

Program Overview

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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
SS_HomelessGrants@co.slo.ca.us

Permanent Local Housing Allocation (PLHA) funding is available. **The County of San Luis Obispo August 2025 Request for Proposals (RFP)** is posted on the County's Department of Social Services – Homeless Services Division website at slocounty.gov/HomelessServicesGrants.

Applications for the August 2025 RFP will be accepted until the **5:00 pm submission deadline on August 29, 2025**.

If you have any questions about the applications process, please contact the Homeless Services Division directly at SS_HomelessGrants@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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Please provide the following information.

PRIMARY APPLICANT INFORMATION-LEAD AGENCY

A.1. Organization Name

A.2. Type of Organization

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

A.3.a. Please upload the following documentation:

☐ 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:

☐ Organization Mission Statement ***Required**

☐ General Liability Insurance ***Required**

☐ Incorporation Documents ***Required**

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

A.9. Annual Operating Budget

\$0.00

A.10. Number of Paid Staff

A.11. Number of Volunteers

CONTACT INFORMATION

A.12. Contact Person Name

A.12a. Contact Person Title

A.12b. Phone Number

A.12c. Email

FINANCE CONTACT INFORMATION

A.13. Finance Contact Person Name

A.13a. Finance Contact Person Title

A.13b. Finance Phone Number

A.13c. Finance Email

B. Applicant Capacity

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Please provide the following information.

B.1. Describe the organization's history of receiving and managing 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 the following documentation:



Most Recent Financial Audit ***Required**

B.4. Describe the organization's experience delivering related programs/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. Identify all budgeted funds for project related costs. Include leveraged funding to exhibit financial sustainability of the project beyond the grant term if awarded.

B.8. Does your organization comply with the Generally Accepted Accounting Principles (as outlined in [2 CFR § 200](#))?

B.9. REQUIRED ACKNOWLEDGEMENT FOR GRANTS OR CONTRACTS: Does your organization certify that, if awarded funds, it will comply with the requirements as shown as [PLHA Example Exhibit E-Program Specific Provisions](#) and [PLHA Example Exhibit F- Standard Agreement](#)?

C. Proposed Project - General Information

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

C.6. Please upload the following documentation, if applicable:

- ☐ Most Recent Annual Performance Report

C.7. What is the level of need for this activity within SLO County? Please include data to support your answer.

C.8. Please upload a timeline for key steps of project implementation.



Timeline ***Required**

C.9. Is this effort new, continuing, or expanding? Please describe.

C.10. 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.11. 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.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. Describe how you will ensure that the proposed project is accessible to communities of color which are disproportionately impacted by homelessness, particularly Black, Latinx, Asian, Pacific Islander, and Native and Indigenous communities. If you have previously received a grant to serve any of the affected communities, please provide a brief description of those grant activities and the outcomes you achieved.

D. Proposed Project – Activity and Funding Detail

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Please provide the following information.

D.1. Total Funding Requested

\$0.00

D.2. Please upload a Budget & Budget Narrative or Sources & Uses table for the project for which you are applying. The budget narrative should include FTEs to be provided.



Budget, Budget Narrative; or Sources & Uses *Required

E. Housing Activity and Detail

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Please provide the following information.

E.1. Are you applying for predevelopment, development/construction, acquisition, or rehabilitation of permanent or transitional housing

E.2. Amount of funds requested:

\$0.00

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

- ☐ Predevelopment of Permanent Housing
- ☐ Development/Construction of Permanent Housing
- ☐ Development/Construction of Transitional Housing
- ☐ Acquisition
- ☐ Rehabilitation of Permanent Housing
- ☐ Rehabilitation of Transitional Housing
- ☐ Preservation of Permanent Housing
- ☐ Preservation of Interim Housing

E.4. Estimated number of unduplicated persons to benefit from PLHA funds:

E.5. How many units will be constructed with PLHA funds:

E.6. Describe your project staff's experience with Section 3 (as outlined in [24 CFR Part 75](#)).

E.6a. Section 3 Manager Name

E.6b. Section 3 Manager Title

E.7. Please select the PLHA Eligible Activity(ies) that best applies to the proposed project.

Please refer to ["Permanent Local Housing Allocation Final Guidelines"](#) Section 301. Eligible Activities. Ownership activities include Activities 2 and 3 if funds are used for ownership projects.

☐ **Activity 2: The predevelopment, development, acquisition, rehabilitation, and preservation of Affordable rental and 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. ADUs shall be available for occupancy for a term of no less than 30 days.**

☐ **Activity 3: Matching portions of funds placed into Local or Regional Housing Trust Funds.**

☐ **Activity 6: New construction, rehabilitation, and preservation of permanent and transitional housing.**

E.8. Will the current owner, residential occupants, and/or commercial occupants be displaced by the project?**E.8a. Please upload the following documentation:**

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

E.8b. Will the displacement be temporary or permanent?**E.8c. How long will the displacement last?****E.8d. Describe how the relocation costs will be paid. Include these costs in your uploaded Sources & Uses document.****E.9. Provide a complete description of the proposed project and proposed outcomes:****E.10. Describe how the project will directly benefit the populations identified.****E.11. Number and Unit Type (size) of Proposed Units Created and/or Rehabilitated:**

Unit Type (Size)	Created Units	Rehabbed Units
0		

E.12. Of the total number of new units created, how many will be deed-restricted?**E.13. Please upload a complete set of drawings/plans here:**

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

E.14. Describe site and neighborhood standards including proximity to services, transportation, and employment:

E.15. What is the current zoning designation of the project site?

