's experience include:

- Community Development Block Grant (CDBG) funding from Ventura County and City for over 5 years to provide Supportive Housing Program (SHP) services
- Multi-year CDBG funding from San Luis Obispo County jurisdictions for SHP services
- \$200,000 ARPA award in 2023 for SHP services in San Luis Obispo County
- City of Santa Barbara funding for SHP services at Victoria Hotel and Heath House
- Capital CDBG funding from Santa Maria for Education Department learning center rehab
- Regular grants and forgivable loans to the Multifamily Housing Development Department for new affordable housing properties
- Over \$1 million in Paycheck Protection Program (PPP) funding
- Recurring HUD Technical Assistance funding
- Recurring HUD Service Coordinators in Multifamily Housing funding

As a recipient of more than \$750,000 per year in federal funding, PSHH completes annual Single Audits in conformance with Uniform Guidance Standards, consistently receiving unmodified opinions without findings. In summary, PSHH has extensive, well-documented experience managing federal funds and implementing proposed activities, demonstrating the capacity to effectively carry out this application and oversee federal funding in alignment with guidelines.

**2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.**



As part of our sustainability model, PSHH leverages funds from various sources, including Federal, State, local, and private sector funders. In the past year, PSHH secured approximately \$700,000 in non-federal funds, often using federal funding commitments to attract additional grant funds.

A key strategy PSHH employs involves ongoing renewals of CDBGs and other federal funds leverage base, seeking additional funding from state, local, and private sector sources. This approach demonstrates to potential funders that PSHH has a solid financial foundation and the capacity to manage and implement proposed activities. Additionally, PSHH undergoes an annual Single Audit, which lends further fiscal credibility to the organization.

The Supportive Housing Program (SHP), which provides clinical case management to PSHH households and comprises the supportive services that will be provided to HMIS-registered residents, maintains a 99.9% housing retention rate year-over-year. This program assists over 60% of PSHH's nearly 2000 households every year. The success of this program, combined with support from federal and regional governance bodies, helps PSHH leverage the funding needed to sustain its supportive services, including homeless set-aside units and additional SHP services.

PSHH's experience in leveraging funds contributes to organizational sustainability, allowing us to secure additional funds and maximize the resources available to fulfill our mission and serve community members.

**3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.**

2024PSHH operates on a cash basis and has a comprehensive financial management structure that ensures robust oversight and accountability, meeting the standards of multiple state and federal programs. The Board of Directors, with Kenneth Trigueiro as the CEO and Board President, meets every two months to review and approve the latest financial reports, fulfilling their fiduciary duties.

The CFO reports directly to the CEO and is responsible for the overall financial strategy and operations. He oversees the Finance and Accounting Department, which is further divided into Finance and Accounting and Asset Management.

The Finance and Accounting division is led by the Director of Finance and Accounting. This team manages all financial transactions, maintains accurate records, and prepares financial reports. The team includes a Controller, Corporate Assistant Controller, Properties Financial Analyst, Senior Accountant, Senior Property Accountants, Property Accountants, Accountants, Assistant Accountants, Junior Accountants, and an Accounting Clerk.

The Asset Management division, led by the Senior Asset Manager, is responsible for managing the organization's assets, including real estate properties. This team ensures that all assets are properly maintained, utilized, and accounted for, and that PSHH is operating with the agreements established with the investors in individual affordable housing property, contributing to the overall financial stability of the organization. The Asset Management team includes Asset Managers and Asset Analysts who work together to optimize the value of the organization's and investors' assets.

In addition to these internal structures, PSHH also engages with external auditors annually to conduct a Single Audit, ensuring compliance with federal requirements and reinforcing our commitment to financial transparency and accountability.

**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: PSHH Supportive Housing Services 2024

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: PSH

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.**

PSHH will serve 64 households in CoC/HMIS-participating Permanent Supportive Housing homeless set-aside units at five properties, enhancing data collection and reporting capabilities through HMIS integration. This integration includes the use of CoC referrals for all vacancies in these units. Two of the properties included in the project are the County of San Luis Obispo's only two current Project Homekey properties.

PSHH will provide Permanent Housing to both new and existing residents. New residents will be selected utilizing CoC resources and the HMIS system, ensuring alignment with CoC priorities and enhancing coordination of services.

Through our comprehensive Supportive Housing Program (SHP), PSHH will provide clinical case management through Supportive Services to residents of HMIS-participating units. This includes client services, client record keeping, and ongoing HMIS record maintenance and updates.

SHP is delivered by a team of clinical social workers, including AMFTs, LMFTs, ACSWs, and LCSWs. These professionals work collaboratively with clients to develop and implement individualized case management plans. The program also facilitates access to or directly provides financial assistance, not funded via this project, for essential needs such as rent, utilities, deposits, and health care equipment.

**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	1	1	1	90
Begin program participant enrollment	1	1	1	180
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	1	1	1	180
Leased or rental assistance units or structure, and supportive services near 100% capacity	1	1	1	180
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				

Start new construction				
Complete new construction				

**2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.**

N/A

**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"/>	Survivors	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Use Disorders	<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. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements?** Yes

**5. Housing First**

**5a. Will the project quickly move participants into permanent housing?** Yes

**5b. Will the project enroll program participants who have the following barriers? Select all that apply.**

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>

Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

**5c. Will the project prevent program participant termination for the following reasons? Select all that apply.**

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

**5d. Will the project follow a "Housing First" approach? Yes**  
 (Click 'Save' to update)

**6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? Yes**

**6a. Explain how and why the project will implement this requirement.**

The Supportive Housing Program is designed to ensure housing stability for residents of permanent, supportive housing owned and operated by People's Self-Help Housing. Clients of the program are directly assisted by the Supportive Housing Program as early as the resident-application phase, and are supported until no longer residing at a People's Self-Help Housing unit, although programmatic efforts are made to ensure the residents move on to other safe and secure housing if they so wish.

**7. Will more than 16 persons live in a single structure? Yes**

**7a. Describe the local market conditions that necessitate a project of this size.**

**Addressing Severe Housing Shortage:** San Luis Obispo County faces an acute affordable housing crisis, with only 19% of families able to afford median-priced homes. A larger development can house more individuals and families, making a significant impact on this critical need.

**Economic Feasibility and Sustainability:** In a high-cost area like San Luis Obispo County, economies of scale achieved through larger developments make projects more financially viable. This allows for more affordable rents and housing more low-income households while ensuring long-term sustainability of the housing.

**Efficient Use of Limited Resources:** In an area with scarce available land, larger multi-unit buildings make more efficient use of resources. This aligns with smart growth principles and helps preserve open space in the county.

**Project Homekey Success:** One of the properties in question is San Luis Obispo County's first Project Homekey site. Project Homekey, a statewide initiative to rapidly expand housing for persons experiencing or at risk of homelessness, has demonstrated success in creating larger-scale affordable housing solutions. This property's inclusion in the Project Homekey program underscores its alignment with state and local efforts to address homelessness efficiently and effectively.

**7b. Describe how the project will be integrated into the neighborhood.**

**Community-Centric Design:**

PSHH develops a variety of housing types (apartments, townhomes) to match diverse community needs.

Properties are designed to blend seamlessly with existing neighborhoods, focusing on landscaping and architectural elements that complement the local aesthetic.

Properties designs are adapted for rural, urban, and coastal settings, ensuring properties fit their specific environments.

**Long-Standing Community Presence:**

With over 50 years of operation on California's Central Coast, PSHH has established deep roots and trust in the communities they serve. San Luis Obispo counties are designed with the full cooperation and assistance of regional government.

New developments gain acceptance and support from local residents, to the extent that, over time, an overwhelming rate of residents are not aware that PSHH properties provide affordable housing.

**Active Community Engagement:**

PSHH actively seek input from community members to understand and address neighborhood needs and concerns.

Community engagement ensures new developments align with community priorities and expectations.

**Comprehensive On-Site Services:**

PSHH offers integrated services that benefit both residents and the wider community.

Supportive Services help to integrate residents with the surrounding communities, enhancing resident engagement in civic life.

**Local Partnerships:**

PSHH collaborates with local organizations to connect residents with additional resources and services.

This approach helps integrate PSHH properties into the existing community support network.

**Addressing Diverse Population Needs:**

PSHH tailors housing solutions for often overlooked groups like seniors, veterans, and young adults aging out of foster care.

**Long-Term Management and Support:**

PSHH maintains and manages almost 2,000 rental units across the Central Coast.

PSHH's focus on long-term property management and resident support, with active renovations occurring at at least one of our 55 properties at any given time, demonstrating an ongoing commitment to community well-being.

**Safety and Welcoming Environments:**

PSHH prioritizes resident safety in their designs, creating secure yet welcoming environments.

Properties are developed to foster a sense of pride among residents, encouraging them to view their homes as integral parts of the community.



**Sustainable Development:**  
By offering long-term affordable housing solutions, PSHH contributes to the stability and sustainability of local communities.

**100% Dedicated or DedicatedPLUS**

**A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families.**

**A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria:**

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds were dedicated to individuals and families experiencing chronic homelessness under the grant that is being renewed may either be reallocated as a DedicatedPLUS project or may continue as a renewal dedicating 100 percent of its beds to individuals and families experiencing chronic homelessness. If the project is reallocated as a DedicatedPLUS project, the project must adhere to all fair housing requirements at 24 CFR 578.93.

**8. Is this project 100% Dedicated or DedicatedPLUS  
DedicatedPLUS?**

### 3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project? No

## 4A. Supportive Services for Participants

### 1. Describe how program participants will be assisted to obtain and remain in permanent housing.

Note: If applying for DV Bonus or DV Reallocation, you must describe how the project will include trauma-informed, victim-centered approaches in their strategies to assist participants to obtain or remain in permanent housing.

The San Luis Obispo County Continuum of Care (CoC) implements a comprehensive and systematic approach to assist individuals in obtaining and maintaining permanent housing. Central to this approach is the Coordinated Entry System, which utilizes standardized assessment tools to evaluate individuals' needs and vulnerabilities. This assessment process facilitates the prioritization of those with the highest needs for available housing resources. The CoC maintains a by-name list of all individuals experiencing homelessness in the county, prioritized according to specific criteria including chronicity of homelessness, vulnerability scores, length of time homeless, and severity of service needs.

