

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/24/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Long Beach CA 606

b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000733

| | | | | |
|--|--------------------------------|-----------|----------------|--|
| | c. Organizational DUNS: | 130009269 | PLUS 4: | |
|--|--------------------------------|-----------|----------------|--|

d. Address

Street 1: 1301 W. 12th Street

Street 2:

City: Long Beach

County:

State: California

Country: United States

Zip / Postal Code: 90813

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Services Division

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Shannon

Middle Name:

Last Name: Parker

Suffix:

Title: Homeless Services Officer

Organizational Affiliation: City of Long Beach CA 606

Telephone Number: (562) 570-4581

Extension:
Fax Number: (562) 570-4066
Email: shannon.parker@longbeach.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Domestic Violence TH-RRH

16. Congressional District(s):

a. Applicant: CA-044, CA-047
b. Project: CA-047
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2020
b. End Date: 06/30/2021

18. Estimated Funding (\$)

a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Teresa

Middle Name:

Last Name: Chandler

Suffix:

Title: Human Services Bureau Manager

Telephone Number: (562) 570-4011
(Format: 123-456-7890)

Fax Number: (562) 570-4066
(Format: 123-456-7890)

Email: teresa.chandler@longbeach.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/24/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Long Beach CA 606

Prefix: Ms.

First Name: Teresa

Middle Name:

Last Name: Chandler

Suffix:

Title: Human Services Bureau Manager

Organizational Affiliation: City of Long Beach CA 606

Telephone Number: (562) 570-4011

Extension:

Email: teresa.chandler@longbeach.gov

City: Long Beach

County:

State: California

Country: United States

Zip/Postal Code: 90813

2. Employer ID Number (EIN): 95-6000733

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$447,019.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|--|-----------------------------|-----------------------------|--|
| Government and Other Government Assistance (see attachments) | Cash/In-Kind (Grants, etc.) | \$1,762,419.00 | Rental Assistance, Supportive Services, Operations, HMIS, Planning, UFA activities, and Administration |
| | | | |
| | | | |
| | | | |
| | | | |

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

| Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first) | Social Security No. or Employee ID No. | Type of Participation | Financial Interest in Project/Activity (\$) | Financial Interest in Project/Activity (%) |
|---|--|-----------------------|---|--|
| NA | NA | NA | \$0.00 | 0% |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE:

Name / Title of Authorized Official: Teresa Chandler, Human Services Bureau Manager

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/24/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Long Beach CA 606

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

| | |
|---|--|
| I certify that the above named Applicant will or will continue to provide a drug-free workplace by: | |
| a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition. | e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant; |
| b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace. | f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; |
| c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.; | g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f. |
| d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction; | |

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
 Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying X

documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Teresa

Middle Name

Last Name: Chandler

Suffix:

Title: Human Services Bureau Manager

Telephone Number: (562) 570-4011
(Format: 123-456-7890)

Fax Number: (562) 570-4066
(Format: 123-456-7890)

Email: teresa.chandler@longbeach.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/24/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

| |
|---|
| X |
|---|

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: City of Long Beach CA 606

Name / Title of Authorized Official: Teresa Chandler, Human Services Bureau Manager

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/24/2019

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of Long Beach CA 606

Street 1: 1301 W. 12th Street

Street 2:

City: Long Beach

County:

State: California

Country: United States

Zip / Postal Code: 90813

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Ms.

First Name: Teresa

Middle Name:

Last Name: Chandler

Suffix:

Title: Human Services Bureau Manager

Telephone Number: (562) 570-4011
(Format: 123-456-7890)

Fax Number: (562) 570-4066
(Format: 123-456-7890)

Email: teresa.chandler@longbeach.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/24/2019

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$447,019

| Organization | Type | Sub-Award Amount |
|----------------|------------------------------------|------------------|
| Interval House | M. Nonprofit with 501C3 IRS Status | \$447,019 |

2A. Project Subrecipients Detail

a. Organization Name: Interval House

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 95-3389113

| | | | | |
|--|----------------------------------|-----------|----------------|------|
| | * d. Organizational DUNS: | 113510176 | PLUS 4: | 0000 |
|--|----------------------------------|-----------|----------------|------|

e. Physical Address

Street 1: 6615 E. Pacific Coast Highway, Suite 170

Street 2:

City: Long Beach

State: California

Zip Code: 90803

f. Congressional District(s): CA-047
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$447,019

j. Contact Person

Prefix: Mrs.

