

## 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 2023 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) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO and the FY 2023 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. 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.
- 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 2023 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: 08/17/2023

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:** 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-6700-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: Anderson Hotel CoC PSH 2023

16. Congressional District(s):

16a. Applicant: CA-024

16b. Project: CA-024  
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2024

b. End Date: 06/30/2025

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:** 08/17/2023



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2501-0017 (exp. 1/31/2026)**

## 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: \$123,200.00**

(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:** 08/17/2023

# 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:	
<p>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.</p>	<p>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;</p>
<p>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.</p>	<p>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;</p>
<p>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.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>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;</p>	

## 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:** 08/17/2023

# 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:** 08/17/2023

# 1J. SF-LLL

## DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. Approved by OMB0348-0046

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.



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**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:** 08/17/2023

## 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:** 08/17/2023

## 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: \$123,200**

Organization	Type	Sub-Award Amount
Transitions Mental Health Association	M. Nonprofit with 501C3 IRS Status	\$123,200

## 2A. Project Subrecipients Detail

**a. Organization Name:** Transitions Mental Health Association

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status  
If "Other" specify:

**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:** \$123,200

**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:**



## **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.**

Transitions Mental Health Association (TMHA) has been a sub recipient of HUD housing grants for over 30 years as well as numerous State and local grants from public and private funding sources. TMHA uses cost accounting to track and bill for program expenses, including federal HUD grants and other public funding. Unless the grant requires billing less frequently, the agency prepares the grant and/or contract billing each month. Once the month is closed, fiscal staff reviews program expenses and revenue and prepares the monthly billing with required back up documentation for the reimbursement request. Invoices, along with supporting documentation, are then prepared and sent to the funder for reimbursement. If questions arise or additional back up documentation is needed, staff respond as quickly as possible so as not to delay reimbursement. If staff needs extra time to prepare the monthly billing, then they will reach out to the funder and request an extension. TMHA fiscal staff make every effort to create positive and collaborative relationships with the funding agency, which helps ensure satisfactory drawdowns and performance for the grants. TMHA completed a HUD audit in 2022 with no findings.

Housing Authority of San Luis Obispo (HASLO) is the provider of section 8 subsidy to almost 2900 families in the County of San Luis Obispo. HASLO has been a property management company for over 50 years, and manages 40 properties throughout SLO County, including Paso Homekey program funded by the State of California's Homekey program offering permanent supportive housing to 60 tenants. The Anderson Hotel will have 66 studio and one-bedroom apartments and all of the units will be assisted with project based vouchers including the 10 units set aside for this bonus grant proposal.

**2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.**

Several of TMHA's housing programs are in collaboration with the Housing Authority of San Luis Obispo (HASLOI) As per negotiations between TMHA and HASLO the master leases for these units are significantly below market values in San Luis Obispo. In addition, TMHA has developed excellent landlord relationships and currently all of the CoC units are master leased at or below HUD payment standards for the SLO County. Program participants are eligible for either "Move-on", Mainstream, Emergency, and/or set aside section 8 voucher at the time they are ready to graduate from the program. The section 8 housing subsidy allows the program participants to move to affordable independent housing, creating openings in the program for new program participants. Additional project leveraging includes case management from the State funded Housing Disability Advocacy Program where program participants receive case management with a focus on disability benefit advocacy. Several of the CoC HUD funded program participants qualified for the Now housing program in which they receive intense case management assistance through a County General fund.

TMHA operates a number of in-house programs including, Supported Employment, Behavioral Health Navigation, Central Coast Hotline, Wellness Centers, and Family Support Services, all of which the participants can access free of charge.

TMHA collaborates with community partners to provide program participants support services. This partnerships include HASLO, Department of Social Services, Social Security Administration, Department of Vocational Rehabilitation, Behavioral Health, Department of Motor Vehicles, Community Health Centers and CenCal. Lastly, TMHA receive annual grant donations from private community members, one of which is being used to help finance the dental program described in program support services.

