

Overview

Overview



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

Community Development Block Grant (CDBG) and HOME Investment Partnerships Program (HOME) funding is available. [The County of San Luis Obispo 2026 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.

All applications must meet the eligibility criteria and requirements set forth in the NOFA and the respective funding program regulations. The Urban County of San Luis Obispo receives funding from local, state, and federal sources including Community Development Block Grant (CDBG), HOME Investment Partnership (HOME), and Emergency Solutions Grant (ESG). Please be aware that the CDBG, HOME, and ESG fund sources are not permitted to support activities or projects located in the City of Grover Beach.

Applications for the 2026 Action Plan NOFA will be accepted until the 5:00 pm submission deadline on October 10, 2025.

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

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 2026 Action Plan Notice of Funding Availability \(NOFA\)](#):

- Section I.C for Community Development Block Grant (CDBG) Overview
- Section I.E for HOME Investment Partnerships Program (HOME) Overview

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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Please provide the following information.

PRIMARY APPLICANT INFORMATION-LEAD AGENCY

A.1. Organization Name

A.2. Type of Organization

A.2.a. Define Other:

A.3. UEI 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**

A.4. Address

A.5. Is the organization faith based?

A.6. Date of Incorporation

A.7. Please upload the following documentation:

☐ Organizational Chart ***Required**

☐ Incorporation Documents ***Required**

☐ General Liability Insurance ***Required**

A.8. REQUIRED ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS. Has your organization read and understood the insurance requirements listed in ["Example Exhibit D - General Conditions"](#)?

A.9. Annual Operating Budget

A.10. Number of Full-Time Paid Staff

A.11. Number of Part-Time Paid Staff

A.12. Number of Volunteers

CONTACT INFORMATION

A.13. Contact Person Name

A.13a. Contact Person Title

A.13b. Phone Number

A.13c. Email

FINANCE CONTACT INFORMATION

A.14. Finance Contact Person Name

A.14a. Finance Contact Person Title

A.14b. Finance Phone Number

A.14c. Finance Email

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 (as outlined in [2 CFR § 200.500](#) and [24 CFR § 5.801](#)), including those for the proposed project.

B.3.a. Please upload your organization's Most Recent Financial Audit.

☐ Most Recent Financial Audit ***Required**

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 of each beneficiary in compliance with regulations?

B.6. Describe your project staff's experience and capacity to comply with Section 3 requirements (as outlined in [24 CFR Part 75](#)).

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

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Please provide the following information.

C.1. Name of Proposed Project

C.2. What is the estimated total project completion cost?

C.3. Project/Program Address(es)

C.4. Accessor's Parcel Number(s).

C.5. 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:

☐ Countywide

C.6. Will the project require any acquisitions?

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

☐ Appraisal of Property ***Required**

C.6.b. What is the proposed purchase amount?

C.6.c. What is the anticipated escrow closing date?

C.7. Will the current owner, residential occupants, and/or commercial occupants be displaced by the project?

C.7.a. Please upload the following documentation:

☐ Relocation Plan or Certified Tenant Notifications ***Required**

C.7.b. Will the displacement be temporary or permanent?

C.7.c. How long will the displacement last?

C.7.d. Describe how the relocation costs will be paid. Include these costs in your Sources and Uses document.

C.8. Provide a complete description of the proposed project and proposed outcomes:

C.8.a. Number and Unit Type (size) of Proposed Units Created and/or Rehabilitated:

Unit Type (Size)	Created Units	Rehabbed Units
	0	

C.8.b. Of the total number of new units created, how many will be deed-restricted?

C.9. 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**

C.10. Please upload a complete set of drawing/plans. Also include any maps or photos available.

☐ Maps, Photos, Drawings, Plans ***Required**

C.11. 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

C.12. Describe site and neighborhood standards including proximity to services, transportation, and employment:

C.13. Describe in detail the current zoning designation of the project site.

C.14. Describe in detail the current land use of the project site.

C.15. Explain how the site's current land use and zoning designation are, *or are not*, consistent with the proposed project.

C.16. Provide an explanation of efforts and a timetable to obtain the necessary jurisdictional amendments to bring forth the project.

C.17. Have necessary Land Use Permits and/or Construction Building Permits been issued?

C.17a. If yes, what is their current expiration date(s)?

C.17b. If no, indicate when the permit(s) will be applied for or issued:

C.18. 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.19. 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

Expected number of units:

☐ Multifamily

Expected number of units:

☐ 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.20. Has your organization previously received a grant to serve any of the populations expected to be served??

C.20a. Provide a brief description of those grant activities and the outcomes you achieved:

C.21. Please name partner agencies as applicable and describe how they will participate in the delivery of the proposed project:

C.22. Does the proposed project have support from the community?

C.22a. Please upload any letters of support or commitment from local governments or community partners.

☐ **Letters of Support**

C.23. 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.24. Has a Phase I or Phase II environmental assessment been conducted for the property?

C.24a. Please upload the following documentation:

- ☐ Environmental Assessment, Phase I or II ***Required**

C.25. Has a Phase I or Phase II archeological/historical survey been conducted at the project site?

C.25a. Please upload the following documentation:

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

C.26. 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.27. 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.28. Are the building(s)/structure(s) located on a historic site or within a local historic district?

C.29. Is the project located within a 100-year and/or 500-year flood zone?

C.29a. How will the project mitigate potential flooding on the site?

C.29b. Does your organization have flood insurance for the project site?

C.30. Will demolition be required?

C.31. Are there any existing buildings on the project property that were constructed prior to 1978?

C.31a. Has an asbestos risk assessment report(s) been prepared for the building(s)?

C.31b. Has the building(s) been abated for asbestos?

C.31c. Has a lead hazard risk assessment report(s) been prepared for the building(s)?

C.31d. Has the building(s) been abated for lead paint?

C.31e. Will children occupy the building(s)?

C.31f. Indicate the age range of the children that will occupy the building:

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)

D.1.a. Please upload a Sources & Uses document for your proposed project:

☐ Sources and Uses ***Required**

D.1.b. Please upload all Commitment Letters for Funds. Required to demonstrate the 25% HOME matching funds; not required but recommended for all other funding requests.

☐ Commitment Letters for Funds ***Required**

D.1.c. 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.d. Please upload the 20-Year Pro Forma for the project to demonstrate continued viability and affordability of the project for at least 20 years.

☐ Pro Forma (20-year) ***Required**

D.2. Are you requesting HOME funds?

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

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

D.2.c. HOME Matching Funds:

Sources	Amount
	\$0.00
	\$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 all units CREATED

Unit Type	30% AMI	31 to 50% AMI	51 to 80% AMI	Unrestricted Resident Manager	81% and higher AMI
	0				
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 all EXISTING Units:

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

Please indicate the number and type of all units AFTER rehabilitation

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

D.3. Are you requesting CDBG funds?

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

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

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

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

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

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

Beneficiary Type	Estimated Number
Unduplicated Households	0

D.3.f. 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.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 Exhibit D - General Conditions"](#) and ["Example Exhibit E - Special Conditions"](#).

E. Supplemental Documents

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Documentation

Please upload any other documentation that should be considered during review of your application. Multiple files may be uploaded if needed.

☐ Supplemental Information

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 County.

☐ 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

Authorized Representative Title