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## Overview

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Please provide the following information.



### County of San Luis Obispo Affordable Housing Program

Department of Social Services  
Adult and Homeless Services  
Branch  
PO Box 8119  
San Luis Obispo, CA 93403-8119  
[SS\\_HomelessGrants@co.slo.ca.us](mailto:SS_HomelessGrants@co.slo.ca.us)

**Applications are accepted electronically via Neighborly Software only.**

For each Affordable Housing funding source, an overview is available that includes program description, federal award information, eligible applicants, eligible activities, eligible beneficiaries, and reporting in the [County of San Luis Obispo Notice of Funding Availability, 2025 Action Plan](#):

- Section II.C for Community Development Block Grant (CDBG) Overview
- Section II.E for HOME Investment Partnerships Program (HOME) Overview
- Section II.F for Permanent Local Housing Allocation (PLHA) Overview
- Section II.G for Title 29 Overview
- Section II.H for General Fund Support (GFS) Overview

***Please note, the online application in Neighborly has branching questions depending on how you answer certain questions. Depending on your project, not all questions that appear on this printed version may be applicable or required.***

## A. Applicant Information

*No data saved*

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### A. Applicant Information

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Please provide the following information.

#### PRIMARY APPLICANT INFORMATION-LEAD AGENCY

##### A.1. Organization Name

##### A.2. Type of Organization

Define Other:

##### A.3. UEI Number: For more information, visit [SAM.GOV](https://sam.gov)

##### A.3.a. Please upload the following documentation:

☐ Attachment A - Proof of Active SAM.gov Registration **\*Required**

*\*\*No files uploaded*

##### A.4. Address

##### A.5. Is the organization faith based?

##### A.6. Date of Incorporation

##### A.6.a. Please upload the following documentation:

☐ Attachment B – Organizational Chart **\*Required**

*\*\*No files uploaded*

☐ Attachment C – Incorporation Documents **\*Required**

*\*\*No files uploaded*

☐ Attachment D – General Liability Insurance **\*Required**

*\*\*No files uploaded*

**A.7. Annual Operating Budget**

\$0.00

**A.8. Number of Paid Staff**

**A.9. Number of Volunteers**

**CONTACT INFORMATION**

**A.10. Contact Person Name**

**A.11. Contact Person Title**

**A.12. Phone Number**

**A.13. Email**

**FINANCE CONTACT INFORMATION**

**A.14. Finance Contact Person Name**

**A.15. Finance Contact Person Title**

**A.16. Finance Phone Number**

**A.17. Finance Email**

## B. Applicant Capacity

*No data saved*

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### B. Applicant Capacity

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Please provide the following information.

**B.1. Describe your organization's history of receiving and managing grants from County/State/Federal sources.**

**B.2. Briefly list any recent development projects your organization has proposed, is currently working on, and/or has recently completed (regardless of funding source).**

**B.3. Briefly describe your organization's auditing requirements, including those for the proposed project (as outlined in 2 CFR § 200.500 and 24 CFR § 5.801).**

**B.3.a. Please upload the following documentation:**

☐ Attachment E - Most Recent Audit **\*Required**

*\*\*No files uploaded*

**B.4. Briefly describe your organization's record keeping system with relevance to the proposed project.**

**B.5. Describe how your organization will document and maintain income status or presumed benefit status of each beneficiary in compliance with regulations?**

**B.6. Describe your project staff's experience with Section 3 (as outlined in 24 CFR Part 75).**

**B.6a. Section 3 Manager Name**

**B.6.b. Section 3 Manager Title**

**B.7. If the County allocated funds to your organization in previous years, do any of those funds remain unspent?**

**B.7.a. Please provide the following information:**

| Project Name | Funding Source and Year | Remaining Amount |
|--------------|-------------------------|------------------|
|              |                         | \$0.00           |

**B.8. Does your organization comply with the Generally Accepted Accounting Principles as outlined in 2 CFR § 200?**

## C. Proposed Project & Project Details

*No data saved*

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### C. Proposed Project & Project Details

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Please provide the following information.