**3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.**

TMHA has 44 years of experience providing a wide variety of contracted behavioral health programs to San Luis Obispo and Santa Barbara Counties. Program budgets have ranged from under \$10,000 to \$1.5 million. Throughout our agency's history, there have been no material findings by any outside audits. TMHA's current Finance Department includes a Director with extensive nonprofit experience and 3 supporting staff. TMHA staff have been billing Medi-Cal in an accurate and timely fashion since 1991 in San Luis Obispo County and 1993 in Santa Barbara County, without significant incident. TMHA has employed Glenn Burdette Certified Public Accountants of San Luis Obispo, California for the last 9 years to prepare annual financial audits and our most recent audits have had no corrective management comments. In addition to the audit by Glenn Burdette, TMHA had an audit from the State Department of Social Services with no findings.

The Housing Authority of SLO's Finance Department is managed by a licensed CPA, and includes 5 support staff, all with 15 years or more experience in HUD contract management, grant funding management and property management. Our auditors of more than 20 years, Cropper Rower, LLC have consistently provided a clean audit report, with no corrective management comments. We have maintained high-performer ratings with HUD for the last 10 years.

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: Anderson Hotel CoC PSH 2023
  
- 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
  
- 9. Will this project include replacement reserves in the Operating budget? 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.**

The Anderson Hotel CoC PSH project is a collaboration between Transitions Mental Health Association (TMHA), Housing Authority of San Luis Obispo (HASLO), Access Support Network (ASN) and Latta, Poblacion & Wells. The scope of this project will be to house 10 chronically homeless individuals into studio and one-bedroom apartments at the Anderson Hotel in down town San Luis Obispo. The Anderson Hotel is currently be remodeled by HASLO and is estimated to be ready for lease up in late summer, early fall 2024. Through an MOU between TMHA , ASN, and HASLO, 10 units will be provided for disabled chronically homeless, low to extremely low income, households who will be selected from the County Coordinated Entry System. ASN clients will be given preference for 3 of the units for their clients receiving support services for HIV. TMHA and ASN will provide case management services to include mental/physical health support, socialization, education/employment assistance, transportation, financial literacy, cooking skills, nutrition, group recreational activities to aid in building social skills. ASN will provide additional support with Medi-Cal waiver applications, and intensive nurse/social worker case management for clients who become more fragile. The dental firm of Latta, Poblacion & Wells has agreed to provide general dental services to 10 clients at no charge. In addition to the pro bono dental services, TMHA, through a private grant, will be able to provide payment for dental lab work including dentures, crowns, bridges, etc.

**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	30			
Begin program participant enrollment	60			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	90			
Leased or rental assistance units or structure, and supportive services near 100% capacity	180			
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation	0			
Complete rehabilitation	30			
Start new construction	0			
Complete new construction	0			

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 type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Chronic Homeless	<input checked="" 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.**

This project is limited to the Anderson Hotel where project based vouchers will be used for housing subsidies. Program participants will have selection of available rental units within the project.

**7. Will more than 16 persons live in a single structure?** No

**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, according to NOFA Section III.3.b.

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 according to NOFA Section III.3.d:

- (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 are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

**8. Is this project 100% Dedicated or DedicatedPLUS? 100% Dedicated**



### 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.**

During the participants involvement in this new permanent supportive housing program, they will be offered supportive services which can include: independent living skills, financial management/budgeting, substance abuse recovery referrals, general assistance/SSI/SSDI benefit application assistance, food resources, mental/physical health referrals, independent housing search and referral, housing retention assistance, socialization, educational/vocational program referrals and general case management to assist with coordinating and obtaining appropriate services. In the event of lease violations, the participant, HASLO and TMHA staff will to meet to discuss the infraction and develop a plan to resolve this issue. Should the lease violation continue, written warnings are issued with a clear written plan of action to ameliorate the violation. Should the violation continue, all parties will meet to attempt corrective action with the possible issuance of notices to vacate as required through the California Landlord Tenant L

