



COUNTY OF SAN LUIS OBISPO
 DEPARTMENT OF SOCIAL SERVICES
 HOMELESS SERVICES DIVISION
 2024 NOFA – Housing Application

Please submit Application by email to SS_HomelessGrants@co.slo.ca.us. All submissions must be made electronically, no paper applications will be accepted. Application must be received no later than Sunday, November 5, 2023, at 9 pm.

I. PRIMARY APPLICANT INFORMATION (LEAD AGENCY)

Organization Name	
Type of Organization	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit <input type="checkbox"/> Gov't/Public <input type="checkbox"/> Other:
UEI Number	
Contact Person/Title	
Finance Contact (if different)	
Phone Number	
Email	
Address	
City, State, Zip	
Date of Incorporation	
Is the organization faith-based?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Operating Budget	
Number of Paid Staff	
Number of Volunteers	

II. FUNDING DETAILS

<p>Please identify all funding sources being requested: <i>Select all that apply; you will be required to fill out additional details for each source requested.</i></p> <p><i>*For tenant-based rental assistance (TBRA), see Public Services application.</i></p>	<input type="checkbox"/> HOME Investment Partnerships Program (HOME)* <input type="checkbox"/> HOME Investment Partnerships Program – American Rescue Plan (HOME-ARP) <input type="checkbox"/> Community Development Block Grants (CDBG) <input type="checkbox"/> Title 29 <input type="checkbox"/> Permanent Local Housing Allocation (PLHA)
Total Funding Requested	\$ _____

III. APPLICANT CAPACITY

1. Describe the organization’s history of receiving and managing grants from County/State/Federal sources.

2. Briefly list any recent development projects your organization has proposed, is currently working on, and has completed. (Regardless of funding source)

3. Briefly describe your organization’s auditing requirements, including those for the proposed project. (As outlined in 2 CFR § 200.500 and 24 CFR § 5.801)

4. Describe project staffs' experience with Section 3. (As outlined in 24 CFR Part 75)

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

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

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7. Do you have any funds remaining from prior Fiscal Year allocations? If so, please list the project you received funding for, the fiscal year(s) you received the funding, and the remaining amount(s) for each fiscal year(s).

8. 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?

Does your organization comply with the Generally Accepted Accounting Principles? (As outlined in 2 CFR § 200)

Yes

No

IV. PROPOSED PROJECT and PROJECT DETAILS

Name of proposed project

Project/Program address(es) and/or Accessor's Parcel Number(s)

Please attach any maps, pictures, plans, or drawings under the attachments section at the end of the application.

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Areas served	<input type="checkbox"/> City of Arroyo Grande <input type="checkbox"/> City of Atascadero <input type="checkbox"/> City of Pismo Beach <input type="checkbox"/> City of Paso Robles <input type="checkbox"/> City of Morro Bay <input type="checkbox"/> City of Grover Beach <input type="checkbox"/> City of San Luis Obispo <input type="checkbox"/> Unincorporated community of _____
Number of proposed units created or rehabilitated	
For ACQUISITIONS, please answer the following questions.	
What is the proposed purchase amount?	
What is the anticipated escrow closing date?	
Will residential or commercial occupants be displaced by the project? If yes, will it be temporary or permanent? How long if temporary?	
9. Provide a brief narrative of the proposed project including projected outcomes. <i>How would you describe your project to the public in one paragraph?</i>	
10. Describe site and neighborhood standards including proximity to services, transportation, and employment.	

11. What is the current zoning of the project site? Is the project site zoned correctly for the proposed activity?

12. If the project is NOT zoned correctly for the proposed activity, provide an explanation of efforts and a timetable to change the zoning or obtain a variance.

13. State whether or not the necessary permits have been issued. If a permit has not yet been issued, indicate when the permit(s) will be applied for or issued.

14. 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).

Check any specific population(s) expected to be served through this project:

- Multifamily
- Age Restricted (including seniors)
- Persons Experiencing Homelessness
- Persons with Disabilities
- Chronically Homeless
- Veterans
- Domestic Violence Survivors
- Unaccompanied Youth (under 25 years of age)

15. Does the proposed project complement and collaborate with existing efforts in the county? If so, please name partner agencies and how they will participate.

16. If the proposed project will serve households experiencing homelessness, describe how the project will coordinate with other homeless service providers to connect individuals experiencing homelessness and families to resources.

17. Will the project use a project specific waitlist or coordinated entry? Please describe.

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

19. 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.