Upon prioritization, individuals are matched with appropriate housing options as they become available, including Permanent Supportive Housing provided by People's Self-Help Housing (PSHH). The CoC employs specific prioritization processes for targeted populations, including veterans, families with children, youth, and individuals with severe mental illness or substance use disorders.

PSHH, as a key housing provider and service organization, operates in close collaboration with the Coordinated Entry System to provide housing for prioritized individuals. The organization offers a diverse range of affordable housing options throughout the county, accommodating various needs through apartment and townhome configurations.

The Supportive Housing Program (SHP) of PSHH provides comprehensive case management services delivered by licensed clinical social workers, offered at no cost to residents and without waitlists. This program adheres to a Housing First approach, prioritizing rapid placement into housing without preconditions and focusing on housing stabilization before addressing other issues.

To promote long-term housing stability, PSHH provides an array of on-site services, including educational support through learning centers, adult education and career advancement programs, and financial literacy workshops. Additionally, PSHH maintains an Emergency Assistance Fund to support residents facing acute financial crises that may jeopardize their housing stability.

PSHH engages in collaborative partnerships with local organizations to deliver comprehensive support, including healthcare, mental health services, substance abuse treatment, and employment assistance. This collaborative approach aligns with the CoC's community-wide strategy, enhancing coordination among housing providers, healthcare organizations, and social services.

The organization's commitment extends beyond initial housing placement. PSHH provides ongoing property management to ensure housing remains safe, well-maintained, and affordable long-term. Social workers serve as advocates for residents, collaborating with property management to prevent evictions when feasible and providing intervention and support to address issues proactively.

For individuals selected for housing, PSHH facilitates the documentation process required to establish eligibility, which may include proof of homelessness, disability documentation (for Permanent Supportive Housing), and income verification. Through this multifaceted approach, PSHH and the San Luis Obispo County CoC work in tandem to assist individuals and families

in not only obtaining permanent housing but also achieving long-term stability and self-sufficiency

**2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.**

This program already coordinates and integrates with other mainstream health, social services, and employment programs for which program participants may be eligible.

SHP social workers act as advocates and connectors, linking clients to various services that help stabilize households and build resiliency, including:

- Health and wellness services: MediCal enrollment, mental health services, substance abuse treatment, disability services
- Financial stability support: SNAP application assistance, Social Security support, financial literacy workshops, job training
- Family and education services: Early childhood education, after-school programs, adult education, parenting classes
- Community resources: Food banks, legal aid, transportation assistance, domestic violence support

Additional examples of partnerships that enhance health, social service and employment program access:

- SHP has a partnership with CenCal Health, the regional MediCal provider, to enhance services and ensure maximum MediCal enrollment among eligible households.
- Social workers collaborate with clients to identify needs, set goals, and access services, often making referrals, assisting with applications, providing transportation, and offering ongoing support.
- SHP assists clients in securing social services from other public and private social welfare and safety net programs, such as MediCal, SNAP, housing vouchers, and more.
- SHP social workers have an in-depth understanding of qualifying criteria for various benefits and assist residents in benefit selection and application, streamlining the process for clients and other service providers.
- The program coordinates referrals to specialized services as needed, such as legal aid, mental health support, and substance use treatment.
- SHP works to enhance access to accommodations and connect residents to critical emergency financial assistance when other community resources are exhausted.
- The program aims to provide comprehensive wraparound services by leveraging partnerships with local agencies and stakeholders.

**3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.**

Click 'Save' to update.

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	Annually
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	As needed
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Non-Partner	As needed
Food	Non-Partner	Weekly
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Applicant	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Non-Partner	As needed
Utility Deposits	Applicant	As needed

**Identify whether the project will include the following activities:**


**4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Yes

**5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed?** Yes

**6. Will program participants have access to SSI/SSDI technical assistance provided by the project applicant, subrecipient, or partner agency?** Yes

**6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** Yes

## 4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 143

Total Beds: 143

Total Dedicated CH Beds: 5

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Clustered apartments	---	25	25	5
Clustered apartments	---	24	24	0
Clustered apartments	---	5	5	0
Clustered apartments	---	10	10	0
Single Room Occupancy (SRO)...	---	79	79	0

## 4B. Housing Type and Location Detail

1. **Housing Type:** Clustered apartments

2. **Indicate the maximum number of units and beds available for program participants at the selected housing site.**

a. **Units:** 25

b. **Beds:** 25

c. **How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness?** 5

This includes both the “dedicated” and “prioritized” beds.

### 3. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project’s administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 855 N 4th St

**Street 2:**

**City:** Pismo Beach

**State:** California

**ZIP Code:** 93449

**\*4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

069079 San Luis Obispo County



## 4B. Housing Type and Location Detail

1. **Housing Type:** Clustered apartments

2. **Indicate the maximum number of units and beds available for program participants at the selected housing site.**

a. **Units:** 24

b. **Beds:** 24

c. **How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness?** 0

This includes both the “dedicated” and “prioritized” beds.

### 3. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project’s administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 3750 Bullock Lane

**Street 2:**

**City:** San Luis Obispo

**State:** California

**ZIP Code:** 93401

**\*4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

069079 San Luis Obispo County

## 4B. Housing Type and Location Detail

1. **Housing Type:** Clustered apartments

2. **Indicate the maximum number of units and beds available for program participants at the selected housing site.**

a. **Units:** 5

b. **Beds:** 5

c. **How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness?** 0

This includes both the “dedicated” and “prioritized” beds.

### 3. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project’s administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 1041 Petersen Ranch Road

**Street 2:**

**City:** Templeton

**State:** California

**ZIP Code:** 93465

**\*4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

069079 San Luis Obispo County

## 4B. Housing Type and Location Detail

1. **Housing Type:** Clustered apartments

2. **Indicate the maximum number of units and beds available for program participants at the selected housing site.**

a. **Units:** 10

b. **Beds:** 10

c. **How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness?** 0

This includes both the “dedicated” and “prioritized” beds.

### 3. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project’s administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 3720 Broad Street

**Street 2:**

**City:** San Luis Obispo

**State:** California

**ZIP Code:** 93401

**\*4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

069079 San Luis Obispo County

## 4B. Housing Type and Location Detail

1. **Housing Type:** Single Room Occupancy (SRO) units

2. **Indicate the maximum number of units and beds available for program participants at the selected housing site.**

a. **Units:** 79

b. **Beds:** 79

c. **How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness?** 0

This includes both the “dedicated” and “prioritized” beds.

### 3. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project’s administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 1433 Calle Joaquin

**Street 2:**

**City:** San Luis Obispo

**State:** California

**ZIP Code:** 93405

**\*4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

069079 San Luis Obispo County

## 5A. Project Participants - Households

**Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.**

**Households Table**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
<b>Number of Households</b>		143		143
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24		138		138
Persons ages 18-24		5		5
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
<b>Total Persons</b>	0	143	0	143

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

**Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.**

### Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Children under age 18										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans- (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	138									
Persons ages 18-24	5									
<b>Total Persons</b>	143	0	0	0	0	0	0	0	0	0

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	0			0	0	0	0	0	0	0

**Data on this screen should be based on Maximum Occupancy at a single point in time. It should not be based on the estimated amount of participants that will be served throughout the grant term.**

## 6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2026? 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 15% de minimis rate
Peoples' Self-Help Housing Corporation	35%	\$198,175	Approved Rate

4. Select a grant term: 1 Year

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

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>
VAWA	<input checked="" type="checkbox"/>



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
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	Social Worker, \$43/hr salary + fringe + taxes @ 3.29FTE. Social Worker Supervisor, \$49.50/hr salary + fringe + taxes @ 0.17FTE. Total reduced to align with available funds.	\$198,175
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs	Indirect 34.5% * \$198175 total cost base = \$63,416	\$63,416
<b>Total Annual Assistance Requested</b>		<b>\$261,591</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$261,591</b>

Click the 'Save' button to automatically calculate totals.

# VAWA Budget

## VAWA Budget

In FY2024, 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 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:	
Estimated budget amount for VAWA Confidentiality Requirements:	

CoC VAWA BLI Total:	\$0
Grant Term	1 Year
Total Request for Grant Term	\$0

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:	\$65,398
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$65,398

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	Peoples' Self-Hel...	\$65,398

## Sources of Match Detail

1. **Type of Match commitment:** Cash
2. **Source:** Private
3. **Name of Source:** Peoples' Self-Help Housing Corporation  
(Be as specific as possible and include the office or grant program as applicable)
4. **Amount of Written Commitment:** \$65,398

## 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)	\$261,591	1 Year	\$261,591
5. Operating (Screen 6G)	\$0	1 Year	\$0
6. HMIS (Screen 6H)	\$0	1 Year	\$0
&nbsp;7. VAWA	\$0	1 Year	\$0
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$261,591
10. Admin (Up to 10% of Sub-total in #9)			
11. HUD funded Sub-total + Admin. Requested			\$261,591
12. Cash Match (From Screen 6I)			\$65,398
13. In-Kind Match (From Screen 6I)			\$0
14. Total Match (From Screen 6I)			\$65,398
15. Total Project Budget for this grant, including Match			\$326,989

Click the 'Save' button to automatically calculate totals.