First Name: Carol

Middle Name:

Last Name: Williams
Suffix:
Title: Executive Director
E-mail Address: carol@intervalhouse.org
Confirm E-mail Address: carol@intervalhouse.org
Phone Number: 562-594-9492
Extension:
Fax Number: 562-596-3370

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

As the applicant, the City is the direct recipient of the HUD award. It is the contractual responsibility of the City to ensure that the goals and objectives of each project sponsor's projects are successfully carried out and documented according to the applicable regulations. The City signs the grant agreement for the awarded projects, and receives funding directly from HUD for distribution to the project sponsor. The contractual responsibility encompasses oversight of each of the project sponsors. This includes compliance with the grant agreement and HUD regulations, sound financial record keeping, reporting, etc. Interval House (IH) has a 40-year history of allocating, tracking and supervising income and expenses of multiple funding sources to the satisfaction of federal, state, regional and local entities. During the last fiscal year alone, we successfully managed over \$2.6 million in federal funds, including those from the U.S. Dept. of HUD, U.S. Dept. of Justice, VOCA Formula Grant Program, and Corporation for National and Community Service. IH has an established accounting system that ensures funds are used for their intended purposes. Funds are safeguarded through specified procedures for diversification of staff duties regarding deposits, reconciliations, accounts receivable, accounts payable, and payroll.

IH is a Presidential Award-winning program that provides comprehensive, culturally- relevant housing and supportive services for homeless victims of domestic violence (DV) since 1979. We opened the nation's first DV transitional shelter (1980) and started the nation's first DV rapid rehousing program (1995), with a 95%+ housing retention rate. IH is today the largest operator of DV beds in Long Beach, with a continuum of emergency shelters, transitional housing, and RRH programs.

IH specializes in serving high-barrier homeless victim households, including those facing the most challenging cultural, personal, and socio-economic barriers to housing stability and self-sufficiency. We utilize a unique DV survivor-led model that empowers participants with flexible, customized services and ensures coordinated care through a wide range of partnerships that promote long-term stability and self-sufficiency. IH's staff composition and cultural/linguistic expertise is UNIQUE in the nation, with over 98% of staff and advocates being multilingual, culturally diverse survivors who represent the most powerful voices for culturally competent care. Since 1979, IH has housed over 20,000 people; served over 3.3 million meals; counseled over 800,000 people through 24-hour multilingual hotlines; and reached millions more through nationally acclaimed education programs.

Since 1979, IH has continuously adapted programs to meet evolving and emerging survivor needs: first emergency shelter in 1979; nation's FIRST DV transitional shelter in 1980; and DV rapid rehousing services since 1995 (currently administering over \$3.4 million in RRH funds). IH operates four 24-hour multilingual hotlines and provides a full range of supportive services (i.e.

case management; counseling; legal; educational; employment; financial; childcare; life skills; transportation; housing relocation/stabilization; and more) in over 70 languages utilizing proven best practice housing models of Harm Reduction and Trauma-Informed Care. IH was the FIRST (and for 20 years the only) DV program to adopt Housing First principles, prioritizing housing placement with no pre-conditions to program entry. As victim services providers are federally prohibited from entering personally identifying information about survivors into HMIS, IH is experienced in utilizing a highly sophisticated comparable Client Information Tracking System that is HUD-compliant without compromising client confidentiality. IH has surpassed all of HUD and local performance outcomes, including: 98% of participants secured permanent housing at program exit; 91% of adults increased income; and 98% of head of households achieved all individualized goals. IH's innovative housing programs have been recognized with over 500 awards, including four Presidential Awards, 4 CA Governor's Awards, and the U.S. DoJ Award citing IH as a "model" program to the nation.

IH is committed to securing diverse resources to ensure the long-term stability and success of our programs. Since 2009, IH has successfully secured over \$15.3 million in transitional housing and rapid re-housing funding from federal, state and local sources, including: HUD Homelessness Prevention and Rapid Re-Housing Stimulus dollars; U.S. DOJ Office of Violence Against Women; CA Dept. of Housing and Community Development ESG; CA Office of Emergency Services; County of LA Emergency Food & Shelter Program Rental Assistance; County of LA Emergency Housing Assistance Program.

