



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

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

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

**CoC Allocation**

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

**County Allocation**

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

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

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

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

**I. PRIMARY APPLICANT INFORMATION (LEAD AGENCY)**

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

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## II. PARTNER ORGANIZATIONS

List all subrecipients and their role in project (if applicable)		
Organization Name	Duns Number	Role
Example: Agency Y	00-0000000	Case management component

## III. PROPOSED PROJECT

<b>Name of proposed project</b>		
<b>Project/Program address</b>		
<b>Areas served</b>	<input type="checkbox"/> City of Arroyo Grande <input type="checkbox"/> City of Pismo Beach <input type="checkbox"/> City of Morro Bay <input type="checkbox"/> City of San Luis Obispo <input type="checkbox"/> Unincorporated communities of _____	<input type="checkbox"/> City of Atascadero <input type="checkbox"/> City of Paso Robles <input type="checkbox"/> City of Grover Beach <input type="checkbox"/> Countywide
<b>Total Funding Requested</b>		\$

**Provide a brief narrative of the proposed project including projected outcomes. How would you describe your project to the public in one paragraph?**

**For which of the following eligible activities will funds be requested? (See RFP for full descriptions of each activity) Select one activity per application.**

- Rapid rehousing, including rental subsidies and incentives to landlords, such as security deposits and holding fees.
- Operating subsidies in new and existing affordable or supportive housing units, emergency shelters, non-congregate shelters, interim or bridge housing, and navigation centers. Operating subsidies may include operating reserves.
- Street outreach to assist persons experiencing homelessness to access permanent housing and services.
- Services coordination (which may include access to workforce, education, and training programs) or other services needed to promote housing stability in supportive housing.

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- Systems support for activities necessary to create regional partnerships and maintain a homeless services and housing delivery system particularly for vulnerable populations including families and homeless youth.
- Delivery of permanent housing and innovative housing solutions (such as hotel and motel conversions).
- Prevention and shelter diversion including crisis resolution, mediation, and conflict resolution, creative problem solving, connection to mainstream resources, and light-touch financial assistance directly resulting in housing solutions.
- New navigation centers and emergency shelters, with clients obtaining housing as the primary goal, based on demonstrated need.

**Will the proposed project serve the specific needs of homeless youth?**

- Yes       No

### IV. APPLICANT CAPACITY

**1. Describe the organization's experience delivering related programs/projects.**

**2. Describe applicant's history partnering with identified agencies, and how the partners will collaborate to ensure success of the proposed project/program.**

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**3. Describe the applicant's history of receiving and managing grants from County/State/Federal sources.**

**4. Describe the organization's experience with HMIS or other equivalent databases to collect client data, and report on outcomes.**

**5. For applicants providing housing, are you currently participating in the Coordinated Entry System (CES) as required? If not, describe how you will become a participant in the CES.**





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**13. How does your program/service complement and collaborate with existing efforts in the County? Describe how the program/project will increase capacity of services/housing for homeless and at-risk persons in the County.**

**14. Describe any consultation with local jurisdictions to gain support for the project. Describe any support you have from local jurisdictions.**

**15. Name partner agencies as applicable and describe how they will be participating in the delivery of the proposed activity.**

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**16. Describe how you will ensure that the proposed project is accessible to communities of color which are disproportionately impacted by homelessness, particularly Black, Latinx, Asian, Pacific Islander, and Native and Indigenous communities. If you have previously received a grant to serve any of the affected communities, please provide a brief description of those grant activities and the outcomes you achieved.**

**17. Describe how you will ensure that your program and services will be accessible to persons for whom English is not their primary language.**

**18. If the proposed project is expected to serve youth experiencing homelessness (as defined in HSC § 50216 (k)) what youth-specific best practices will be utilized to ensure they can access the services?**



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

### VII. PROMISING AND EVIDENCE-BASED PRACTICES

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

[https://www.bcsd.ca.gov/hcfc/documents/hhap\\_promising\\_practices.pdf](https://www.bcsd.ca.gov/hcfc/documents/hhap_promising_practices.pdf)

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



## IX. Attachments

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### **Attachment A – Budget & Budget Narrative (Required)**

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

### **Attachment B – Timeline (Required)**

Attach a timeline for key steps of project implementation.

### **Attachment C – Letters of Support (Optional)**

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

### **Attachment D – Supplemental Answers to Questions (Optional)**

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

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

## **X. APPLICATION SUBMISSION:**

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

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

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