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS 501(c)3 letter	09/05/2024
2) Other Attachment(s)	No	Indirect Cost Rat...	09/06/2024
3) Other Attachment(s)	No		



## Attachment Details

**Document Description:** IRS 501(c)3 letter

## Attachment Details

**Document Description:** Indirect Cost Rate Agreement

## 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:** 10/17/2024  
**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

## 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
New Project Application FY2024	Page 61
	10/25/2024

<b>1B. SF-424 Legal Applicant</b>	10/07/2024
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	10/07/2024
<b>1E. SF-424 Compliance</b>	10/07/2024
<b>1F. SF-424 Declaration</b>	10/07/2024
<b>1G. HUD 2880</b>	10/07/2024
<b>1H. HUD 50070</b>	10/07/2024
<b>1I. Cert. Lobbying</b>	10/07/2024
<b>1J. SF-LLL</b>	10/07/2024
<b>IK. SF-424B</b>	10/07/2024
<b>1L. SF-424D</b>	10/07/2024
<b>2A. Subrecipients</b>	10/17/2024
<b>2B. Experience</b>	10/07/2024
<b>3A. Project Detail</b>	10/17/2024
<b>3B. Description</b>	10/07/2024
<b>3C. Expansion</b>	10/17/2024
<b>4A. Services</b>	10/07/2024
<b>4B. Housing Type</b>	10/07/2024
<b>5A. Households</b>	10/07/2024
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	10/17/2024
<b>6F. Supp Srvcs Budget</b>	10/17/2024
<b>VAWA Budget</b>	No Input Required
<b>6I. Match</b>	10/17/2024
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	10/07/2024
<b>7D. Certification</b>	10/07/2024

CINCINNATI OH 45999-0038

In reply refer to: 0256432397  
Dec. 22, 2021 LTR 4168C 0  
95-2750154 000000 00

00008958

BODC: TE

PEOPLES SELF-HELP HOUSING  
CORPORATION  
1060 KENDALL RD  
SN LUIS OBISP CA 93401



038765

Employer ID number: 95-2750154  
Form 990 required: YES

Dear Taxpayer:

We're responding to your request dated Dec. 15, 2021, about your tax-exempt status.

We issued you a determination letter in July 1971, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

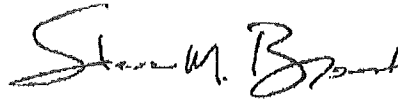
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Dec. 22, 2021 LTR 4168C 0  
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PEOPLES SELF-HELP HOUSING  
CORPORATION  
1060 KENDALL RD  
SN LUIS OBISP CA 93401

local time, Monday through Friday (Alaska and Hawaii follow Pacific  
time).

Thank you for your cooperation.

Sincerely yours,



Steve M. Brown, Operations Manager  
Operations 3-CIN



# United States Department of the Interior

OFFICE OF THE SECRETARY

Washington, DC 20240

## Nonprofit Organization Indirect Cost Negotiation Agreement

**EIN:** 95-2750154

**Date:** 04/05/2022

**Organization:**

Peoples' Self-Help Housing Corporation  
3533 Empleo Street  
San Luis Obispo, CA 93401

**Report Number:** 2022-0187

**Filing Ref.:**

Last Negotiation Agreement  
dated: 04/09/2020

The indirect cost rates contained herein are for use on grants, contracts, and other agreements with the Federal Government to which Public Law 93-638 and/or 2 CFR Part 200 apply subject to the limitations contained in Section II.A. of this agreement. The rates were negotiated by the U.S. Department of the Interior, Interior Business Center, and the subject organization in accordance with the authority contained in applicable regulations.

### Section I: Rate

Start Date	End Date	Rate Type	Rate Type				Applicable To
			Name	Rate	Base	Location	
07/01/2020	06/30/2021	Final	Name	Rate	Base	Location	Applicable To
			Indirect	35.23 %	(A)	All	All Programs
07/01/2021	06/30/2022	Predetermined	Name	Rate	Base	Location	Applicable To
			Indirect	34.50 %	(A)	All	All Programs
07/01/2022	06/30/2023	Predetermined	Name	Rate	Base	Location	Applicable To
			Indirect	34.50 %	(A)	All	All Programs
07/01/2023	06/30/2024	Predetermined	Name	Rate	Base	Location	Applicable To
			Indirect	34.50 %	(A)	All	All Programs
07/01/2024	06/30/2025	Predetermined	Name	Rate	Base	Location	Applicable To
			Indirect	34.50 %	(A)	All	All Programs

**(A) Base:** Total direct salaries and wages, including fringe benefits. The rate applies to all programs administered by the non-federal entity. To determine the amount of indirect costs to be billed under this agreement, direct salaries and wages and related fringe benefits should be summed and multiplied by the rate. All other program costs should be eliminated from the calculation.

**Treatment of fringe benefits:** Fringe benefits applicable to direct salaries and wages are treated as direct costs; fringe benefits applicable to indirect salaries and wages are treated as indirect costs.

**Treatment of paid absences:** Vacation, holiday, sick leave, 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 the salaries and wages. Separate claims for the costs of these paid absences are not made.



**Section II: General**

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- A. **Limitations:** Use of the rate(s) contained in this agreement is subject to any applicable statutory limitations. Acceptance of the rate(s) agreed to herein is predicated upon these conditions: (1) no costs other than those incurred by the subject organization were included in its indirect cost rate proposal, (2) all such costs are the legal obligations of the grantee/contractor, (3) similar types of costs have been accorded consistent treatment, and (4) the same costs that have been treated as indirect costs have not been claimed as direct costs (for example, supplies can be charged directly to a program or activity as long as these costs are not part of the supply costs included in the indirect cost pool for central administration).
- B. **Audit:** All costs (direct and indirect, federal and non-federal) are subject to audit. Adjustments to amounts resulting from audit of the cost allocation plan or indirect cost rate proposal upon which the negotiation of this agreement was based will be compensated for in a subsequent negotiation.
- C. **Changes:** The rate(s) contained in this agreement are based on the accounting system in effect at the time the proposal was submitted. Changes in the method of accounting for costs which affect the amount of reimbursement resulting from use of the rate(s) in this agreement may require the prior approval of the cognizant agency. Failure to obtain such approval may result in subsequent audit disallowance.
- D. **Rate Type:**
1. **Fixed Carryforward Rate:** The fixed carryforward rate is based on an estimate of the costs that will be incurred during the period for which the rate applies. When the actual costs for such period have been determined, an adjustment will be made to the rate for a future period, if necessary, to compensate for the difference between the costs used to establish the fixed rate and the actual costs.
  2. **Provisional/Final Rate:** Within six (6) months after year end, a final indirect cost rate proposal must be submitted based on actual costs. Billings and charges to contracts and grants must be adjusted if the final rate varies from the provisional rate. If the final rate is greater than the provisional rate and there are no funds available to cover the additional indirect costs, the organization may not recover all indirect costs. Conversely, if the final rate is less than the provisional rate, the organization will be required to pay back the difference to the funding agency.
  3. **Predetermined Rate:** A predetermined rate is an indirect cost rate applicable to a specified current or future period, usually the organization's fiscal year. The rate is based on an estimate of the costs to be incurred during the period. A predetermined rate is not subject to adjustment.
- E. **Rate Extension:** Only final and predetermined rates may be eligible for consideration of rate extensions. Requests for rate extensions of a current rate will be reviewed on a case-by-case basis. If an extension is granted, the non-Federal entity may not request a rate review until the extension period ends. In the last year of a rate extension period, the non-Federal entity must submit a new rate proposal for the next fiscal period.
- F. **Agency Notification:** Copies of this document may be provided to other federal offices as a means of notifying them of the agreement contained herein.
- G. **Record Keeping:** Organizations must maintain accounting records that demonstrate that each type of cost has been treated consistently either as a direct cost or an indirect cost. Records pertaining to the costs of program administration, such as salaries, travel, and related costs, should be kept on an annual basis.
- H. **Reimbursement Ceilings:** Grantee/contractor program agreements providing for ceilings on indirect cost rates or reimbursement amounts are subject to the ceilings stipulated in the contract or grant agreements. If the ceiling rate is higher than the negotiated rate in Section I of this agreement, the negotiated rate will be used to determine the maximum allowable indirect cost.
- I. **Use of Other Rates:** If any federal programs are reimbursing indirect costs to this grantee/contractor by a measure other than the approved rate(s) in this agreement, the grantee/contractor should credit such costs to the

**Section II: General** (continued)

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affected programs, and the approved rate(s) should be used to identify the maximum amount of indirect cost allocable to these programs.

**J. Other:**

1. The purpose of an indirect cost rate is to facilitate the allocation and billing of indirect costs. Approval of the indirect cost rate does not mean that an organization can recover more than the actual costs of a particular program or activity.
2. Programs received or initiated by the organization subsequent to the negotiation of this agreement are subject to the approved indirect cost rate(s) if the programs receive administrative support from the indirect cost pool. It should be noted that this could result in an adjustment to a future rate.
3. This Negotiation Agreement is entered into under the terms of an Interagency Agreement between the U.S. Department of the Interior and the cognizant agency. No presumption of federal cognizance over audits or indirect cost negotiations arises as a result of this Agreement.
4. Organizations that have previously established indirect cost rates—exclusive of the 10% *de minimis* rate—must submit a new indirect cost proposal to the cognizant agency for indirect costs within six (6) months after the close of each fiscal year.

**Section III: Acceptance**

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Listed below are the signatures of acceptance for this agreement:

By the Nonprofit Organization

By the Cognizant Federal Government Agency

Peoples' Self-Help Housing Corporation

---

US Department of Agriculture - RHS

---

DocuSigned by:  
*Griffin Moore*  
01D96C902468442...

---

DocuSigned by:  
*Craig Wills*  
B47DB1F4A5DB4BF...

---

Signature

Signature

Griffin Moore

---

Craig Wills

---

Name:

Name:

Chief Financial Officer

---

Division Chief

Indirect Cost & Contract Audit Division

Interior Business Center

---

Title:

Title:

4/13/2022

---

4/13/2022

---

Date

Date

Negotiated by: Kasi Upchurch

Telephone: (916) 930-3809

Next Proposal Due Date: 12/31/2024

## 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 2024 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition). The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- Before starting 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).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2023 Project Application will be imported into the FY 2024 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2024 CoC Program Competition NOFO.