IH maintains strict control over all fiscal and programmatic activities in organization. Such controls are detailed in various policy/procedure manuals, including Fiscal Manual, Personnel Manual, and Operations Manual. IH has a 40-year history of allocating, tracking and supervising income and expenses of multiple funding sources to the satisfaction of federal, state, regional and local funding entities. Each funding source is tracked separately on a computerized accounting program in our Chart of Accounts. The system complies with 2 CFR 200 and is capable of tracing expenditures/revenue to establish that such funds have been used in accordance with the conditions of each award. Program data can also be tracked with the same unique number to client charts and our state-of-the-art Client Information Tracking System - a sophisticated database that enables our agency to collect data for evaluation, planning, and reporting. Audits are conducted annually by an independent accounting firm in conformance with OMB Super Circular. There have been no findings, questioned costs or reportable conditions noted in any audits.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

The City of Long Beach Continuum of Care (CoC) requires leveraging for all its HUD funded projects. Through the annual application process, the applicant and project sponsors submit leveraged resources and dollars for each project which increase the capacity of the CoC.

Interval House's (IH) organizational budget for the last fiscal year was \$7.2 million, which includes over \$6.7 million in public and private foundation grants that support our domestic violence housing and supportive services programming.

IH has successfully administered government funds for over 40 years, and during the last fiscal year, IH effectively managed \$2.6 million in federal, state,

and local government contracts, including from the HUD, DOJ, State of California OES, County of LA DPSS, and local CoCs, among others. Also, since 2009, IH has overseen \$8.7 million in homelessness prevention and rapid rehousing funding with success from the following sources: HUD Homeless Prevention and Rapid Re-housing (HPRP) Stimulus dollars; CA Dept. of Housing and Community Development Emergency Solutions Grant; County of LA Emergency Food & Shelter Program Rental Assistance; and County of LA Emergency Housing Assistance Program. Private foundation funding includes Waltmar Foundation, Webb Foundation, and others. Additional sources of private sector funds include philanthropic community members that contribute through IH's individual giving program as a result of meaningful and ongoing donor engagement and cultivation. IH also leverages extensive in-kind support (i.e. trained volunteers to provide supportive services and professional services) through strategic recruitment and our long history of work in the community. Interval House has historically been able to parlay our program and fiscal successes into securing additional funding for our programs. For example, one year, IH accepted a request to take on \$236,649 in additional Homeless Prevention & Rapid Rehousing (HPRP) funds returned from other subcontractors unable to fulfill contractual obligations, in addition to successfully administering over \$1.4 million in HPRP funding (IH exceeded HUD HPRP housing placement and retention goals by over 167%).

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

The City of Long Beach DHHS is the Lead Applicant for the CoC since 1995. The CoC Board and General Membership are the two entities in the CoC that bridge stakeholders & others who are invested in homelessness in the City. The CoC Board informs the decision-making process to address local need. HSAC is another body appointed by the Mayor & City Council. HSAC strengthens links between the City's planning, advocacy & provider entities. The City is the direct recipient of the HUD award. The City signs the grant agreement for the awarded projects, & receives funding from HUD for distribution. The responsibility includes oversight of each project. This includes compliance w/the grant agreement & HUD regulations, financial record keeping, reporting, etc. The City has developed & issued a Grants Guidelines binder for CoC/ESG funding. The HSD conducts assessment of the projects' expenditure rates & deobligation history, performance evaluation, Single Audit, and Site Visits. The City's Acctg. Dept. processes invoice requests approved by the Manager before submission for payment & LOCCS drawdowns. IH is governed by a 15-member Board of Directors that holds responsibility for the agency & is charged w/development of the agency's mission direction, strategies & financial planning. The Board's governance structure is set forth in bylaws. The ED is assigned by the Board for IH overseeing daily administrative, fiscal & programmatic operations. The ED, Directors, & staff meet weekly. A compliance report is presented quarterly to the Board. IH's key staff have been trained & have knowledge on updated rules & regulations. Executive staff participate in financial management trainings for awareness of new & updated regulations w/funding agencies & standards. Staff are trained on HMIS & our comparable database, ensuring all data requirements. Staff communicate externally w/the regional CES to ensure

coordinated care for clients. IH maintains control over all activities in the organization. Controls are detailed in P&Ps. All P&P manuals are reviewed periodically for accuracy & relevancy. IH maintains its accounting records on the cash basis of accounting. Books are then converted to the accrual basis at the end of the fiscal year for audit purposes. All accounting records are maintained on a computerized accounting program where each funding source/contracts assigned a unique number. When direct expenses are incurred the funding source name & unique number will be noted on the receipt & entered in the accounting system. Funds are safeguarded through procedures for diversification of duties for deposits, reconciliations, accounts receivable & payable, & payroll. IH's internal controls establish channels for approval of financial transactions. IH's practices adhere to generally accepted accounting principles, & produce monthly statements for the Board including a Statement of Activities, Statement of Financial Position, & Statement of Cash Flow.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

1a. CoC Number and Name: CA-606 - Long Beach CoC

1b. CoC Collaborative Applicant Name: City of Long Beach

2. Project Name: Domestic Violence TH-RRH

3. Project Status: Standard

4. Component Type: Joint TH & PH-RRH

5. Does this project use one or more properties that have been conveyed through the Title V process? No

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA). No

7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

IH will help homeless DV survivors achieve housing stability through TH (5 beds) & RRH-PH TBRA to 38 households.

