Overview

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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
SS_HomelessGrants@co.slo.ca.us

HOME-funded Tenant-Based Rental Assistance (HOME-TBRA) 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 www.slocounty.gov/HomelessServicesGrants.

Please review the Notice of Funding Availability (NOFA) before submitting your application. All applications must meet the eligibility criteria and requirements set forth in the NOFA. 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 Friday, 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.

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For HOME-funded Tenant-Based Rental Assistance (HOME-TBRA), 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). See Section II.E for HOME -TBRA.

Note: ***HUD revised the HOME regulations under 24 CFR Part 92. Please consult the Electronic Code of Federal Regulations at 24 CFR Part 92 – HOME Investment Partnerships Program.***

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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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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

A.3a. 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:

☐ **General Liability Insurance *Required**

☐ **Organization Mission Statement *Required**

☐ **Incorporation Documents *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

B. Applicant Capacity

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Please provide the following information.

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

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

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 organizations Most Recent Financial Audit:

☐ **Most Recent Financial Audit *Required**

B.4. Describe your organization's experience delivering the TBRA and/or other related programs or projects.

B.5. How will you document and maintain income status or presumed benefit status of each beneficiary in compliance with regulations?

B.6. Briefly describe your agency's record keeping system with relevance to the proposed project.

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

B.7a. 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 (GAAP) as outlined in 2 CFR § 200?

B.9. 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?

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

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**

Name of Unincorporated Community:

C.4. Provide a brief narrative of the proposed project, including projected outcomes:

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 previous 12-month period. The report should be run for a single project type and correspond to the project type (Emergency Shelter, Street Outreach, etc.) 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)**

C.6. What is the level of need for this activity within SLO County? Please include data to support your answer.

C.7. HOME-TBRA programs must be completed by the end of the County's fiscal year (June 30). Please identify the proposed program's expenditure milestones and timeline within the fiscal year. Please upload the following documentation:

☐ **Timeline *Required**

C.8. Is this effort new, continuing, or expanding? Please describe.

C.9. 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. How does your program/service complement and collaborate with existing efforts in the County? Describe how the program/project will increase capacity of services/housing for persons experiencing homelessness and at-risk persons in the County.

C.11. Name partner agencies and subcontractors as applicable and describe how they will be participating in the delivery of the proposed program. (Please note: Applicant will be required to execute an agreement with partner agencies to meet applicable HOME Program compliance requirements.)

C.12. Describe any consultation with local jurisdictions to gain support for the project. Describe any support you have from local jurisdictions.

C.12a. Please attach any letters of support or commitment from local governments or community partners.

☐ **Letters of Support**

C.13. Indicate the predicted, unduplicated performance outcomes listed below:

Population	Number of Individuals Served	Number of Households Served
Number of unsheltered persons to become sheltered		0
Number of people experiencing homelessness to be entering permanent housing		0
Number of people experiencing Chronic Homelessness served		0
Number of persons At-Risk of Homelessness served		0
Number of Unaccompanied Youth served		0
Number of Youth At-Risk of Homelessness served		0
Number of persons in families with children served		0
Total	0	0

D. Funding & Eligible Activities

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Please provide the following information.

D.1. Total HOME-TBRA Funding Requested

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

Funding Type	Amount	Approximate Households Served
Rental Subsidy	$0.00	
Utility Deposit Subsidy	$0.00	
Security Deposit Subsidy	$0.00	
Project Delivery Costs (income verification and unit inspection costs)	$0.00	
	$0.00	

D.3. HOME-TBRA Matching Funds per 24 CFR Part 92.218-92.222

Funding Source	Amount
	$0.00
	$0.00

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

☐ **Match Certification *Required**

D.5. Please describe your organization's client application, intake, and preliminary assessment process.

D.6. Please upload your organization's HOME-TBRA Policies and Procedures.

☐ **HOME-TBRA Policies and Procedures *Required**

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 Documentation**

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