**C.1. Name of Proposed Project**

**C.2. Project/Program Address(es)**

**C.3. Accessor's Parcel Number(s).**

**C.4. Areas Served-Select all that apply**

☐ City of Arroyo Grande

☐ City of Atascadero

☐ City of Morro Bay

☐ City of Paso Robles

☐ City of Pismo Beach

☐ City of San Luis Obispo

☐ City of Grover Beach

Not eligible for CDBG or HOME

☐ Unincorporated Community

Name of Unincorporated Community:

**C.5. Will the project require any acquisitions?**

**C.5.a. Please upload the following documentation:**

☐ Attachment F – Appraisal of Property **\*Required**

*\*\*No files uploaded*

**C.5.b. What is the proposed purchase amount?**

\$0.00

**C.5.c. What is the anticipated escrow closing date?**

**C.6. Will the current owner, residential occupants, and/or commercial occupants be displaced by the project?**

**C.6.a. Please upload the following documentation:**



**Attachment G – Relocation Plan or Certified Tenant Notifications \*Required**

*\*\*No files uploaded*

**C.6.b. Will the displacement be temporary or permanent?**

**C.6.c. How long will the displacement last?**

**C.6.d. Describe how the relocation costs will be paid. Include these costs in Attachment N – Sources and Uses.**

**C.7. Provide a complete description of the proposed project and proposed outcomes:**

**C.7.a. Number and Unit Type (size) of Proposed Units Created and/or Rehabilitated:**

| Unit Type (Size) | Created Units | Rehabbed Units |
|------------------|---------------|----------------|
|------------------|---------------|----------------|

**C.7.b. Of the total number of new units created, how many will be deed-restricted?**

**C.7.c. Please upload the following documentation:**



**Attachment H – Timeline: Attach a timeline for key steps of project implementation. Include key steps or phases of project implementation such as, but not limited to, the following: predevelopment, financing, use permitting, construction permitting, demolition, grading, construction finance close, construction milestones, placed in service date, permanent loan conversion, etc. \*Required**

*\*\*No files uploaded*



**Attachment I – Maps, Photos, Drawings, Plans: Upload a complete set of drawings/plans here. Also include any maps or photos available. \*Required**

*\*\*No files uploaded*

Required for HOME funding; not required but recommended for all other funding.

☐ Attachment J – Most Recent Market Study

*\*\*No files uploaded*

C.8. Describe site and neighborhood standards including proximity to services, transportation, and employment:

C.9. What is the current zoning designation of the project site?

C.10. Is the proposed project consistent with the site's current land use and zoning designation?

C.10. Provide an explanation of efforts and a timetable to obtain the necessary jurisdictional amendments to bring forth the project:

C.11. Have necessary Land Use Permits and/or Construction Building Permits been issued?

C.11a. If yes, what is their current expiration date(s)?

C.11b. If no, indicate when the permit(s) will be applied for or issued:

C.12. Describe how the project will align with a Line of Effort (or multiple Lines of Effort) to support the [San Luis Obispo Countywide Plan to Address Homelessness \(2022-2027\)](#).

C.13. Select all population(s) expected to be served through this project and include number of units expected for each chosen population:

☐ Low-/moderate-income households

☐ Multifamily

☐ Age Restricted (including seniors)

Expected number of units:

☐ Persons Experiencing Homelessness

Expected number of units:



☐ **Persons with Disabilities**

**Expected number of units:**

☐ **Person Experiencing Chronic Homelessness**

**Expected number of units:**

☐ **Farmworkers**

**Expected number of units:**

☐ **Veterans**

**Expected number of units:**

☐ **Domestic Violence Survivors**

**Expected number of units:**

☐ **Unaccompanied Youth (under 25 years of age)**

**Expected number of units:**

**C.13a. Has your organization previously received a grant to serve any of the populations expected to be served??**

**If yes, provide a brief description of those grant activities and the outcomes you achieved:**

**C.14. Please name partner agencies as applicable and describe how they will participate in the delivery of the proposed project:**

**C.15. Does the proposed project have support from the community?**

**C.15a. Please upload the following documentation:**

☐ **Attachment K – Letters of Support**

*\*\*No files uploaded*

**C.16. Has an environmental review been completed, CEQA and/or NEPA?**

- ☐ Yes - CEQA Review Complete
- ☐ No - CEQA Review Not Complete
- ☐ Yes - NEPA Review Complete
- ☐ No - NEPA Review Not Complete
- ☐ Yes - Both Have Been Completed
- ☐ No - Neither Have Been Completed

C.17. Has a Phase I or Phase II environmental assessment been conducted for the property?

