

Overview

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Case Id: 30783

Name: George test - 2027

Address: *No Address Assigned

Overview



County of San Luis Obispo Housing Rehabilitation Program

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

Community Development Block Grant (CDBG) 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 slocounty.gov/HomelessServicesGrants.

Please be aware that the CDBG and HOME fund sources are not permitted to support activities or projects located in the City of Grover Beach.

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.

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



Proof of Active SAM.gov Registration *Required

**No files uploaded

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. 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. Please upload your organization's Most Recent Financial Audit.



Most Recent Financial Audit ***Required**

***No files uploaded*

B.4. Income Status Verification. (Describe how client income or presumed benefit status will be documented).

B.5. Describe your project staff's experience and capacity to comply with Section 3 requirements (as outlined in [24 CFR Part 75](#)).

B.6. Describe your project staff's plan to comply with Build America, Buy America Act requirements. Include any procurement policies or contractor oversight that will be used for the project.

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. What is the estimated total project completion cost?

\$0.00

C.3. Project/Program Address

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
- ☐ Countywide

C.5. Will the project require any acquisitions? (No selections made)

Yes

No

C.6. Provide a brief narrative of the proposed project, including projected outcomes. Include the number and type of units to be rehabilitated i.e. single-family residence, multi-family residential, etc.

C.7. Will the current owner, residential occupants, and/or commercial occupants be displaced by the project? (No selections made)

Printed By: George Solis on 9/28/2026

Yes

No

C.8. Describe the proposed project, including the work to be completed, major milestones, expected outcomes, and how the requested funds will advance the project.

C.9. Are you applying for CDBG? (No selections made)

Yes

No

C.10. Are you applying for HOME? (No selections made)

Yes

No

C.11. Please upload 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.



Timeline *Required

***No files uploaded*

C.12. Please upload a complete set of drawing/plans for the proposed project.



Maps, Photos, Drawings, Plans (if available)

***No files uploaded*

C.13. Please upload the Most Recent Market Study for the project. The market study is required for HOME funding. It is not required but is recommended for all other funding.



Most Recent Market Study

***No files uploaded*

C.14. Describe in detail the current zoning designation of the project site.

C.15. Describe in detail the current land use of the project site.

C.16. Explain how the site's current land use and zoning designation are, *or are not*, consistent with the proposed project.

C.17. Provide an explanation of efforts and a timetable to obtain the necessary jurisdictional amendments to bring forth the project.

C.18. Have necessary Land Use Permits and/or Construction Building Permits been issued? (No selections made)

Yes

No

C.19. 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.20. Will the project use a project specific tenant wait list or coordinated entry? (No selections made)

Yes

No

C.21. 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)
- ☐ Persons Experiencing Homelessness
- ☐ Persons with Disabilities
- ☐ Person Experiencing Chronic Homelessness
- ☐ Person At Risk of Homelessness
- ☐ Farmworkers
- ☐ Veterans
- ☐ Domestic Violence Survivors
- ☐ Unaccompanied Youth (under 25 years of age)

C.22. Coordination and Collaboration. Describe collaborations with local jurisdictions and community partners.

C.23. Please upload any letters of support for the project.

☐ Letters of Support

***No files uploaded*

C.24. 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.25. Has a Phase I or Phase II environmental assessment been conducted for the property? (No selections made)

Yes
No

C.26. Has a Phase I or Phase II archaeological/historical survey been prepared at the project site in accordance with the Section 106 review process under the National Historic Preservation Act, including identification, evaluation, and documentation of historic properties potentially affected by the undertaking? (No selections made)

Yes
No

C.27. 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.28. Is the project on a property designated or been determined to be potentially eligible for designation as a local, state, or national historical site? (No selections made)

Yes
No
N/A

C.29. Are the building(s)/structure(s) located on a historic site or within a local historic district? (No selections made)

Yes
No
N/A

C.30. Is the project located within a 100-year and/or 500-year flood zone? (No selections made)

Yes
No
N/A

C.31. Will demolition be required? (No selections made)

Yes
No

C.32. Are there any existing buildings on the project property that were constructed prior to 1978? (No selections made)

Yes
No

D. Funding & Eligible Activities

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D. Funding & Eligible Activities

Please provide the following information.

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

\$0.00

D.2. Upload: Project Budget. Must include:

- Acquisition Costs
- Construction Costs
- Soft Costs
- Match/Leveraged funding



Project Budget *Required

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D.3. Are you requesting CDBG funds? (No selections made)

Yes

No

D.4. Are you requesting HOME funds? (No selections made)

Yes

No

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