## 1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/05/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA1627

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

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-6800-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: SLO City PSH 2024

16. Congressional District(s):

a. Applicant: CA-024  
(for multiple selections hold CTRL key)

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

17. Proposed Project

a. Start Date: 06/01/2025

b. End Date: 05/31/2026

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:** 09/05/2024

# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Number: 2501-0017 Expiration Date: 01/31/2026**

## 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: \$832,620.00**

(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:** 09/05/2024

# 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. 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.	e. 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 Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees — (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. 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 — (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 (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;
c. 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.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will — (1) Abide by the terms of the statement; and (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;	

### 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
---

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:** 09/05/2024



# 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:** 09/05/2024

# 1J. SF-LLL

## DISCLOSURE OF LOBBYING ACTIVITIES

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.  
Approved by OMB: 4040-0013 (exp. 02/28/2025)**

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 Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/05/2024

## IK. SF-424B

### (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007  
Expiration Date: 02/28/2025

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:** 09/05/2024

## Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2024 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2023 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2023 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2024 CoC Competition.



## Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input checked="" type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input checked="" type="checkbox"/>
6B. Leased Units	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
<b>Part 7 - Attachment(s) &amp; Certification</b>	

7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

**You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):**

We have consolidated the SLO City PSH and the CCPH+BE PSH programs and will be updating the leased units as they did not auto populate from CCPH+BE to the surviving SLO City PSH

**You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.**

## Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes
  
2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No
  
3. Do you draw funds quarterly for your current renewal project? Yes
  
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

## **Renewal Grant Consolidation or Renewal Grant Expansion**

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)



2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

**1. Is this renewal project application requesting to consolidate or expand? No**

If "No" click on "Next" or "Save & Next" below 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: \$299,790

Organization	Type	Sub-Award Amount
Transitions Mental Health Association	M. Nonprofit with 501C3 IRS Status	\$299,790

## 2A. Project Subrecipients Detail

**a. Organization Name:** Transitions Mental Health Association

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 95-3509040

**d. Unique Entity Identifier:** QWZ6GNUR3PM7

**e. Physical Address**

**Street 1:** 784 High Street

**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:** \$299,790

**j. Contact Person**

**Prefix:** Mr.

**First Name:** Mark

**Middle Name:**  
**Last Name:** Lamore  
**Suffix:**  
**Title:** Division Director  
**E-mail Address:** mlamore@t-mha.org  
**Confirm E-mail Address:** mlamore@t-mha.org  
**Phone Number:** 805-748-0610  
**Extension:**  
**Fax Number:**

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

### 3A. Project Detail

- 1. Expiring Grant Project Identification Number (PIN):** CA1627  
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)
- 2. CoC Number and Name:** CA-614 - San Luis Obispo County CoC
- 3. CoC Collaborative Applicant Name:** County of San Luis Obispo
- 4. Project Name:** SLO City PSH 2024
- 5. Project Status:** Standard
- 6. Component Type:** PH
- 6a. Select the type of PH project.** PSH
- 7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No
- 8. Does this project include Replacement Reserves as a CoC Operating Cost?** No  
(Attachment Requirement)
- 9. Is this project applying for Rural costs on screen 6A?** No



### 3B. Project Description

**This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.**

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

This program was created through a consolidation of a 20 bed SLO City Permanent Supportive Housing program for 20 disabled chronically homeless single adults. and a 38 bed CCPH+BE PSH program. Participants are referred through a CoC coordinated entry process under the direction of the CoC Homeless Services Oversight Committee (HSCOC). Prioritization will be given to chronically homeless persons experiencing a severity of service needs. Program participants will be assessed and prioritized based on the length of time an individual has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual’s service needs. Severity of the participant’s service needs will be determined through a standardized assessment tool the VI-SPADT Vulnerability Index. This will be a low barrier, housing first program where participants will not be screened out due to low or no income, substance abuse issues or for legal issues with the exception of agency/State mandated restrictions. T-MHA will continue to collaborate with our CoC community partners including Behavioral Health, Community Hospital Center, Community Action Partnership of San Luis Obispo, El Camino Homeless Services, 5 Cities Homeless Coalition, SLO County Law Enforcement agencies, Department of Social Services and Housing Authority of San Luis Obispo, to conduct community outreach to identify, support and rapidly place chronically homeless individuals into permanent housing. Once placed into permanent housing, residents will be provided supportive case management assistance where individual goals and objectives will be identified through a client centered, best practice process. Support services will include referrals to medical providers, substance abuse programs, mental health services, educational/vocational programs, rental/security deposit assistance, credit repair, independent living skills and general housing stabilization. This program has added 20 permanent housing beds to the CoC inventory of dedicated permanent housing units for the disabled chronically homeless. Program goals/outcomes are expected to be as follows: 75% of participants remaining in permanent housing at the end of the operating year or exiting to permanent housing during the operating year; 75% of participants will maintain or increase their total income from all sources as of the end of the operating year or program exit; 10% of participants will maintain or increase earned income as of the end of the operating year or program exit.

**2. 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 type="checkbox"/>	Survivors	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Use Disorders	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input checked="" type="checkbox"/>
		Other(Click 'Save' to update)	<input type="checkbox"/>

**3. Housing First**

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project enroll program participants who have the following barriers?  
 Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

**3d. Does the project follow a "Housing First" approach?** Yes

### 3C. Dedicated Plus

#### 100% Dedicated or DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds were dedicated to individuals and families experiencing chronic homelessness under the grant that is being renewed may either be reallocated as a DedicatedPLUS project or may continue as a renewal dedicating 100 percent of its beds to individuals and families experiencing chronic homelessness. If the project is reallocated as a DedicatedPLUS project, the project must adhere to all fair housing requirements at 24 CFR 578.93.

1. Is this project “100% Dedicated,” “DedicatedPLUS,” or “N/A”? 100% Dedicated

(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.B.2.r).

## 4A. Supportive Services for Program Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.  
 Click 'Save' to update.

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	Weekly
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Weekly
Child Care	Non-Partner	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Subrecipient	As needed
Food	Subrecipient	Weekly
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Non-Partner	Annually
Life Skills Training	Subrecipient	Weekly
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Subrecipient	Weekly
Substance Abuse Treatment Services	Partner	As needed
Transportation	Subrecipient	Weekly
Utility Deposits	Subrecipient	As needed

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? **Yes**

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? **Yes**

**4. Will program participants have access to SSI/SSDI technical assistance provided by the project applicant, subrecipient, or partner agency?** Yes

**4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?** Yes

## 4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 31

Total Beds: 58

Total Dedicated CH Beds: 58

Housing Type	Housing Type (JOINT)	Units	Beds
Shared housing	---	1	4
Shared housing	---	4	13
Shared housing	---	2	4
Shared housing	---	1	1
Shared housing	---	1	2
Shared housing	---	1	1
Clustered apartments	---	3	3
Shared housing	---	1	1
Clustered apartments	---	1	1
Clustered apartments	---	1	1
Shared housing	---	1	4
Clustered apartments	---	5	5
Clustered apartments	---	1	2
Clustered apartments	---	1	2
Clustered apartments	---	1	2
Clustered apartments	---	1	2
Clustered apartments	---	1	2
Clustered apartments	---	1	2
Clustered apartments	---	1	2
Clustered apartments	---	1	2
Clustered apartments	---	2	4

## 4B. Housing Type and Location Detail

**Note:** These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

**1. Housing Type:** Shared housing

**2. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

**a. Units:** 1

**b. Beds:** 4

**c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 4

This includes both the "dedicated" and "prioritized" beds from previous competitions.

### 3. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 1379 Sydney Street

**Street 2:**

**City:** San Luis Obispo

**State:** California

**ZIP Code:** 93401

**4. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**



069079 San Luis Obispo County

## 4B. Housing Type and Location Detail

**Note:** These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

1. **Housing Type:** Shared housing

2. **Indicate the maximum number of units and beds available for program participants at the selected housing site.**

a. **Units:** 4

b. **Beds:** 13

c. **How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 13

**This includes both the "dedicated" and "prioritized" beds from previous competitions.**

### 3. **Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 228 High Street, units A, B, C, D

**Street 2:**

**City:** San Luis Obispo

**State:** California

**ZIP Code:** 93401

**4. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

069079 San Luis Obispo County

## **4B. Housing Type and Location Detail**

**Note:** These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

**1. Housing Type:** Shared housing

**2. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

**a. Units:** 2

**b. Beds:** 4

**c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 4

This includes both the "dedicated" and "prioritized" beds from previous competitions.

### **3. Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 711 Upham Street Units 2, 3

**Street 2:**

**City:** San Luis Obispo

**State:** California  
**ZIP Code:** 93401

**4. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

069079 San Luis Obispo County

## **4B. Housing Type and Location Detail**

**Note:** These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

**1. Housing Type:** Shared housing

**2. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

**a. Units:** 1

**b. Beds:** 1

**c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 1

**This includes both the "dedicated" and "prioritized" beds from previous competitions.**

**3. Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 210 Margarita

**Street 2:**

**City:** San Luis Obispo

**State:** California

**ZIP Code:** 93401

**4. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

069079 San Luis Obispo County

## 4B. Housing Type and Location Detail

**Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.**

**1. Housing Type:** Shared housing

**2. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

**a. Units:** 1

**b. Beds:** 2

**c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 2

**This includes both the "dedicated" and "prioritized" beds from previous competitions.**

**3. Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 10205 El Camino Real

**Street 2:**

**City:** Atascadero

**State:** California

**ZIP Code:** 93423

**4. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

069079 San Luis Obispo County

## **4B. Housing Type and Location Detail**

**Note:** These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

**1. Housing Type:** Shared housing

**2. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

**a. Units:** 1

**b. Beds:** 1

**c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 1

This includes both the "dedicated" and "prioritized" beds from previous competitions.

**3. Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 1401 El Camino Real, Unit 8

**Street 2:**

**City:** Arroyo Grande

**State:** California

**ZIP Code:** 93420

**4. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

069079 San Luis Obispo County

## **4B. Housing Type and Location Detail**

**Note:** These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

**1. Housing Type:** Clustered apartments

**2. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

**a. Units:** 3

**b. Beds:** 3

**c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 3

**This includes both the "dedicated" and "prioritized" beds from previous competitions.**

### 3. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 1899 9th Street, Units 1, 13, 14

**Street 2:**

**City:** Los Osos

**State:** California

**ZIP Code:** 93412

#### 4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

069079 San Luis Obispo County

## 4B. Housing Type and Location Detail

**Note:** These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

1. **Housing Type:** Shared housing

2. **Indicate the maximum number of units and beds available for program participants at the selected housing site.**

a. **Units:** 1

b. **Beds:** 1

c. **How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 1

**This includes both the “dedicated” and “prioritized” beds from previous competitions.**

**3. Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project’s administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 285 Robles

**Street 2:**

**City:** Arroyo Grande

**State:** California

**ZIP Code:** 93420

**4. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

069079 San Luis Obispo County

## **4B. Housing Type and Location Detail**

**Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.**

**1. Housing Type:** Clustered apartments

**2. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

**a. Units:** 1



**b. Beds:** 1

**c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 1

This includes both the "dedicated" and "prioritized" beds from previous competitions.