C.17a. Please upload the following documentation:

- ☐ Attachment L – Environmental Assessment, Phase I or II **\*Required**

*\*\*No files uploaded*

C.18. Has a Phase I or Phase II archeological/historical survey been conducted at the project site?

C.18a. Please upload the following documentation:

- ☐ Attachment M - Archeological/Historical Survey, Phase I or II **\*Required**

*\*\*No files uploaded*

C.19. List and describe any known hazards-e.g., asbestos, radon, lead-based paint, storage tanks – aboveground, underground. Please enter “N/A” if not applicable.

C.20. Is the project on a property designated or been determined to be potentially eligible for designation as a local, state, or national historical site?

C.21. Are the building(s)/structure(s) located on a historic site or within a local historic district?

C.22. Is the project located within a 100-year and/or 500-year flood zone?

C.22a. If yes, how will the project mitigate potential flooding on the site?

C.22b. If yes, does your organization have flood insurance for the project site?

**C.23. Will demolition be required?**

**C.24. Are there any existing buildings on the project property that were constructed prior to 1978?**

**C.24a. Has an asbestos risk assessment report(s) been prepared for the building(s)?**

**C.24b. Has the building(s) been abated for asbestos?**

**C.24c. Has a lead hazard risk assessment report(s) been prepared for the building(s)?**

**C.24d. Has the building(s) been abated for lead paint?**

**C.24e. Will children occupy the building(s)?**

**Indicate the age range of the children that will occupy the building:**

## D. Funding & Eligible Activities

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### D. Funding & Eligible Activities

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Please provide the following information.

#### D.1. Total Project Funding (include all Sources and Uses of funding)

\$0.00

##### D.1.a. Please upload the following documentation:

☐ Attachment N - Sources and Uses, including construction sources and permanent sources.: This should include a summary of where the capital used to fund a development will come from (the sources) and what this capital will be used for (the uses). **\*Required**

*\*\*No files uploaded*

☐ Attachment O – Commitment Letters for Funds: Required to demonstrate the 25% HOME matching funds; not required but recommended for all other funding requests.

*\*\*No files uploaded*

D.1.b. How do you plan to fund the operation and maintenance costs (if any) associated with this project? Are these funds available now? If not, when will they be available?

##### D.1.c. Please upload the following documentation:

☐ Attachment P – Pro Forma (20-year): Required for Rental Housing-Upload 20-Year Pro Forma here to demonstrate continued viability and affordability of the project for at least 20 years. **\*Required**

*\*\*No files uploaded*

#### D.2. Are you requesting HOME funds?

##### D.2.a. Amount of HOME funds requested:

\$0.00

##### D.2.b. Proposed number of HOME-assisted (deed-restricted) units:

##### D.2.c. HOME Matching Funds:

| Sources | Amount |
|---------|--------|
|         | \$0.00 |

##### D.2.d. Identify all eligible activities that apply to the proposed project:

- ☐ Acquisition
- ☐ Rehabilitation
- ☐ Relocation
- ☐ Demolition
- ☐ Site Preparation
- ☐ New Construction
- ☐ Multi-Family
- ☐ Single Family

**D.2.e. Please indicate the number and type of units CREATED**

| Unit Type | 30% AMI | 31 to 50% AMI | 51 to 80% AMI | Unrestricted Resident Manager | 81% and higher AMI |
|-----------|---------|---------------|---------------|-------------------------------|--------------------|
| Total     | 0       | 0             | 0             | 0                             | 0                  |

**D.2.f. Is your project for REHABILITATION of existing units only?**

**Please indicate the number and type of EXISTING Units:**

| Unit Type | 30% AMI | 31 to 50% AMI | 51 to 80% AMI | Unrestricted Resident Manager | 81% and higher AMI |
|-----------|---------|---------------|---------------|-------------------------------|--------------------|
| Total     | 0       | 0             | 0             | 0                             | 0                  |

**Please indicate the number and type of units AFTER rehabilitation**

| Unit Type | 30% AMI | 31 to 50% AMI | 51 to 80% AMI | Unrestricted Resident Manager | 81% and higher AMI |
|-----------|---------|---------------|---------------|-------------------------------|--------------------|
| Total     | 0       | 0             | 0             | 0                             | 0                  |