Supportive services include case management; housing search/placement; financial assistance; employment; mental health; legal; child care; transportation; mainstream benefits; & more. For RRH, services will be determined by VI-SPDAT scores as well as gaps analysis screenings of monthly assessments.

Evidence-informed practices will include: 1)Housing First: IH will prioritize quick placement of survivors into safe housing using Housing First. IH will screen in participants for services and to achieve progress. 2)VI-SPDAT: In coordination with CES, IH will use this tool to determine risk & level of need. 3)Harm Reduction & Trauma-Informed Services: services will be individualized, flexible, & voluntary w/ client-driven goals & will avoid rules that can unintentionally recreate the dynamics of a controlling environment & re-victimize survivors. 4)Cultural Responsiveness: Services will be delivered by staff who speak 70+ languages & respect victims' cultures.

TH will achieve the following:

(i)9 months or less-reduce the length of time persons remain homeless (ii)90%-meet the # of persons to be served annually (iii)90%-increase residential project occupancy (iv)16%-Persons age 18 or older increase earned income during operating year (v)31%-Persons age 18 or older increase non-employment cash income during operating year (vi)80% -increase the # of persons exiting to PH (vii)Less than 5%-reduce the # of persons exiting w/ unknown destination (viii)Less than 5%-reduce the # of persons exiting w/ no financial resources (ix)Less than \$5,000–Cost effectiveness: # of PH placements/total project budget including match

RRH will achieve the following:

(i)6 months or less-reduce the length of time persons remain homeless (ii)90%-meet the # of persons to be served annually (iii)90% - increase residential project occupancy (iv)16%-Persons age 18 or older increase earned income during operating year (v)31%-Persons age 18 or older increase non-employment cash income during operating year (vi)80%-increase the # of persons exiting to PH (vii)Less than 5%-reduce the # of persons exiting w/unknown destination (viii)Less than 5%-reduce the # of persons exiting w/ no financial resources (ix)Less than \$5,000–Cost effectiveness: # of PH placements/total project budget including match

IH will work w/ LB CoC, MSC, & others to coordinate services/referrals, avoid duplicate services, & increase access for families.

In 2018, LB law enforcement received 1,894 DV-related calls. Access to affordable housing & services remains the highest need, DV victims increased by 7% from 2017 w/ unsheltered victims on the rise. Income-based housing is limited. Funding will strengthen the safety net for victims & reduce the impact of trauma & homelessness.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

| Project Milestones | Days from Execution of Grant Agreement |
|---|--|--|--|--|
| | A | B | C | D |
| New project staff hired, or other project expenses begin? | 30 | 0 | 0 | 0 |
| Participant enrollment in project begins? | 30 | 0 | 0 | 0 |
| Participants begin to occupy leased units or structure(s), and supportive services begin? | 30 | 0 | 0 | 0 |
| Leased or rental assistance units or structure, and supportive services near 100% capacity? | 60 | 0 | 0 | 0 |
| Closing on purchase of land, structure(s), or execution of structure lease? | 0 | 0 | 0 | 0 |
| Rehabilitation started? | 0 | 0 | 0 | 0 |
| Rehabilitation completed? | 0 | 0 | 0 | 0 |
| New construction started? | 0 | 0 | 0 | 0 |
| New construction completed? | 0 | 0 | 0 | 0 |

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population focus.**
 (Select ALL that apply)

| | | | |
|------------------|--------------------------|--------------------------------|-------------------------------------|
| Chronic Homeless | <input type="checkbox"/> | Domestic Violence | <input checked="" type="checkbox"/> |
| Veterans | <input type="checkbox"/> | Substance Abuse | <input type="checkbox"/> |
| Youth (under 25) | <input type="checkbox"/> | Mental Illness | <input type="checkbox"/> |
| Families | <input type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> |
| | | Other (Click 'Save' to update) | <input type="checkbox"/> |