### **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.**

TMHA collaborates with Community Health Centers, County Behavioral Health, Managed Care, CenCal as well as a number of private physicians, psychiatrists and dentist in order to refer our permanent supportive housing participants for medical and psychiatric services. TMHA staff has developed strong working relationships with our community health provider to ensure our program participants are able to access affordable health care. Several of TMHA's staff are registered R.N. and licensed practitioners of the healing arts. These staff members have developed positive working relationships with our community health providers and have been successful in referring our clients for services. TMHA has entered into an MOU with the dental office of Latta, Poblacion & Wells, 1250 Peach Street, SLO where they will provide free dental services for up to ten (10) program participants per year. It is estimated the in-kind value of this service can range from \$300 to \$3,500 per client depending on the needed service. In addition, TMHA has obtained private donations that will pay for follow-up lab work, (dentures, crowns, bridges, etc.) for up to \$2,000 for each of the ten (10) who received services from Latta, Poblacion & Wells.

TMHA is in collaboration with Access Support Network (ASN) who will be provided priority to 4 of the 10 units at the Anderson Hotel. Eligibility will be determined by enrollment in the Coordinated Entry System, clients meets chronic homeless definitions as per HUD guidelines and have a permanent disability. ASN will provide case management to the four clients including HIV treatment information, links to medical community, transportation, nutritional counseling, health care, HEP –C treatment referrals, eye care, food assistance, rental assistance. ASN works with the Medi-Cal waiver program and will assign a nurse and social work case manager for more intensive supportive services for clients with fragile health conditions. TMHA offers supported employment for our clients which can include job club, resume development, on-the-job training opportunities and job coaching. In addition, TMHA shares a grant with the State of California, Homeless Disability Advocacy Program (HDAP) to assist homeless clients with the application process for general assistance, SSI and SSDI benefits.

**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	Weekly
Assistance with Moving Costs	Applicant	Semi-annually
Case Management	Applicant	Weekly
Child Care	Partner	Monthly
Education Services	Partner	Monthly
Employment Assistance and Job Training	Applicant	Monthly
Food	Applicant	Weekly
Housing Search and Counseling Services	Applicant	Quarterly
Legal Services	Non-Partner	Quarterly
Life Skills Training	Applicant	Weekly
Mental Health Services	Applicant	Weekly
Outpatient Health Services	Non-Partner	Monthly

<b>Outreach Services</b>
<b>Substance Abuse Treatment Services</b>
<b>Transportation</b>
<b>Utility Deposits</b>

Applicant	Bi-weekly
Non-Partner	Weekly
Applicant	Weekly
Applicant	Monthly

**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 this project the applicant, a 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: 10

Total Beds: 10

Total Dedicated CH Beds: 10

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Dormitory, shared or privat...	---	10	10	10

## 4B. Housing Type and Location Detail

1. **Housing Type:** Dormitory, shared or private rooms

2. **Indicate the maximum number of units and beds available for program participants at the selected housing site.**

a. **Units:** 10

b. **Beds:** 10

3. **How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness?** 10

**This includes both the “dedicated” and “prioritized” beds.**

### 4. **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 victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Street 1:** 965 Monterey Street

**Street 2:**

**City:** San Luis Obispo

**State:** California

**ZIP Code:** 93401

**\*5. 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

**Households Table**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	0	10	0	10
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	10		10
Persons ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	0	10	0	10

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

### Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	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)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	9	1	0	6	4	7	4			
Persons ages 18-24	0	0	0	0	0	0	0			
<b>Total Persons</b>	9	1	0	6	4	7	4	0	0	0

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	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

1. Will it be feasible for the project to be under grant agreement by September 30, 2025? 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? No
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 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? Yes  
(13 to 18 months)

**6a. Select the number of additional months requested for the initial grant term:** 18 months

## 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
<b>1. Assessment of Service Needs</b>		
<b>2. Assistance with Moving Costs</b>	Move on costs for 2 clients moving out includes moving company, security deposit, 1st month rent, bed dresser, kitchen utensils,	\$3,500
<b>3. Case Management</b>	1FTE case manager, salary, vacation, sick time, medical, 403B match, workers comp	\$75,000
<b>4. Child Care</b>		
<b>5. Education Services</b>		
<b>6. Employment Assistance</b>		
<b>7. Food</b>	Food assistance as needed for 10 clients	\$1,500
<b>8. Housing/Counseling Services</b>		
<b>9. Legal Services</b>		
<b>10. Life Skills</b>		
<b>11. Mental Health Services</b>		
<b>12. Outpatient Health Services</b>		
<b>13. Outreach Services</b>		
<b>14. Substance Abuse Treatment Services</b>		
<b>15. Transportation</b>	Case manager transportation client bus passes x 10	\$7,500
<b>16. Utility Deposits</b>		
<b>17. Operating Costs</b>	desk, chair, telephone, computer, pre-employment fees, office rent, insurance, office supplies,	\$8,000
<b>Total Annual Assistance Requested</b>		\$95,500
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$95,500