**3. Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 533 Wadsworth

**Street 2:**

**City:** Pismo Beach

**State:** California

**ZIP Code:** 93448

**4. Select the geographic area(s) associated with the address:**  
(for multiple selections hold CTRL Key)

069079 San Luis Obispo County

## 4B. Housing Type and Location Detail

**Note:** These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

**1. Housing Type:** Clustered apartments

**2. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

- a. Units: 1
- b. Beds: 1
- c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 1

**This includes both the "dedicated" and "prioritized" beds from previous competitions.**

### **3. Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 539 Wadsworth

**Street 2:**

**City:** Pismo Beach

**State:** California

**ZIP Code:** 93448

- 4. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

069079 San Luis Obispo County

## **4B. Housing Type and Location Detail**

**Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.**

- 1. Housing Type:** Shared housing

**2. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

**a. Units:** 1

**b. Beds:** 4

**c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 4

**This includes both the "dedicated" and "prioritized" beds from previous competitions.**

**3. Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 5465 Ensenada

**Street 2:**

**City:** Atascadero

**State:** California

**ZIP Code:** 93422

**4. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

069079 San Luis Obispo County

## **4B. Housing Type and Location Detail**

**Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.**

**1. Housing Type:** Clustered apartments

**2. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

**a. Units:** 5

**b. Beds:** 5

**c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 5

This includes both the "dedicated" and "prioritized" beds from previous competitions.

**3. Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 5880 Ardilla, Units L, D, F, H, K

**Street 2:**

**City:** Atascadero

**State:** California

**ZIP Code:** 93422

**4. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

069079 San Luis Obispo County

**4B. Housing Type and Location Detail**

**Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.**

**1. Housing Type:** Clustered apartments

**2. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

**a. Units:** 1

**b. Beds:** 2

**c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 2

**This includes both the "dedicated" and "prioritized" beds from previous competitions.**

**3. Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 6945 Santa Lucia, Unit D

**Street 2:**

**City:** Atascadero

**State:** California

**ZIP Code:** 93422

**4. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

069079 San Luis Obispo County

## 4B. Housing Type and Location Detail

**Note:** These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

**1. Housing Type:** Clustered apartments

**2. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

**a. Units:** 1

**b. Beds:** 2

**c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 2

This includes both the "dedicated" and "prioritized" beds from previous competitions.

### 3. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 9300 Bocina Lane, Unit I

**Street 2:**

**City:** Atascadero

**State:** California

**ZIP Code:** 93422

**4. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

069079 San Luis Obispo County

## 4B. Housing Type and Location Detail

**Note:** These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

1. **Housing Type:** Clustered apartments

2. **Indicate the maximum number of units and beds available for program participants at the selected housing site.**

a. **Units:** 1

b. **Beds:** 2

c. **How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 2

This includes both the "dedicated" and "prioritized" beds from previous competitions.

### 3. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 9304 Rivera, Unit A

**Street 2:**

**City:** Atascadero

**State:** California

**ZIP Code:** 93422

**4. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

069079 San Luis Obispo County

## **4B. Housing Type and Location Detail**

**Note:** These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

**1. Housing Type:** Clustered apartments

**2. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

**a. Units:** 1

**b. Beds:** 2

**c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 2

This includes both the "dedicated" and "prioritized" beds from previous competitions.

### **3. Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 9335 Rivera, Unit F

**Street 2:**

**City:** Atascadero



**State:** California  
**ZIP Code:** 93422

**4. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

069079 San Luis Obispo County

## **4B. Housing Type and Location Detail**

**Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.**

**1. Housing Type:** Clustered apartments

**2. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

**a. Units:** 1

**b. Beds:** 2

**c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 2

**This includes both the "dedicated" and "prioritized" beds from previous competitions.**

**3. Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 9361 Bocina, Unit E

**Street 2:**

**City:** Atascadero

**State:** California

**ZIP Code:** 93422

**4. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

069079 San Luis Obispo County

## 4B. Housing Type and Location Detail

**Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.**

**1. Housing Type:** Clustered apartments

**2. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

**a. Units:** 1

**b. Beds:** 2

**c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 2

**This includes both the "dedicated" and "prioritized" beds from previous competitions.**

**3. Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 9369 Bocina, Unit L

**Street 2:**

**City:** Atascadero

**State:** California

**ZIP Code:** 93422

**4. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

069079 San Luis Obispo County

## **4B. Housing Type and Location Detail**

**Note:** These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

**1. Housing Type:** Clustered apartments

**2. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

**a. Units:** 1

**b. Beds:** 2

**c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 2

This includes both the "dedicated" and "prioritized" beds from previous competitions.

**3. Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 9373 Bocina, Unit C

**Street 2:**

**City:** Atascadero

**State:** California

**ZIP Code:** 93422

**4. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

069079 San Luis Obispo County

## **4B. Housing Type and Location Detail**

**Note:** These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

**1. Housing Type:** Clustered apartments

**2. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

**a. Units:** 2

**b. Beds:** 4

**c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 4

**This includes both the "dedicated" and "prioritized" beds from previous competitions.**

### 3. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 2070 Price Street, A, B

**Street 2:**

**City:** San Luis Obispo

**State:** California

**ZIP Code:** 93401

### 4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

069079 San Luis Obispo County

## 5A. Program Participants - Households

**Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
<b>Number of Households</b>	0	20		20
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	0	20		20
Persons ages 18-24	0			0
Accompanied Children under age 18	0			0
Unaccompanied Children under age 18				0
<b>Total Persons</b>	0	20	0	20

**Click Save to automatically calculate totals**

## 5B. Program Participants - Subpopulations

**Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.**

### Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Children under age 18										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	18	1	0	12	1	12	3	0	0	0
Persons ages 18-24	0	0	0	0	0	0	0	0	0	0
<b>Total Persons</b>	18	1	0	12	1	12	3	0	0	0

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	0			0	0	0	0	0	0	0

## 6A. Funding Request

### VAWA Budget

In FY2024, 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 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.



1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? Yes

**Rural Cost Budget**

In FY2024, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.
- Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units.
- Staff Training to include professional development, skill development, and staff retention activities.

3. Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO? Yes

4. Does this project propose to allocate funds according to an indirect cost rate? No

5. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

6. Select the costs for which funding is requested:

Leased Units	<input checked="" type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>

<b>Supportive Services</b>	X
<b>Operating</b>	X
<b>HMIS</b>	
<b>VAWA</b>	X
<b>Rural</b>	

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.

## 6B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

<b>Total Annual Assistance Requested:</b>	\$509,962
<b>Grant Term:</b>	1 Year
<b>Total Request for Grant Term:</b>	\$509,962
<b>Total Units:</b>	31

The number of beds for which funding has been requested in the Leased Units budget is 58.

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
CA - San Luis Obi...	31	\$509,962	\$509,962

## Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.



Metropolitan or non-metropolitan fair market rent area: CA - San Luis Obispo-Paso Robles-Arroyo Grande, CA MSA (0607999999)

### Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom	13	
2 Bedroom	12	
3 Bedroom	4	
4 Bedroom	1	
5 Bedroom	1	
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
<b>Total Units and Annual Assistance Requested</b>	<b>31</b>	<b>\$509,962</b>
Grant Term		1 Year
<b>Total Request for Grant Term</b>		<b>\$509,962</b>

Click the 'Save' button to automatically calculate totals.

## 6D. 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 Value of Cash Commitments:	\$80,665
Total Value of In-Kind Commitments:	\$0
<b>Total Value of All Commitments:</b>	<b>\$80,665</b>

**1. Will this project generate program income** Yes  
 described in 24 CFR 578.97 to use as Match for  
 this project?

**1a. Briefly describe the source of the program income:**

Participant rent based on HUD rent calculations at 30% of income

**1b. Estimate the amount of program income** \$80,665  
 that will be used as Match for this project:

Type	Source	Contributor	Value of Commitments
Cash	Private	Tenant Rent	\$80,665

## Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Private
- 3. Name of Source: Tenant Rent  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$80,665

## 6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	\$509,962
1b. Leased Structures (Enter)	\$0
2. Rental Assistance (Screen 6C)	\$0
3. Supportive Services (Enter)	\$208,690
4. Operating (Enter)	\$65,277
5. HMIS (Enter)	\$0
6. VAWA (Enter)	\$0
7. Rural (Enter) (Only for HUD CoC Program approved rural areas)	\$0
8. Sub-total of CoC Program Costs Requested	\$783,929
9. Admin (Up to 10% of Sub-total in #8)	\$48,691
10. HUD funded Sub-total + Admin. Requested	\$832,620
11. Cash Match (From Screen 6D)	\$80,665
12. In-Kind Match (From Screen 6D)	\$0
13. Total Match (From Screen 6D)	\$80,665
14. Total Project Budget for this grant, including Match	\$913,285

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501c3	08/09/2023
2) Other Attachment	No	HUD Audit Report	08/09/2023
3) Other Attachment	No	SAM unique ID	08/09/2023



## Attachment Details

**Document Description:** 501c3

## Attachment Details

**Document Description:** HUD Audit Report

## Attachment Details

**Document Description:** SAM unique ID

## 7B. 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:** 09/05/2024  
**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

Page	Last Updated
1A. SF-424 Application Type	09/03/2024
1B. SF-424 Legal Applicant	09/03/2024
1C. SF-424 Application Details	No Input Required