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Has an environmental review been completed (CEQA and/or NEPA)?	<input type="checkbox"/> Yes – CEQA review complete <input type="checkbox"/> No – CEQA review not complete <input type="checkbox"/> Yes – NEPA review complete <input type="checkbox"/> No – NEPA review not complete
Has a Phase I or Phase II archeological/historical survey been conducted at the project site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a Phase I or Phase II environmental assessment been conducted for the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
20. List and describe any known hazards (e.g., asbestos, lead-based paint, storage tanks – aboveground, underground). List “N/A” if not applicable.	
Is the project on a property designated or been determined to be potentially eligible for designation as a local, state, or national historical site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are the building(s)/structure(s) located on a historic site or within a local historic district?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the project located within a 100-year flood plain?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If YES to the question above, does your organization have flood insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Will demolition be required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any existing buildings on the project property that were constructed prior to 1978?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES to above, please answer the following questions:	
Has an asbestos risk assessment report(s) been prepared for the building(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the building(s) been abated for asbestos?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a lead hazard risk assessment report(s) been prepared for the building(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the building(s) been abated for lead paint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will children occupy the building(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF CHILDREN WILL OCCUPY THE BUILDING, indicate the age range of the children. If no children will occupy the building, select N/A.	Age Range: _____ <input type="checkbox"/> N/A
If the project includes temporary or permanent relocation of occupants, it is subject to the Uniform Relocation Act (URA). Please indicate whether the URA is applicable to your project.	<input type="checkbox"/> Yes, I have read and understand this requirement. <input type="checkbox"/> No, this requirement is not applicable.

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21. Describe how the project will meet ADA and Section 504 standards for accessibility by the disabled. Describe the methods, funding, and timetable to be utilized to address the problems.

Section 504 (24 CFR Part 8) applies to new construction of multifamily housing with five or more units, or substantial rehabilitation of multifamily housing projects that have 15 or more units.

22. Identify whether or not the site is owned or leased by the applicant. If optioned or owned by another entity, provide their name and contact information.

V. HOME – if requesting HOME funds

Amount of HOME Funds Requested	\$ _____
Estimated number of HOME assisted units	Units: _____
Identify all eligible activities that apply to the proposed project.	<input type="checkbox"/> Acquisition <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Relocation <input type="checkbox"/> Demolition <input type="checkbox"/> Site Preparation (In anticipation of a HOME funded project) <input type="checkbox"/> New Construction <input type="checkbox"/> Multi-Family <input type="checkbox"/> Single Family

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Please indicate the number and type of units CREATED					
	30% AMI HOME Assisted Units	31% to 50% AMI HOME Assisted Units	51% to 80% AMI HOME Assisted Units	Unrestricted Resident Manager	Total
Zero-Bedroom (Studio)					
One-Bedroom					
Two-Bedroom					
Three-Bedroom					
Total					
For rehabilitation projects, please fill out both tables below. If your project does not include rehabilitation, please skip.					
Please indicate below the number and type of EXISTING units:					
	30% AMI HOME Assisted Units	31% to 50% AMI HOME Assisted Units	51% to 80% AMI HOME Assisted Units	Unrestricted Resident Manager	Total
Zero-Bedroom (Studio)					
One-Bedroom					
Two-Bedroom					
Three-Bedroom					
Total					
Please indicate below the proposed number and type of units AFTER rehabilitation:					
	30% AMI HOME Assisted Units	31% to 50% AMI HOME Assisted Units	51% to 80% AMI HOME Assisted Units	Unrestricted Resident Manager	Total
Zero-Bedroom (Studio)					
One-Bedroom					
Two-Bedroom					
Three-Bedroom					
Total					

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HOME Matching Funds (25% match required)	
Sources:	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$

VI. HOME-ARP – if requesting HOME ARP funds

Amount of HOME-ARP Funds Requested	\$ _____
Estimated number of HOME-ARP assisted units	Units: _____
Identify all eligible activities that apply to the proposed project.	<input type="checkbox"/> Acquisition <input type="checkbox"/> Rehabilitation <input type="checkbox"/> New Construction <input type="checkbox"/> Multi-Family <input type="checkbox"/> Single Family

Continue to the next page.

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Please indicate the number and type of units CREATED					
	30% AMI HOME-ARP Assisted Units	31% to 50% AMI HOME-ARP Assisted Units	51% to 80% AMI HOME-ARP Assisted Units	Unrestricted Resident Manager	Total
Zero-Bedroom (Studio)					
One-Bedroom					
Two-Bedroom					
Three-Bedroom					
Total					
For rehabilitation projects, please fill out both tables below. If your project does not include rehabilitation, please skip.					
Please indicate below the number and type of EXISTING units:					
	30% AMI HOME-ARP Assisted Units	31% to 50% AMI HOME-ARP Assisted Units	51% to 80% AMI HOME-ARP Assisted Units	Unrestricted Resident Manager	Total
Zero-Bedroom (Studio)					
One-Bedroom					
Two-Bedroom					
Three-Bedroom					
Total					
Please indicate below the proposed number and type of units AFTER rehabilitation:					
	30% AMI HOME-ARP Assisted Units	31% to 50% AMI HOME-ARP Assisted Units	51% to 80% AMI HOME-ARP Assisted Units	Unrestricted Resident Manager	Total
Zero-Bedroom (Studio)					
One-Bedroom					
Two-Bedroom					
Three-Bedroom					
Total					