Click the 'Save' button to automatically calculate totals.

## 6G. Operating

**Instructions:**

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

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 amount requested for each eligible cost 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>

**A quantity AND description must be entered for each requested cost.**

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	paint, window repair, door replacement, keys, electrical, plumbing	\$5,000
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture	Tables, chairs, beds, refrigerators, stoves, blankets, sheets, dishes	\$8,000
7. Equipment (lease, buy)		
<b>Total Annual Assistance Requested</b>		<b>\$13,000</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$13,000</b>

**Click the 'Save' button to automatically calculate totals.**

# VAWA Budget

## VAWA Budget

New in FY2023, 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 new 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:	\$2,500
Estimated budget amount for VAWA Confidentiality Requirements:	\$1,000

CoC VAWA BLI Total:	\$3,500
Grant Term	1 Year
Total Request for Grant Term	\$3,500

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:	\$0
Total Amount of In-Kind Commitments:	\$50,000
Total Amount of All Commitments:	\$50,000

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Type	Source	Name of Source	Amount of Commitments
In-Kind	Government	Housing Authority...	\$50,000



## Sources of Match Detail

1. **Type of Match commitment:** In-Kind  
2. **Source:** Government  
3. **Name of Source:** Housing Authority of San Luis Obispo  
(Be as specific as possible and include the office or grant program as applicable)  
4. **Amount of Written Commitment:** \$50,000

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

## 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)	\$95,500	1 Year	\$95,500
5. Operating (Screen 6G)	\$13,000	1 Year	\$13,000
6. HMIS (Screen 6H)	\$0	1 Year	\$0
&nbsp;7. VAWA	\$3,500	1 Year	\$3,500
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$112,000
10. Admin (Up to 10% of Sub-total in #9)			\$11,200
11. HUD funded Sub-total + Admin. Requested			\$123,200
12. Cash Match (From Screen 6I)			\$0
13. In-Kind Match (From Screen 6I)			\$50,000
14. Total Match (From Screen 6I)			\$50,000
15. Total Project Budget for this grant, including Match			\$173,200

**The minimum required Total Match amount for the Grant Term is \$30,800.**

Click the 'Save' button to automatically calculate totals.

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

## Attachment Details

Document Description:

## Attachment Details

Document Description:

## Attachment Details

Document Description:

## 7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

## 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:** 08/17/2023  
**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

**Applicant must click the submit button once all forms have a status of Complete.**

**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
1B. SF-424 Legal Applicant	08/17/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/17/2023
1E. SF-424 Compliance	08/17/2023
1F. SF-424 Declaration	08/17/2023
1G. HUD 2880	08/17/2023
1H. HUD 50070	08/17/2023
1I. Cert. Lobbying	08/17/2023
1J. SF-LLL	08/17/2023
1K. SF-424B	08/17/2023
1L. SF-424D	08/17/2023
2A. Subrecipients	08/17/2023
2B. Experience	08/17/2023
3A. Project Detail	08/17/2023
3B. Description	08/17/2023
3C. Expansion	08/17/2023
4A. Services	08/17/2023
4B. Housing Type	08/17/2023
5A. Households	08/17/2023
5B. Subpopulations	No Input Required
6A. Funding Request	08/17/2023
6F. Supp Srvcs Budget	08/17/2023
6G. Operating	08/17/2023
VAWA Budget	No Input Required
6I. Match	08/17/2023

<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	No Input Required
<b>7A. In-Kind MOU Attachment</b>	No Input Required
<b>7D. Certification</b>	08/17/2023