Renewal Project Application FY2024	Page 73	09/06/2024
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1D. SF-424 Congressional District(s)	09/03/2024
1E. SF-424 Compliance	09/03/2024
1F. SF-424 Declaration	09/03/2024
1G. HUD 2880	09/03/2024
1H. HUD-50070	09/03/2024
1I. Cert. Lobbying	09/03/2024
1J. SF-LLL	09/03/2024
IK. SF-424B	09/03/2024
Submission Without Changes	09/03/2024
Recipient Performance	09/03/2024
Renewal Grant Consolidation or Renewal Grant Expansion	09/03/2024
2A. Subrecipients	09/03/2024
3A. Project Detail	09/03/2024
3B. Description	09/03/2024
3C. Dedicated Plus	09/03/2024
4A. Services	09/03/2024
4B. Housing Type	09/03/2024
5A. Households	09/03/2024
5B. Subpopulations	No Input Required
6A. Funding Request	09/03/2024
6B. Leased Units	09/03/2024
6D. Match	09/03/2024
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/03/2024
7B. Certification	09/03/2024

INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUN 17 1999

TRANSITIONS - MENTAL HEALTH  
ASSOCIATION  
PO BOX 15408  
SAN LUIS OBISPO, CA 93406-5408

Employer Identification Number:  
95-3509040

DLN:  
17053107705009

Contact Person: MARK BRECKNER ID# 95217

Contact Telephone Number:  
(877) 829-5500

Date of Exemption:  
June 1980

Internal Revenue Code  
Section 501(c)(3)

Dear Applicant:

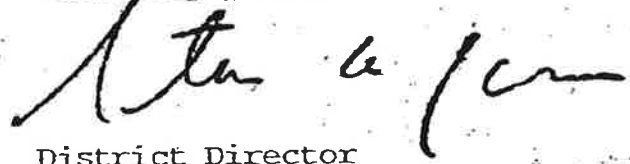
Thank you for submitting the information shown on the enclosure. We have made it a part of your file.

The changes indicated do not adversely affect your exempt status and the exemption letter issued to you continues in effect.

Please let us know about any future change in the character, purpose, method of operation, name or address of your organization. This is a requirement for retaining your exempt status.

Thank you for your cooperation.

Sincerely yours,



District Director

TRANSITIONS - MENTAL HEALTH

Item Changed

From To  
This letter acknowledges the merger of SLO Transitions, Inc., surviving organization, and the San Luis Obispo County Mental Health Association, disappearing organization. The name of the surviving organization has been changed from SLO Transitions, Inc. to Transitions - Mental Health Association.

INTERNAL REVENUE SERVICE

DEPARTMENT OF THE TREASURY

re: JUN 18 1985

EIN: 95-3509040

Our Letter Dated:  
December 1980

SLO Transitions, Inc.  
P.O. Box 694  
San Luis Obispo, CA 93406

Person to Contact: Taxpayer  
Service Representative

Contact Telephone Number:  
(800) 424-1040

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in Section 509(a)(1) and 170(b)(1)(A)(vi). Your exempt status under section 501(c)(3) of the code is still in effect.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) and 170(b)(1)(A)(vi) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) and 170(b)(1)(A)(vi) organization.

Because this letter could help resolve any questions about your foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



District Director





**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**  
Office of Community Planning and Development  
Los Angeles Field Office  
300 N. Los Angeles St., Room 4054  
Los Angeles, CA 90012

October 25, 2022

Devin Drake, Director  
County of San Luis Obispo Department of Social Services  
3433 South Higuera Street  
San Luis Obispo, CA 93401

Dear Mr. Drake:

**SUBJECT: Fiscal Year 2022 Remote Monitoring  
Continuum of Care Program  
PSH: CA1627L9D141903**

From July 25, 2022, to August 9, 2022, this Office conducted a remote monitoring of the Continuum of Care program, in order to assess your organization's performance and compliance with applicable Federal requirements. Program performance was assessed through a review of operations, file documentation and interviews. The purpose of this letter is to transmit HUD's monitoring report, which provides the details of our review. HUD's review of these areas of program performance may result in the identification of Findings, Concerns, or exemplary practices.

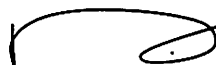
A Finding is a deficiency in program performance based on a violation of a statutory or regulatory requirement. A Concern is a deficiency in program performance that is not based on a statutory or regulatory requirement, but is brought to the grantee's attention. Corrective Actions to address the noncompliance are identified for all Findings. Recommended Corrective Actions are not identified for Concerns. An exemplary practice is a noteworthy practice or activity being carried out by the grantee and may possibly be duplicated by another grantee.

The enclosed report contains no Findings or Concerns as a result of our review. If you disagree with any of HUD's determinations or conclusions in this monitoring report, please address these issues in writing within 30 days from the date of this letter. Your written communication should explain your reasons why you disagree, along with supporting evidence. Written responses should be sent via email to the address listed below.

I would like to thank you and your staff for your professionalism and cooperation during the review. The County of San Luis Obispo is carrying out valuable programs that are successfully supporting housing and community development activities. Your HUD CPD Monitor, Moises

Carrillo, is available to discuss the results of this monitoring report or provide technical assistance, if requested, and can be reached at: 213-534-2694 or [moises.carrillo@hud.gov](mailto:moises.carrillo@hud.gov). All communication should be sent to the Department of Housing and Urban Development email box at [CPDLA@hud.gov](mailto:CPDLA@hud.gov).

Sincerely,

A handwritten signature in black ink, appearing to be 'Rufus Washington', written in a cursive style.

Rufus Washington, Director  
Office of Community Planning  
and Development

**U.S. Department of Housing & Urban Development**  
*(Los Angeles Field Office, CA)*



**Monitoring Report**  
*Continuum of Care Program*  
*County of San Luis Obispo, CA*  
**CA1627L9D141903 \$272,289.00**

Monitoring Dates: July 25- August 9, 2022

## **OVERVIEW**

Monitoring is the principal means by which HUD ensures program effectiveness and management efficiency, and that programs are carried out in compliance with applicable laws and regulations. It assists grantees in improving their performance, developing or increasing capacity and augmenting their management and technical skills. Also, it provides a method for staying abreast of CPD-administered programs and technical areas within the communities that HUD programs serve. Monitoring assesses the quality of performance over time and promptly resolves the findings of audits and other reviews. In determining which grantees will be monitored, the Department uses a risk-based approach to rate grantees, programs and functions, including assessing the Department's exposure to fraud, waste and mismanagement. This process not only assists the Department in determining which grantees to monitor, but also identifies which programs and functions will be reviewed.

Specifics relating to this review are as follows:

Date(s) Monitoring Conducted:	<i>July 25 – August 9, 2022</i>
Type of Monitoring:	<i>Remote</i>
HUD Reviewer(s):	<i>Moises Carrillo, HUD CPD Representative</i>
Grantee Staff and Other Participants:	<i>George Solis, Program Manager II Dora Rosales, Accountant</i>
Entrance Conference:	
Date	<i>July 25, 2022</i>
Representatives	<i>Wayne Itoga, HUD CPD Program Manager Moises Carrillo, HUD CPD Representative Devin Drake, Director George Solis, Program Manager II Michelle Infantino, Financial Chief Officer Dora Rosales, Accountant Laurel Weir, Administrative Services Manager Atoosa Boyd, Administrative Services Manager</i>
Exit Conference:	
Date	<i>August 24, 2022</i>
Representatives	<i>Moises Carrillo, HUD CPD Representative Devin Drake, Director George Solis, Program Manager II Dora Rosales, Accountant Mark Lamore, Director of Homeless Services, Transitions Mental Health Association</i>

## SUMMARY OF RESULTS AND CONCLUSIONS

This report details the results of the monitoring review and contains no Findings or Concerns. A Finding is identified as a deficiency in program performance based on a statutory, regulatory or program requirement for which sanctions or other corrective actions are authorized. A Concern is a deficiency in program performance that is not based on a statutory, regulatory or other program requirement but is brought to the grantee's attention. Required correction actions are identified for all Findings. Recommended actions are not identified for Concerns. Findings must be responded to within 30 days of this report.

The following areas were reviewed using the identified monitoring exhibits:  
Exhibit 29-1: Guide for Review of Homeless and At-Risk Determination/Recordkeeping Requirement  
Exhibit 29-7: Guide for Review of CoC Permanent Supportive Housing Requirement  
Exhibit 29-11: Guide for Review of CoC Match Requirements

Exhibits from the *Community Planning and Development Monitoring Handbook 6509.2* were used to guide the review. They are available at:  
[https://www.hud.gov/program\\_offices/administration/hudclips/handbooks/cpd/6509.2](https://www.hud.gov/program_offices/administration/hudclips/handbooks/cpd/6509.2).

Your HUD CPD Monitor, Moises Carrillo, is available to discuss the results of this monitoring report or provide technical assistance, if requested, and can be reached at (213) 534-2564 or by email at [moises.carrillo@hud.gov](mailto:moises.carrillo@hud.gov). If you disagree with any of HUD's determinations or conclusions in this monitoring report, please address these issues in writing to this Department within 30 days of this report. Your written communication should explain your reasons why you disagree along with supporting evidence and documentation. All communication should be sent to the Department of Housing and Urban Development email box at CPDLA @hud.gov.

### SCOPE OF REVIEW

The purpose of this review was to document the County of San Luis Obispo's (County) compliance with the CoC requirements described below. The review encompassed the County's grant, CA1627L9D141903 in the amount of \$272,289 for the period of June 1, 2020, to May 31, 2021.

<b>CA1627L9D141903</b>	
Leasing	\$113,819.00
Supportive Services	\$124,128.00
Operating	\$ 11,301.00
Grant Administration	\$ 23,041.00
<b>Grant Total:</b>	<b>\$272,289.00</b>

This specific grant is to provide permanent supportive housing for a total of 20 disabled chronically homeless individuals and family. Prioritization is given to chronically homeless persons experiencing a severity of service needs. The review was based on program policies and procedures, executed written agreements between the County and the sub-

recipient operating the program-Transitions Mental Health Association (TMHA), executed leases, and client files. Interviews were completed with County CoC staff regarding the policies and procedures used to implement and manage the program.

The next section of the report summarizes the areas and program requirements reviewed.