VII. CDBG – if requesting CDBG funds

<p>Amount of CDBG Funds Requested</p>	<p>\$ _____</p>
<p>Estimated number of unduplicated persons or households to benefit from CDBG funds</p>	<p>Persons: _____ Households: _____</p>
<p>Please select the national objective that best applies to the proposed project. <i>Please refer to "Basically CDBG" or the "CDBG Guide to National Objectives and Eligible Activities" in the Library for more information regarding CDBG national objectives.</i></p>	<p><input type="checkbox"/> Low/Moderate Income <input type="checkbox"/> Slums or Blight <input type="checkbox"/> Urgent Need (e.g., after a natural disaster)</p>
<p>LOW/MODERATE INCOME Select which criteria the proposed project intends to qualify under to meet the Low/Moderate Income objective</p>	<p><input type="checkbox"/> Area Benefit <input type="checkbox"/> Limited Clientele <input type="checkbox"/> Housing <input type="checkbox"/> Jobs <input type="checkbox"/> N/A – Low Moderate Income NOT Selected</p>
<p>SLUM OR BLIGHT Select which criteria the proposed project intends to qualify under to meet the Slums or Blight objective</p>	<p><input type="checkbox"/> Area Basis <input type="checkbox"/> Spot Basis <input type="checkbox"/> N/A – Slum or Blight NOT Selected</p>
<p>Identify all eligible activities that apply to the proposed project.</p>	<p><input type="checkbox"/> Acquisition <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Demolition <input type="checkbox"/> Site Preparation (In anticipation of a HOME funded project)</p>
<p>23. Explain how the proposed project meets the selected National Objective.</p>	
<p> </p>	

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VIII. PLHA – if requesting PLHA funds

Amount of PLHA Funds Requested	\$ _____
Estimated number of unduplicated persons or households to benefit from PLHA funds	Persons: _____ Households: _____
Identify all eligible activities that apply to the proposed project. <i>Affordable Rental and Ownership Housing</i>	<input type="checkbox"/> Predevelopment <input type="checkbox"/> Development <input type="checkbox"/> Acquisition <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Preservation
24. Describe all eligible activities that apply to the proposed project. <i>Must meet the needs of a growing workforce earning up to 60 percent of AMI. ADUs shall be available for occupancy for a term of no less than 30 days.</i>	

IX. Title 29 – if requesting Title 29 funds

Total Amount of Title 29 Funds Requested	\$ _____
Amount of Title 29 Funds Requested by Jurisdiction	North County: \$ _____ Central County: \$ _____ South County: \$ _____ North Coast: \$ _____ Open to All: \$ _____
Estimated number of unduplicated persons or households to benefit from Title 29 funds	Persons: _____ Households: _____
Which of the activities applies to your proposed project?	<input type="checkbox"/> Homebuyer Assistance <input type="checkbox"/> Rental Housing

25. If awarded, how will the funds be used to produce affordable housing?

X. Attachments

Attachment A – Sources and Uses (Required)

Please attach the Sources and Uses for your proposed project. This should include a summary of where the capital used to fund a development will come from (the sources) and what this capital will be used for (the uses).

Attachment B – Timeline (Required)

Attach a timeline for key steps of project implementation.

Attachment C – Any Maps, Photos, Drawings, Plans (Required)

Attachment D – Most Recent Audit (Required)

Attachment E – Proof of Active SAM.gov Registration (Required)

Attachment F – Organizational Chart (Required)

Attachment G – Incorporation Documents (Required)

Attachment H – General Liability Insurance (Required)

Attachment I – CDBG Acknowledgements (Required if Applicable)

Attachment J – Phase I or Phase II Environmental Review (Required if Applicable)

Attachment K – Pro Forma (Required for Rental Housing)

Attachment L – Appraisal of Property (Required if Applicable)

Attachment M – Relocation Plan (Required if Applicable)

Attachment N – Commitment letters for funds (if applicable)

Attachment O – Supplemental Answers to Questions (Optional)

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If you need more room to answer any of the application questions, please attach additional information here. Include the question number for each question being answered.

Attachment P – Letters of Support (Optional)

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

For other additional or optional attachments, please label them clearly (e.g. Attachment Q – “Title”).

X. APPLICATION SUBMISSION:

Applications and accompanying documents are due to Homeless Services Division, Department of Social Services by 9:00 pm on November 5, 2023.

Electronic Copy – email to SS_HomelessGrants@co.slo.ca.us

Subject line: 2024 NOFA Housing Application – (Applicant Name)