

Overview

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Case Id: 30781

Name: George test - 2027

Address: *No Address Assigned

Overview



County of San Luis Obispo

HOME Tenant-Based Rental Assistance (HOME-TBRA) Grants Program

Department of Social Services
Adult and Homeless Services Branch
PO Box 8119
San Luis Obispo, CA 93403-8119
HSDGrants@co.slo.ca.us

HOME-funded Tenant-Based Rental Assistance (HOME-TBRA) funding is available. [The County of San Luis Obispo 2027 Action Plan Notice of Funding Availability \(NOFA\)](#) is posted on the County's Department of Social Services – Homeless Services Division website at www.slocounty.gov/HomelessServicesGrants.

Applications for the 2027 Action Plan NOFA will be accepted until the **5:00 pm submission deadline on Friday, October 30, 2026**.

If you have any questions about the applications process, please contact the Homeless Services Division directly at HSDGrants@co.slo.ca.us.

Printed By: George Solis on 9/28/2026

Please note that all documents uploaded into this application **must be less than 100 MB in file size**. We cannot accept documents via email or through another platform, such as Dropbox or Google Drive. Applicants may split larger documents into multiple smaller files, label them appropriately with “part X of X” and then upload them directly into this application.

Do not upload password-protected documents into this application. All password-protected documents will be removed during threshold review. This may negatively impact scoring of your application.

A. Applicant Information

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A. Applicant Information

Please provide the following information.

PRIMARY APPLICANT INFORMATION-LEAD AGENCY

A.1. Organization Name

A.2. Type of Organization (No selections made)

Non-Profit

For Profit

Government or Public Entity

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

A.3a. Please upload proof of active SAM.gov registration for your organization.



Proof of Active SAM.gov Registration *Required

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A.4. Address

A.5. Is the organization faith based? (No selections made)

Yes

No

A.6. Annual Operating Budget

\$0.00

CONTACT INFORMATION

A.7. Contact Person Name

A.7a. Contact Person Title

A.7b. Phone Number

A.7c. Email

B. Applicant Capacity

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B. Applicant Capacity

Please provide the following information.

B.1. Summary of Experience Managing Public Funds (Describe past grants or contracts from county, state, or federal sources).

B.2. Describe how the organization participates in HMIS, Coordinated Entry, and the San Luis Obispo County Continuum of Care.

B.3. Please upload your organizations Most Recent Financial Audit:



Most Recent Financial Audit ***Required**

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B.4. Income Status Verification (Describe how client income or presume benefit status will be documented). Please review HOME regulation [24 CFR 92.203](#) on income verification guidance, including the use of Part 5 income definitions.

C. Proposed Project & Project Details

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C. Proposed Project & Project Details

Please provide the following information.

C.1. Name of Proposed Project

C.2. Project/Program Address

C.3. Areas Served - Select all that apply

- ☐ City of Arroyo Grande
- ☐ City of Atascadero
- ☐ City of Grover Beach (Restrictions apply if selecting the City of Grover Beach. Please refer to NOFA.)
- ☐ City of Morro Bay
- ☐ City of Paso Robles
- ☐ City of Pismo Beach
- ☐ City of San Luis Obispo
- ☐ Countywide, except for clients and addresses within the City of Grover Beach
- ☐ Unincorporated Community

C.4. Please provide a Scope of Work for the project. At minimum, describe the services to be provided and expected outcomes, including the number of people or households to be served, including compliance with the Housing Quality Standards inspections required under 24 CFR Part 982, Subpart I.

C.5. For proposed projects serving individuals at risk of or experiencing homelessness, upload your organization's HUD Annual Performance Report (APR) or CE APR generated from HMIS for the prior fiscal period (7/1/25-6/30/26).

- The report should be run for a single project type and correspond to the project type (Tenant Based Rental Assistance) for which you are applying.
- This information will be used by the grant review committee to assess past performance, outcomes, and alignment with funding priorities.
- Please be sure to not include any Client PII, including Clarity ID, along with the reports. Many review

committee members will not be HMIS users.

If your organization does not currently have a project in HMIS, please provide a comparable performance report that includes outcome data and performance metrics relevant to your proposed project type.

For guidance on how to run reports in HMIS, please visit the [HMIS Knowledge Base](#).

☐ HUD Annual Performance Report (APR)

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C.6. What is the unmet need for the activity you are proposing?

C.7. Provide a narrative timeline describing the major activities, milestones, responsible parties, and expected completion dates for your proposed project. Your narrative should explain the sequencing of activities and how they support successful implementation.

C.8. Describe how the project will align with a (or multiple) Line(s) of Effort to support the [San Luis Obispo Countywide Plan to Address Homelessness \(2022-2027\)](#).

C.10. Coordination and Collaboration. Describe collaborations with local jurisdictions and community partners.

C.10a. Please attach any letters of support for the project.

☐ Letters of Support ***Required**

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C.11. Indicate the predicted, unduplicated performance outcomes listed below:

Population	Number of Individuals Served	Number of Households Served
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**positive housing destinations refer to permanent housing, including owned or rented by client with/without subsidy, permanent supportive housing, staying with family or friends, or other permanent housing situations.*

D. Funding & Eligible Activities

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D. Funding & Eligible Activities

Please provide the following information.

D.1. Total HOME-TBRA Funding Requested

\$0.00

D.2. Provide proposed funding amounts and approximate number of households to be served:

Funding Type	Approximate Households Served	Amount
		\$0.00

D.3. HOME-TBRA Matching Funds per [24 CFR Part 92.218-92.222](#)

Funding Source	Amount
	\$0.00

D.4. Please upload the Match Certification Letter(s) required to demonstrate the 25% HOME matching funds.



Match Certification *Required

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Submit

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Submit

Once an application is submitted, it can only be "Reopened" by an Administrator.

The authorized representative certifies that:

- ☐ The information submitted is true and complete
- ☐ The applicant is eligible for the funding requested
- ☐ The organization agrees to comply with all applicable federal, state, and local requirements.
- ☐ All activities and outcomes described in the application will be implemented if funds are awarded.

Authorized Representative Signature

***Not signed*

Authorized Representative Title