5. Housing First

a. Will the project quickly move participants into permanent housing Yes

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

| | |
|--|-------------------------------------|
| Having too little or little income | <input checked="" type="checkbox"/> |
| Active or history of substance use | <input checked="" type="checkbox"/> |
| Having a criminal record with exceptions for state-mandated restrictions | <input checked="" type="checkbox"/> |
| History of victimization (e.g. domestic violence, sexual assault, childhood abuse) | <input checked="" type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

| | |
|---|-------------------------------------|
| Failure to participate in supportive services | <input checked="" type="checkbox"/> |
| Failure to make progress on a service plan | <input checked="" type="checkbox"/> |
| Loss of income or failure to improve income | <input checked="" type="checkbox"/> |
| Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area | <input checked="" type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

d. Will the project follow a "Housing First" approach? Yes
 (Click 'Save' to update)

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

Not Applicable

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

8. Will more than 16 persons live in one structure? No

3C. Project Expansion Information

1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type? No

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

X

2. Describe how participants will be assisted to obtain and remain in permanent housing.

IH's case management services will prioritize housing followed by individual survivor needs (e.g., employment, child care, mental health, life skills, etc.) to promote self-sufficiency. Staff will help clients determine safe housing locations; identify safety features (e.g., door/window locks, lighting, security systems, secured gates, etc.); accompany clients to housing appointments; conduct housing inspections; ensure rent reasonableness (comparable to HUD-defined FMR); provide tenant rights education; assist with rental applications; help negotiate leases; etc. All services will be voluntary/client-driven to promote victim autonomy and healing. Exit plans will address any remaining housing barriers; provide linkages to housing stability resources; and include monthly follow-up services (average 6 months) to promote housing retention. IH strengthens relationships with landlords through educational outreach on the dynamics of DV/homelessness and importance of housing opportunities.

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

Interval House will provide specialized support services designed to assist clients in gaining housing stability and financial independence. Program staff will work with participants at intake to develop an Individualized Service Plan (ISP) that includes a Goal Tracking Sheet, personalized Calendar, and Savings Log-which becomes a working guide for meeting the client's specific financial, employment, and self-sufficiency goals.

Services will be tailored to meet clients' specific needs and will include direct assistance and linkages to mainstream resources such as: TANF (CalWORKs), SSI, SSDI, Medical, WIC, food assistance, financial aid for school, transportation, and permanent housing programs such as Housing Choice (Section 8) and Veterans benefits. Clients will be assisted to access these mainstream resources through an individualized financial needs assessment that is incorporated into the participant's ISP, which lays out a tailored step-by-step plan for clients to achieve financial stability. The ISP will serve as a working guide, allowing program staff to identify client needs and barriers, determine eligibility, assist clients in completing appropriate applications, advocating on behalf of the client with social services, directly link clients to appropriate resources, and conduct follow-ups, as needed.

Interval House's in-house Financial Empowerment support will include: setting individual financial goals and timelines: developing, implementing, and monitoring a financial plan; increasing financial income: active budgeting and savings; repairing/improving credit; and reducing debt. Additionally, Interval House's Employment Assistance will include: workshops and one-on-one counseling on career planning and job readiness; resume building; vocational/job training; job search and job placement: and pre-employment support (clothing, transportation, childcare, etc.).

These service components will contribute to program participants becoming more independent by increasing their earning potentials, increasing their income/savings, and building financial assets to remain stably housed without TH-RRH assistance.

**4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

| Supportive Services | Provider | Frequency |
|--|--------------|-----------|
| Assessment of Service Needs | Subrecipient | Daily |
| Assistance with Moving Costs | Subrecipient | Weekly |
| Case Management | Subrecipient | Daily |
| Child Care | Subrecipient | As needed |
| Education Services | Subrecipient | Weekly |
| Employment Assistance and Job Training | Subrecipient | Weekly |
| Food | Subrecipient | As needed |
| Housing Search and Counseling Services | Subrecipient | As needed |
| Legal Services | Subrecipient | As needed |
| Life Skills Training | Subrecipient | Weekly |
| Mental Health Services | Subrecipient | As needed |
| Outpatient Health Services | Partner | As needed |
| Outreach Services | Subrecipient | As needed |
| Substance Abuse Treatment Services | Partner | As needed |
| Transportation | Subrecipient | As needed |

Utility Deposits

| | |
|--|--|
| | |
|--|--|

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

List all CoC-funded and Non CoC-funded units and beds for this project

| | TH | RRH | Total | |
|---------------------|----------------------|-----|-------|------|
| Total Units: | 38 | 0 | 38 | |
| Total Beds: | 75 | 0 | 75 | |
| Housing Type | Housing Type (JOINT) | | Units | Beds |
| Shared housing | Shared housing | | 2 | 5 |
| --- | Scattered-site ap... | | 36 | 70 |