E.16. Is the proposed project consistent with the site's current land use and zoning designation?

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

E.18. Have necessary Land Use Permits and/or Construction Building Permits been issued?

E.18b. If no, indicate when the permit(s) will be applied for or issued:

E.19. Select all population(s) expected to be served through this project and include number of households (not units) expected to be served for each chosen population:

- ☐ Low-/moderate-income households
- ☐ Families with Minor Children
- ☐ Seniors (65 and Older)
- ☐ Persons with Disabilities
- ☐ Farmworkers
- ☐ Veterans
- ☐ Transition-Aged Youth (ages 18-24)

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

E.20a. If yes, provide a brief description of those grant activities and the outcomes you achieved:

E.21. Has an environmental review been completed, CEQA and/or NEPA?

E.22. Has a Phase I or Phase II environmental assessment been conducted for the property?

E.22a. Please upload the following documentation:

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

E.23. Has a Phase I or Phase II archeological/historical survey been conducted at the project site?

E.23a. Please upload the following documentation:

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

E.24. List and describe any known hazards-e.g., asbestos, radon, lead-based paint, storage tanks – aboveground, underground. Please enter “N/A” if not applicable.

E.25. Is the project on a property designated or been determined to be potentially eligible for designation as a local, state, or national historical site?

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

E.27. Is the project located within a 100-year and/or 500-year flood zone?

E.27a. If yes, how will the project mitigate potential flooding on the site?

E.27b. If yes, does your organization have flood insurance for the project site?

E.28. Will demolition be required?

E.29. Are there any existing buildings on the project property that were constructed prior to 1978?

E.29a. Has an asbestos risk assessment report(s) been prepared for the building(s)?

E.29b. Has the building(s) been abated for asbestos?

E.29c. Has a lead hazard risk assessment report(s) been prepared for the building(s)?

E.29d. Has the building(s) been abated for lead paint?

E.29e. Will children occupy the building(s)?

E.29f. Indicate the age range of the children that will occupy the building:

E.30. Please indicate the number of units CREATED

ADA Accessible	Reserved for Formerly Homeless Individuals	Units at 30% AMI	Units at 31 to 50% AMI	Units at 51 to 80% AMI	Unrestricted Resident Manager	Units at 81% and higher AMI
		0	0	0		0

E.31. Is your project for REHABILITATION of existing units only?

E.31a. Please indicate the number of EXISTING Units:

ADA Accessible	Reserved for Formerly Homeless Individuals	Units at 30% AMI	Units at 31 to 50% AMI	Units at 51 to 80% AMI	Unrestricted Resident Manager	Units at 81% and higher AMI
		0	0	0		0

E.31b. Please indicate the number of units AFTER rehabilitation

ADA Accessible	Reserved for Formerly Homeless Individuals	Units at 30% AMI	Units at 31 to 50% AMI	Units at 51 to 80% AMI	Unrestricted Resident Manager	Units at 81% and higher AMI
		0	0	0		0

F. Services Activity and Detail

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Please provide the following information.

F.1. Are you applying for rapid re-housing, rental assistance, supportive/case management, operating and capital costs for navigation centers, operating and capital costs for emergency shelters, or operating and capital costs for new construction, rehabilitation, and preservation of permanent and transitional housing?

F.2. Amount of funds requested:

\$0.00

F.3. Estimated number of unduplicated persons to benefit from PHLA funds:

F.4. Estimated number of unduplicated households to benefit from PLHA funds:

F.5. Identify all eligible activities and their amounts that apply to the proposed project:

Eligible Activities	Amount	Approximate Persons Served
Rapid Re-Housing	\$0.00	
Rental Assistance	\$0.00	
Permanent Supportive Housing	\$0.00	
Operating and Capital Costs for Navigation Centers	\$0.00	
Operating and Capital Costs for Emergency Shelters	\$0.00	
Total	\$0.00	0

F.6. Describe all eligible activities that apply to the proposed project:

F.7. Select all population(s) expected to be served through this project and include number of individuals expected to be served for each chosen population:

☐

Low-/moderate-income households

Expected number of households:

☐

Families with Minor Children

Expected number of households:

☐ **Seniors (65 and Older)**

Expected number of households:

☐ **Persons with Disabilities**

Expected number of households:

☐ **Farmworkers**

Expected number of households:

☐ **Veterans**

Expected number of households:

☐ **Transition-Aged Youth (ages 18-24)**

Expected number of households:

G. Supplemental Documents

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Documentation



Supplemental Documentation

Submit

Submit

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 Commission.

☐ 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