

Program Overview

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Case Id: 30780

Name: George test - 2027

Address: *No Address Assigned

Program Overview



County of San Luis Obispo Permanent Local Housing Allocation Program (PLHA)

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

Permanent Local Housing Allocation (PLHA) 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.

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.

The Permanent Local Housing Allocation (PLHA) program, administered by the California Department of Housing and Community Development (HCD), provides funding to cities and counties to support the development and preservation of affordable housing. This program aims to address the housing needs of various income levels, including those experiencing or at risk of homelessness.

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.3a. Please upload the following documentation:



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

B.3. Please upload the following documentation:



Most Recent Financial Audit ***Required**

***No files uploaded*

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

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

B.6. Housing First Requirements. Describe how your agency will comply with Housing First (as outlined in [CA Welfare & Institutions Code 8255-8256](#))

C. Proposed Project - General Information

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C. Proposed Project - General Information

Please provide the following information.

C.1. Name of Proposed Project

C.2. Project/Program Address

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

C.4. Areas Served-Select all that apply

- ☐ City of Arroyo Grande
- ☐ City of Atascadero
- ☐ City of Grover Beach
- ☐ City of Morro Bay
- ☐ City of Paso Robles
- ☐ City of Pismo Beach
- ☐ City of San Luis Obispo
- ☐ Unincorporated Community
- ☐ Countywide

C.5. Describe the proposed project, including the work to be completed, major milestones, expected outcomes, and how the requested funds will advance the project.

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

C.7. 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,

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permanent loan conversion, etc.

☐ Timeline ***Required**

***No files uploaded*

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.9. Coordination and Collaboration. Describe collaborations with local jurisdictions and community partners.

C.9a. Please attach any letters of support or commitment from local governments or community partners.

☐ Letters of Support

***No files uploaded*

D. Proposed Project – Activity and Funding Detail

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D. Proposed Project – Activity and Funding Detail

Please provide the following information.

D.1. Total Funding Requested

\$0.00

D.1a Upload: Project Budget. Must include:

- Acquisition costs
- Construction costs
- Soft costs
- Leveraged funding

☐ Budget ***Required**

***No files uploaded*

D.1b. Upload Budget Narrative

☐ Budget Narrative ***Required**

***No files uploaded*

E. Housing Activity and Detail

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E. Housing Activity and Detail

Please provide the following information.

E.1. Are you applying for predevelopment, development, acquisition, rehabilitation, or preservation of affordable ownership housing, including Accessory dwelling units (ADUs), that meets the needs of a growing workforce earning up to 120 percent of AMI, or 150 percent of AMI in high-cost areas?* *Area medium income (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 the federal, state, and local requirements
- ☐ All activities and outcomes describe in the application will be implemented if funds are awarded

Authorized Representative Signature

***Not signed*

Authorized Representative Title