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type and location for the TH portion or the RRH portion of the project? TH
- 1a. Does this TH portion of the project have private rooms per household? Yes
- 1b. Is this a private or semi private room? Yes

2. Housing Type: Shared housing

3. What is the funding source for these units and beds? CoC
(If multiple sources, select "Mixed" from the dropdown menu)

4. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 2

b. Beds: 5

5. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 6615 E. Pacific Coast Hwy, Suite 170

Street 2:

City: Long Beach

State: California

ZIP Code: 90803

6. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)

062088 Long Beach

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type and location for the TH portion or the RRH portion of the project? TH

1a. Does this TH portion of the project have private rooms per household? Yes

1b. Is this a private or semi private room? Yes

2. Housing Type: Scattered-site apartments (including efficiencies)

3. What is the funding source for these units and beds? CoC
(If multiple sources, select "Mixed" from the dropdown menu)

4. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 36

b. Beds: 70

5. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 6615 E. Pacific Coast Hwy, Suite 170
Street 2:
City: Long Beach
State: California
ZIP Code: 90803

6. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)

062088 Long Beach

5A. Project Participants - Households

Households Table

| | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|--|---|--|--|-------|
| Number of Households | 19 | 19 | 0 | 38 |
| | | | | |
| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
| Adults over age 24 | 14 | 15 | | 29 |
| Persons ages 18-24 | 5 | 4 | | 9 |
| Accompanied Children under age 18 | 38 | | 0 | 38 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 57 | 19 | 0 | 76 |

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

| Characteristics | Chronically Homeless Non-Veterans | Chronically Homeless Veterans | Non-Chronically Homeless Veterans | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developmental Disability | Persons not represented by listed subpopulations |
|-----------------------|-----------------------------------|-------------------------------|-----------------------------------|-------------------------|-----------------------|-----------------------|------------------------------|---------------------|--------------------------|--|
| Adults over age 24 | 0 | 0 | 0 | 0 | 0 | 0 | 14 | 0 | 0 | 0 |
| Persons ages 18-24 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 |
| Children under age 18 | 0 | | | 0 | 0 | 0 | 38 | 0 | 0 | 0 |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 57 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | Chronically Homeless Non-Veterans | Chronically Homeless Veterans | Non-Chronically Homeless Veterans | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developmental Disability | Persons not represented by listed subpopulations |
|----------------------|-----------------------------------|-------------------------------|-----------------------------------|-------------------------|-----------------------|-----------------------|------------------------------|---------------------|--------------------------|--|
| Adults over age 24 | 0 | 0 | 0 | 0 | 0 | 0 | 15 | 0 | 0 | 0 |
| Persons ages 18-24 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 19 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | Chronically Homeless Non-Veterans | Chronically Homeless Veterans | Non-Chronically Homeless Veterans | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developmental Disability | Persons not represented by listed subpopulations |
|-------------------------------------|-----------------------------------|-------------------------------|-----------------------------------|-------------------------|-----------------------|-----------------------|------------------------------|---------------------|--------------------------|--|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | | 0 | 0 | 0 | 0 | 0 | 0 |

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021? Yes

2. What type of CoC funding is this project applying for in the 2019 CoC Competition? DV Bonus

Only RRH, SSO and JOINT component types can apply for this funding

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below

| Administering Department/Agency | Indirect Cost Rate | Direct Cost Base |
|---------------------------------|--------------------|------------------|
| 0 | 0% | 0 |
| | | |
| | | |
| | | |
| | | |

b. Has this rate been approved by your cognizant agency? No

c. Do you plan to use the 10% de minimis rate? Yes

4. Select a grant term: 1 Year

*** 5. Select the costs for which funding is being requested:**

| | |
|--------------------------|---|
| Leased Units | X |
| Leased Structures | |

| | |
|----------------------------|-------------------------------------|
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6. If awarded, will this project require an initial grant term greater than 12 months? No

6C. Leased Units

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

| Total Annual Assistance Requested: | | \$19,920 | |
|---|-----------------------|-----------------------------------|------------------------|
| Grant Term: | | 1 Year | |
| Total Request for Grant Term: | | \$19,920 | |
| Total Units: | | 1 | |
| FMR Area | Total Units Requested | Total Annual Assistance Requested | Total Budget Requested |
| CA - Los Angeles-... | 1 | \$19,920 | \$19,920 |

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: CA - Los Angeles-Long Beach-Glendale, CA
HUD Metro FMR Area (0603799999)