### Areas Reviewed and Results

#### CONTINUUM OF CARE PROGRAM

##### Homeless and At-Risk Determination/Recordkeeping Requirements

The purpose of this part of the review was to ensure that clients served by the CoC program met the eligibility requirements found at 24 CFR 578.103. Under grant CA1627L9D141903, of the 20 clients, three random files were reviewed from a comprehensive list generated from HMIS as shown below. Monitoring in this area was conducted using **Exhibit 29-1, Guide for Review of Homeless and At-Risk Determination/Recordkeeping Requirements**.

<b>Client Files Reviewed</b>	
Client 1	1099
Client 2	7414
Client 3	13301

HUD staff found that the County and TMHA had Policies and Procedures Manuals compliant with HUD requirements that included written intake procedures in place to ensure the documentation of eligibility requirements for homelessness, including income and disability verification. HUD primarily reviewed TMHA's Policies and Procedures Manual (Manual). The Manual has a detailed referral, eligibility, intake and a rent calculation process which was followed by TMHA to ensure eligibility.

TMHA utilizes a Homeless Services Adult Intake Form which provided adequate information for homeless determination and eligibility. For example, a review of the three client files demonstrated that supporting documentation was provided in sufficient detail to determine client eligibility and included at least one type of documentation:

- written referrals by service providers;
- medical verifications from an appropriate source;
- accurate calculations of the annualized income;, and
- appropriate utility allowance and leasing rates charged to clients.

HUD staff review of the County's and TMHA's supporting documentation for eligibility and policies and procedures for this area were met. **As a result, there were no findings or concerns identified in this area.**

## **Permanent Supportive Housing Requirements**

The purpose of this part of the review was to ensure that the County's program complies with the permanent supportive housing requirements of the CoC program. Monitoring in this area was conducted using **Exhibit 29-7, Guide for Review of CoC Permanent Supportive Housing Requirements**.

This review was accomplished through interviews with County staff, a review of written agreements between the County and TMHA, programmatic policies and procedures for the program, and a review of the client files identified above for grant CA1627L9D141903 for compliance with the established eligibility, income and rental calculations, housing quality standards, ongoing annual assessments of supportive service needs, and appropriate leases and lease terms. For the three client file reviews, all of the above requirements were met.

**Lease terms and rent.** An important element for client stability is to ensure that clients are living in affordable housing units for a one-year period. All client files had one year leases and were allowed month to month extensions after the one-year leasing period. Rent calculations for clients were thorough and followed HUD FMR maximum rent regulations. All rents were below the FMR.

**Supportive Services.** In addition, supportive services were provided at the housing units where participants lived. An annual assessment was completed for clients regarding their service needs and TMHA adjusted services as necessary. Supportive services included:

- case management;
- education services;
- employment assistance and job training;
- food;
- life skills training;
- mental health services provided by TMHA;
- outpatient health;
- substance abuse treatment;
- one-time utility fees; and
- transportation assistance.

Costs for reimbursement of these supportive services were verified through a review of two TMHA reimbursement requests for December 2021 and February 2022. The reimbursement requests contained eligible supportive services expenses with backup documentation (receipts) along with a general ledger matching the expenses.

HUD's staff review of the County's and TMHA's supporting documentation for Permanent Supportive Housing requirements including policies and procedures provided in TMHA's Manual were met. **As a result, there were no findings or concerns identified in this area.**

## **Match Requirements**

The purpose of this review was to assess the County's and TMHA's adherence to the Continuum

of Care (CoC) program’s Match requirements and the eligibility of the program’s match expenditures. Monitoring of this area was conducted using **Exhibit 29-11: Guide for Review of CoC Match Requirements**. The recipient or sub-recipient must match all grant funds, except for leasing funds, with no less than 25% cash or in-kind contributions, as defined at 24 CFR 578.73. TMHA utilized cash match in the form of client rents to meet the match requirement (see Table). Client rents not used for the match were utilized for eligible program activities which included operational expenses, client expenses, and supportive services. TMHA provided a match certification for the grant including a year-end income and expense accounting report which exceeded the cash match requirements. TMHA keeps track of cash match monthly in their accounting system.

<b>Match Requirements</b>	
Grant Funds Expended not including Leasing Costs	\$158,470.05
Match Required	\$39,617.50
Match Reported	\$75,145.00

**There were no identified findings or concerns in this area.**





# TRANSITIONS - MENTAL HEALTH ASSOCIATION

Unique Entity ID <b>QWZ6GNUR3PM7</b>	CAGE / NCAGE <b>53C91</b>	Purpose of Registration <b>All Awards</b>
Registration Status <b>Active Registration</b>	Expiration Date <b>Feb 13, 2024</b>	
Physical Address <b>784 High ST San Luis Obispo, California 93401-5243 United States</b>	Mailing Address <b>P.O. Box 15408 San Luis Obispo, California 93406-5408 United States</b>	

## Business Information

Doing Business as <b>SLO TRANSITIONS</b>	Division Name <b>(blank)</b>	Division Number <b>(blank)</b>
Congressional District <b>California 24</b>	State / Country of Incorporation <b>California / United States</b>	URL <b>(blank)</b>

## Registration Dates

Activation Date <b>Feb 13, 2023</b>	Submission Date <b>Feb 13, 2023</b>	Initial Registration Date <b>May 23, 2008</b>
--	--	--

## Entity Dates

Entity Start Date <b>Jul 1, 1980</b>	Fiscal Year End Close Date <b>Jun 30</b>
---	---

## Immediate Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
------------------------	---------------------------------------

## Highest Level Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
------------------------	---------------------------------------

## Executive Compensation

In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) receive both of the following: 1. 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements and 2. \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

**No**

Does the public have access to information about the compensation of the senior executives in your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

**Not Selected**

## Proceedings Questions

Is your business or organization, as represented by the Unique Entity ID on this entity registration, responding to a Federal procurement opportunity that contains the provision at FAR 52.209-7, subject to the clause in FAR 52.209-9 in a current Federal contract, or applying for a Federal grant opportunity which contains the award term and condition described in 2 C.F.R. 200 Appendix XII?

**No**

Does your business or organization, as represented by the Unique Entity ID on this specific SAM record, have current active Federal contracts and/or grants with total value (including any exercised/unexercised options) greater than \$10,000,000?

**Not Selected**

Within the last five years, had the business or organization (represented by the Unique Entity ID on this specific SAM record) and/or any of its principals, in connection with the award to or performance by the business or organization of a Federal contract or grant, been the subject of a Federal or State (1) criminal proceeding resulting in a conviction or other acknowledgment of fault; (2) civil proceeding resulting in a finding of fault with a monetary fine, penalty, reimbursement, restitution, and/or damages greater than \$5,000, or other acknowledgment of fault; and/or (3) administrative proceeding resulting in a finding of fault with either a monetary fine or penalty greater than \$5,000 or reimbursement, restitution, or damages greater than \$100,000, or other acknowledgment of fault?

**Not Selected**

## Exclusion Summary

Aug 09, 2023 05:07:41 PM GMT  
<https://sam.gov/entity/QWZ6GNUR3PM7/coreData?status=Active>

Active Exclusions Records?

**No****SAM Search Authorization**

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

**Yes****Entity Types****Business Types**

Entity Structure

**Corporate Entity (Tax Exempt)**

Profit Structure

**Non-Profit Organization**

Entity Type

**Business or Organization**

Organization Factors

**(blank)****Socio-Economic Types**

Check the registrant's Reqs & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

**Financial Information**

Accepts Credit Card Payments

**Yes**

Debt Subject To Offset

**No**

EFT Indicator

**0000**

CAGE Code

**53C91****Electronic Funds Transfer**

Account Type

**Checking**

Routing Number

**\*\*\*\*\*8420**

Lock Box Number

**(blank)**

Financial Institution

**MECHANICS BANK**

Account Number

**\*\*\*\*\*078****Automated Clearing House**

Phone (U.S.)

**8055406500**

Email

**jhanson@t-mha.org**

Phone (non-U.S.)

**(blank)**

Fax

**8055406501****Remittance Address****TRANSITIONS - MENTAL HEALTH ASSOC.****P.O. Box 15408****San Luis Obispo, California 93406****United States****Taxpayer Information**

EIN

**\*\*\*\*\*9040**

Type of Tax

**Applicable Federal Tax**

Taxpayer Name

**TRANSITIONS - MENTAL HEALTH ASSOCIATION**

Tax Year (Most Recent Tax Year)

**2021**

Name/Title of Individual Executing Consent

**Board Chair**

TIN Consent Date

**Feb 13, 2023**

Address

**P.O. Box 15408****San Luis Obispo, California 93406**

Signature

**JAMES HAAS****Points of Contact****Accounts Receivable POC**

♀

**Jeanie Hanson, Finance Director****jhanson@t-mha.org****8055406525**

**Electronic Business**

♀ <b>Vivien Devaney, Operations Director</b> vdevaney-frice@t-mha.org 8055406599	<b>P.O. Box 15408</b> <b>San Luis Obispo, California 93406</b> <b>United States</b>
Richard R Wolfe, Finance Director rwolfe@t-mha.org 8055406525	P.O. Box 15408 San Luis Obispo, California 93406 United States

**Government Business**

♀ <b>JILL BOLSTER-WHITE, Executive Director</b> jbw@t-mha.org 8055406505	<b>P.O. Box 15408</b> <b>San Luis Obispo, California 93406</b> <b>United States</b>
Richard R Wolfe, Finance Director rwolfe@t-mha.org 8055406525	P.O. Box 15408 San Luis Obispo, California 93406 United States

**Past Performance**

♀ <b>JILL BOLSTER-WHITE, Executive Director</b> jbw@t-mha.org 8055406505	<b>P.O. Box 15408</b> <b>San Luis Obispo, California 93406</b> <b>United States</b>
Michael Kaplan, Development Director mkaplan@t-mha.org 8055406513	P.O. Box 15408 San Luis Obispo, California 93406 United States

**Service Classifications**

**NAICS Codes**

Primary	NAICS Codes	NAICS Title
<b>Yes</b>	<b>621420</b>	<b>Outpatient Mental Health And Substance Abuse Centers</b>

**Size Metrics**

**IGT Size Metrics**

Annual Revenue (from all IGTs)  
**(blank)**

**Worldwide**

Annual Receipts (in accordance with 13 CFR 121) <b>\$15,146,400.00</b>	Number of Employees (in accordance with 13 CFR 121) <b>186</b>
---	---

**Location**

Annual Receipts (in accordance with 13 CFR 121) <b>(blank)</b>	Number of Employees (in accordance with 13 CFR 121) <b>(blank)</b>
---	---

**Industry-Specific**

Barrels Capacity <b>(blank)</b>	Megawatt Hours <b>(blank)</b>	Total Assets <b>(blank)</b>
------------------------------------	----------------------------------	--------------------------------

**Electronic Data Interchange (EDI) Information**

This entity did not enter the EDI information

**Disaster Response**

This entity does not appear in the disaster response registry.