**D.3. Are you requesting CDBG funds?**

**D.3.a. Amount of CDBG funds requested:**

\$0.00

**D.3.b. Are at least 51% of the units in the project designated as low-/moderate-income units?**

**D.3.c. How many new deed-restricted units will be constructed with CDBG funds?**

**D.3.d. Estimated number of unduplicated households to benefit from CDBG funds:**

| Beneficiary Type | Estimated Number |
|------------------|------------------|
|------------------|------------------|

**D.3.e. Please select the national objective that best applies to the proposed project.**

Please refer to "[Basically CDBG](#)" or the "[CDBG Guide to National Objectives and Eligible Activities](#)" for more information regarding CDBG national objectives.

**LOW/MODERATE INCOME:** Select which criteria the proposed project intends to qualify under to meet the Low/Moderate Income objective.

**SLUM OR BLIGHT:** Select which criteria the proposed project intends to qualify under to meet the Slums or Blight objective

**D.3.f. Identify all eligible activities that apply to the proposed project:**

- ☐ Acquisitions
- ☐ Rehabilitation
- ☐ Demolition or Clearance
- ☐ Site Preparation - In anticipation of a HOME funded project

**D.3.g. Explain how the proposed project meets the selected National Objective:**

**D.3.h. Required Acknowledgement for Federal Grants or Contracts.** Does your organization certify that, if awarded funds, it will comply with the requirements as shown as "[Example D-General Conditions](#)" and "[Example Exhibit E-Special Conditions](#)".

**D.4. Are you requesting PLHA funds?**

**D.4.a. Amount of PLHA funds requested:**

\$0.00

**D.4.b. How many units will be constructed with PLHA funds?**

**D.4.c. Estimated number of unduplicated households to benefit from PLHA funds:**

| Beneficiary Type | Estimated Number |
|------------------|------------------|
|------------------|------------------|

**D.4.d. Identify all eligible activities that apply to the proposed project:**

- ☐ Predevelopment
- ☐ Development
- ☐ Acquisition
- ☐ Rehabilitation
- ☐ Preservation

D.4.e. If awarded, how will the funds be used to produce affordable housing?

D.5. Are you requesting Title 29 funds?

D.5.a. Amount of Title 29 funds requested by Housing Market Area:

| Housing Market Area | Amount |
|---------------------|--------|
| Total               | \$0.00 |

D.5.b. How many new deed-restricted units will be created with Title 29 funds?

D.5.c. Estimated number of unduplicated households to benefit from Title 29 funds:

| Beneficiary Type | Estimated Number |
|------------------|------------------|
|------------------|------------------|

D.5.d. Identify all eligible activities that apply to the proposed project:

- ☐ Homebuyer Assistance
- ☐ Rental Housing

D.5.e. If awarded, how will the funds be used to produce affordable housing?

## E. Additional Documents

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### E. Additional Documents

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Please provide the following information.

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#### Documentation

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☐ **Attachment R – Supplemental Information**

*\*\*No files uploaded*



# Submit

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## Submit

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Please provide the following information.

☐ The applicant certifies that all information contained in this application, and supporting documentation, given for the purpose of obtaining assistance, is true and complete to the best of the applicant's knowledge.

☐ I hereby certify that our organization has complied with all applicable laws and regulations pertaining to the application and is an eligible applicant for the requested funding. The organization proposes to provide the program services or complete the project identified in this application. If this application is approved and this organization receives the requested funding this organization agrees to adhere to all relevant Federal, State, and local regulations and other assurances as required by the Commission.

☐ I hereby certify that the organization is fully capable of fulfilling its obligation under this application, as stated herein.

☐ I further certify that the information provided in this Funding Application is correct, accurate, and complete.

In addition, the content of the application shall be incorporated as part of the written agreement and, as such, will be used to monitor performance. Activities, commitments, and representations described in the written agreement that are not subsequently made a part of the program/project as funded shall be considered a material contract failure and may result in a repayment of all awarded funds and/or suspension from participation in future funding rounds.

**Authorized Representative Signature**

*\*\*Not signed*

**Authorized Representative Title**