Leased Units Annual Budget

| | | |
|--------------------------------|---------|------------|
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|--------------------------------|---------|------------|

| Size of Units | Number of units (Applicant) | | FMR (Applicant) | HUD Paid Rent (Applicant) | | 12 months | | Total request (Applicant) |
|---|-----------------------------|---|-----------------|---------------------------|---|-----------|---|---------------------------|
| SRO | | x | \$800 | | x | 12 | = | \$0 |
| 0 Bedroom | | x | \$1,067 | | x | 12 | = | \$0 |
| 1 Bedroom | | x | \$1,284 | | x | 12 | = | \$0 |
| 2 Bedroom | 1 | x | \$1,663 | \$1,660 | x | 12 | = | \$19,920 |
| 3 Bedroom | | x | \$2,231 | | x | 12 | = | \$0 |
| 4 Bedroom | | x | \$2,467 | | x | 12 | = | \$0 |
| 5 Bedroom | | x | \$2,837 | | x | 12 | = | \$0 |
| 6 Bedroom | | x | \$3,207 | | x | 12 | = | \$0 |
| 7 Bedroom | | x | \$3,577 | | x | 12 | = | \$0 |
| 8 Bedroom | | x | \$3,947 | | x | 12 | = | \$0 |
| 9 Bedroom | | x | \$4,317 | | x | 12 | = | \$0 |
| Total units and annual assistance requested: | 1 | | | | | | | \$19,920 |
| Grant term: | | | | | | | | 1 Year |
| Total request for grant term: | | | | | | | | \$19,920 |

Click the 'Save' button to automatically calculate totals.

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

| Total Request for Grant Term: | | | \$286,752 |
|-------------------------------|--|-----------------------|---------------|
| Total Units: | | | 14 |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| TRA | CA - Los Angeles-Long Beach-Glendale,... | 14 | \$286,752 |

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

Type of Rental Assistance: TRA

The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.

Metropolitan or non-metropolitan fair market rent area: CA - Los Angeles-Long Beach-Glendale, CA HUD Metro FMR Area (0603799999)

| Size of Units | # of Units (Applicant) | FMR Area (Applicant) | 12 Months | Total Request (Applicant) |
|---------------|------------------------|----------------------|-----------|---------------------------|
|---------------|------------------------|----------------------|-----------|---------------------------|

| | | | | | | | |
|--|----|---|---------|---|----|---|-----------|
| SRO | | x | \$800 | x | 12 | = | \$0 |
| 0 Bedroom | | x | \$1,067 | x | 12 | = | \$0 |
| 1 Bedroom | 2 | x | \$1,284 | x | 12 | = | \$30,816 |
| 2 Bedrooms | 10 | x | \$1,663 | x | 12 | = | \$199,560 |
| 3 Bedrooms | 1 | x | \$2,231 | x | 12 | = | \$26,772 |
| 4 Bedrooms | 1 | x | \$2,467 | x | 12 | = | \$29,604 |
| 5 Bedrooms | | x | \$2,837 | x | 12 | = | \$0 |
| 6 Bedrooms | | x | \$3,207 | x | 12 | = | \$0 |
| 7 Bedrooms | | x | \$3,577 | x | 12 | = | \$0 |
| 8 Bedrooms | | x | \$3,947 | x | 12 | = | \$0 |
| 9 Bedrooms | | x | \$4,317 | x | 12 | = | \$0 |
| Total Units and Annual Assistance Requested | 14 | | | | | | \$286,752 |
| Grant Term | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | \$286,752 |

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

| Eligible Costs | Quantity AND Description (max 400 characters) | Annual Assistance Requested |
|--|--|--------------------------------|
| 1. Assessment of Service Needs | | |
| 2. Assistance with Moving Costs | | |
| 3. Case Management | a) Case Manager: 1.40 FTE =\$112,855, Total Match: \$102,960 (Assist, w/ Moving Costs, Child Care, & Housing/Counseling Svcs). To conduct intake assessment & evaluations; housing search/placement; coordinate referrals; individualized goal setting; financial counseling, credit repair, secure basic resources and mainstream benefits; and monitor/support progress. | \$111,103 |
| 4. Child Care | | |
| 5. Education Services | | |
| 6. Employment Assistance | | |
| 7. Food | | |
| 8. Housing/Counseling Services | | |
| 9. Legal Services | | |
| 10. Life Skills | | |
| 11. Mental Health Services | | |
| 12. Outpatient Health Services | | |
| 13. Outreach Services | | |
| 14. Substance Abuse Treatment Services | | |
| 15. Transportation | | |
| 16. Utility Deposits | | |
| 17. Operating Costs | | |
| Total Annual Assistance Requested | | \$111,103 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$111,103 |