## 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:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2024 CoC Program grant competition.
  - 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 2024 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 Continuum of Care (CoC) Program Competition. For more information see the FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program Competition NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition). The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- 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 or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2024 CoC Program NOFO.

## 1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: CoC Planning Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/21/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. 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:** Laurel  
**Middle Name:**  
**Last Name:** Weir  
**Suffix:**  
**Title:** Administrative Services Manager  
**Organizational Affiliation:** San Luis Obispo County  
**Telephone Number:** (805) 788-9477  
**Extension:**  
**Fax Number:** (805) 788-2457

**Email:** [lweir@co.slo.ca.us](mailto:lweir@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-6800-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: CoC Planning Project FY24

16. Congressional District(s):

a. Applicant: CA-024

b. Project: CA-024

(for multiple selections hold CTRL+Key)

17. Proposed Project

a. Start Date: 11/01/2024

b. End Date: 10/31/2025

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:** 10/21/2024

# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Number: 2501-0017 Expiration Date: 01/31/2026**

## 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: \$108,996.00**

(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
---

**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:** 10/21/2024

# 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 Federal agency 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>

### 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
---

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:** 10/21/2024



# 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:** 10/21/2024

# 1J. SF-LLL

## DISCLOSURE OF LOBBYING ACTIVITIES

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.  
Approved by OMB: 4040-0013 (exp. 02/28/2025)**

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 Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 10/21/2024

# 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:** 10/21/2024

## 2A. Project Detail

1. **CoC Number and Name:** CA-614 - San Luis Obispo County CoC
2. **Collaborative Applicant Name:** County of San Luis Obispo
  
3. **Project Name:** CoC Planning Project FY24
  
4. **Component Type:** CoC Planning Project Application



## 2B. Project Description

**1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with 24 CFR 578.7:**

The CoC Planning Project funds will be used for staff costs for coordinating activities related to CoC governance, grant administration, and completing the collaborative application. A portion of the Planning Project funds will be used for resources to administer the unsheltered Point-in-Time Count, which is a critical and HUD-mandated activity essential to reporting on the performance and informing CoC community needs. Throughout the year, staff time will be implemented to reach out to community liaisons and conduct meetings with the governing advisory board (Homeless Services Oversight Council) to report on performance, analyze data, and devise work plans and strategies to not only meet HUD compliance but to also drive efforts to address homelessness.

**2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.**

The CoC governing body funds will be used at least bi-monthly throughout the year when applicant staff coordinate CoC advisory body tasks. Staff will evaluate the ESG and CoC programs at least twice yearly, once when entitlement fund applications for ESG and CDBG funds are being considered, and once during the CoC application ranking and review. The applicant is developing and refining evaluation tools for monitoring CoC and ESG programs and to expedite evaluation in future years in coordination with the CoC governing body. The applicant will monitor subrecipient agencies during the reporting period. The CoC application will be coordinated and written when the NOFO is released for FY2026. The CoC program manager and accountant will be responsible for tracking CoC planning and expenditures, and will report progress to the supervisor and the Deputy Director for the Division. Staff will monitor project progress and expenditures at least quarterly.

**3. How will the requested funds improve or maintain the CoC's ability to evaluate the outcome of CoC and ESG projects?**

The applicant staffs a CoC Program Manager and support staff. These staff together monitor and evaluate the outcomes of CoC and ESG projects both financially and for performance. CoC funds would allow staff to spend more time on evaluation of these projects because time and funding is limited for this activity. It would also allow the CoC to continue refining the evaluation system in coordination with the CoC governing body to further improve the effectiveness of the CoC program in addressing homelessness in our community.

### 3A. Governance and Operations

1. How often does the CoC conduct meetings of the full CoC membership? **Bi-Monthly**

2. Does the CoC include membership of a homeless or formerly homeless person? **Yes**

2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

Participates in CoC meetings:	<input checked="" type="checkbox"/>
Votes, including electing Coc Board:	<input checked="" type="checkbox"/>
Sits on CoC Board:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following

3a. Written agendas of CoC meetings? **Yes**

3b. Coordinated Entry? (Also known as centralized or coordinated assessment) **Yes**

3c. Process for monitoring outcomes of ESG recipients? **Yes**

3d. CoC policies and procedures? **Yes**

3e. Written process for board selection? **Yes**

3f. Code of Conduct for board members that includes a recusal process? **Yes**

3g. Written standards for administering assistance? **Yes**



4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? **No**

### 3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC’s geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

Name of Group	Role of the Group (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
Full Committee	Fulfills Continuum of Care (CoC) oversight responsibilities, including establishing policies and procedures, monitoring performance, setting funding priorities, and reviewing and recommending project rankings. Sets goals for the local Plan to End Homelessness, and reviews progress towards goals.	Bi-Monthly	County Supervisor, City Councils, Co. Depts of Soc Svcs & Behav. Health, Homeless Svc Agencies, Hsg Developers, PHA, McK.-Vento Homeless Ed. Coord., Hospital, Law Enforcement, Health Svcs, Faith Community, DV Svcs, Vets Svcs, Formerly Homeless Person
Executive Committee	Hears reports from Standing committees and current workgroups and coordinates HSOC activities.	Bi-Monthly	Local Homeless Services Agencies, City Council Representatives, PHA, Currently or Formerly Homeless Persons
Coordinated Entry Committee	Oversees the development of the policies, guidance and procedures of the four components of the Coordinated Entry System (CES): access, assessment, prioritization and referral. This group will also ensure that the guidance and procedures developed by the CES work group(s) are in alignment with the principles of the CES policies.	Monthly	Local Homeless Services Agencies, County Dept of Social Services & Behavioral Health, PHA, Advocates, DV Victim Services Provider
Services Coordinating Committee	Coordinates with existing service provider groups and appoints ad hoc working groups to address discrete, cross-cutting issues.	Monthly	Non-profit Homeless Service Agencies, Mental Health Services Agencies, Health Care Providers, Community Members, County Dept of Social Services, Supportive Housing Providers, Advocates, Veteran Services
Data and Performance Committee	Governance of data collection and reporting, including the Point in Time Count, and HMIS.	Monthly	Local Homeless Services Agencies, Education, Community Members, Health Care Services, Housing Trust Fund

## 4A. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the  icon. To view or update a Matching source already listed, select the  icon.

### Summary for Match

Total Value of Cash Commitments:	\$27,249
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$27,249

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Contributor	Value of Commitments
Cash	Government	General Fund Support	\$27,249

## Sources of Match Details

- 1. **Type of commitment:** Cash
- 2. **Source:** Government
- 3. **Name of source:** General Fund Support  
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Value of Written Commitment:** \$27,249

## 4B. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2026? Yes

2. Does this project propose to allocate funds according to an indirect cost rate? No

3. Select a grant term: 1 Year

**A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.**

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
1. Coordination Activities	\$11,521 = 0.08 FTE Staff to coordinate HSOC/CoC governing body and committee meetings; \$15,000 = Stipends for lived experience committee	\$26,521
2. Project Evaluation	0.05 FTE Staff for CoC Program Evaluation	\$6,404
3. Project Monitoring Activities	0.03 FTE Staff and 0.05 FTE Accountant to monitor CoC Subrecipient Agency Projects	\$9,561
4. Participation in the Consolidated Plan		
5. CoC Application Activities	0.16 FTE Staff to prepare and submit CoC Grant Application, PIT, HIC, LSA, APR	\$22,181
6. Determining Geographical Area to Be Served by the CoC		
7. Developing a CoC System	\$11,521 = 0.07 FTE Staff to develop CoC Program to meet greater efficacy, coordinate activities; \$20,000 = CoC wide training	\$31,521
8. HUD Compliance Activities	0.09 FTE Staff to coordinate with CoC Governing Body and Subrecipients to ensure compliance	\$12,808
<b>Total Costs Requested</b>		<b>\$108,996</b>
<b>Cash Match</b>		<b>\$27,249</b>
<b>In-Kind Match</b>		<b>\$0</b>
<b>Total Match</b>		<b>\$27,249</b>
<b>Total Budget</b>		<b>\$136,245</b>

**Click the 'Save' button to automatically calculate the Total Assistance**

## 5A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No		
2. Other Attachment(s)	No		

## Attachment Details

**Document Description:** Certification of Consistency with the Consolidated Plan

## Attachment Details

**Document Description:**



## 5B. 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:** 10/21/2024  
**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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## 6A. Submission Summary

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	10/08/2024
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	10/08/2024
1E. SF-424 Compliance	10/08/2024
1F. SF-424 Declaration	10/16/2024
1G. HUD 2880	10/16/2024
1H. HUD 50070	10/16/2024
1I. Cert. Lobbying	10/16/2024
1J. SF-LLL	10/16/2024

<b>IK. SF-424B</b>	10/16/2024
<b>2A. Project Detail</b>	10/16/2024
<b>2B. Description</b>	10/18/2024
<b>3A. Governance and Operations</b>	10/08/2024
<b>3B. Committees</b>	10/18/2024
<b>4A. Match</b>	10/16/2024
<b>4B. Funding Request</b>	10/21/2024
<b>5A. Attachment(s)</b>	No Input Required
<b>5B. Certification</b>	10/18/2024