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

| | |
|-------------------------------------|-----------|
| Total Value of Cash Commitments: | \$4,178 |
| Total Value of In-Kind Commitments: | \$107,120 |
| Total Value of All Commitments: | \$111,298 |

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

| Match | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|-------|---------|------------|----------------------|--------------------|----------------------|
| Yes | Cash | Government | City of Long Beac... | 09/09/2019 | \$4,178 |
| Yes | In-Kind | Private | Interval House - ... | 08/12/2019 | \$107,120 |

Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: Cash
- 3. Type of source: Government
- 4. Name the source of the commitment: City of Long Beach - City Funds
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 09/09/2019
- 6. Value of Written Commitment: \$4,178

Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: In-Kind
- 3. Type of source: Private
- 4. Name the source of the commitment: Interval House - Operating funds
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/12/2019
- 6. Value of Written Commitment: \$107,120

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

| Eligible Costs | Annual Assistance Requested (Applicant) | Grant Term (Applicant) | Total Assistance Requested for Grant Term (Applicant) |
|--|---|------------------------|---|
| 1a. Acquisition | | | \$0 |
| 1b. Rehabilitation | | | \$0 |
| 1c. New Construction | | | \$0 |
| 2a. Leased Units | \$19,920 | 1 Year | \$19,920 |
| 2b. Leased Structures | \$0 | 1 Year | \$0 |
| 3. Rental Assistance | \$286,752 | 1 Year | \$286,752 |
| 4. Supportive Services | \$111,103 | 1 Year | \$111,103 |
| 5. Operating | \$0 | 1 Year | \$0 |
| 6. HMIS | \$0 | 1 Year | \$0 |
| 7. Sub-total Costs Requested | | | \$417,775 |
| 8. Admin (Up to 10%) | | | \$29,244 |
| 9. Total Assistance Plus Admin Requested | | | \$447,019 |
| 10. Cash Match | | | \$4,178 |
| 11. In-Kind Match | | | \$107,120 |
| 12. Total Match | | | \$111,298 |
| 13. Total Budget | | | \$558,317 |

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | IH IRS 501 c3 | 09/03/2019 |
| 2) Other Attachment(s) | No | | |
| 3) Other Attachment(s) | No | | |

Attachment Details

Document Description: IH IRS 501 c3

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

| Document Type | Required? | Document Description | Date Attached |
|-------------------|-----------|----------------------|---------------|
| In-Kind Match MOU | No | | |

Attachment Details

Document Description:

7D. Certification

A. For all projects: Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Teresa Chandler

Date: 09/24/2019

Title: Human Services Bureau Manager

Applicant Organization: City of Long Beach CA 606

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

X

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Applicant must click the submit button once all forms have a status of Complete.

| Page | Last Updated |
|---|-------------------|
| 1A. SF-424 Application Type | No Input Required |
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/20/2019 |
| 1E. SF-424 Compliance | 09/03/2019 |
| 1F. SF-424 Declaration | 09/03/2019 |
| 1G. HUD 2880 | 09/03/2019 |
| 1H. HUD 50070 | 09/03/2019 |
| 1I. Cert. Lobbying | 09/03/2019 |
| 1J. SF-LLL | 09/03/2019 |
| 2A. Subrecipients | 09/03/2019 |
| 2B. Experience | 09/12/2019 |
| 3A. Project Detail | 09/03/2019 |
| 3B. Description | 09/16/2019 |
| 3C. Expansion | 09/03/2019 |
| 4A. Services | 09/10/2019 |
| 4B. Housing Type | 09/10/2019 |
| 5A. Households | 09/03/2019 |
| 5B. Subpopulations | No Input Required |
| 6A. Funding Request | 09/17/2019 |
| 6C. Leased Units | 09/20/2019 |
| 6E. Rental Assistance | 09/20/2019 |
| 6F. Supp Srvcs Budget | 09/20/2019 |
| 6I. Match | 09/17/2019 |
| 6J. Summary Budget | No Input Required |
| 7A. Attachment(s) | 09/03/2019 |
| 7A. In-Kind MOU Attachment | No Input Required |
| 7D. Certification | 09/24/2019 |

| |
|--|
| |
|--|

Date:

In reply refer to:

Date: MAY 31, 1985

✓ INTERVAL HOUSE
PO BOX 3151
SEAL BEACH, CA 907400000

OMB Clearance Number:
1545-0056
Employer Identification Number:
95-3389113
Contact Person:
TOMBACK, MARK I
Contact Telephone Number:
213-688-4885

Our Letter Dated:
April, 1980

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi). Your exempt status under section 501(c)(3) of the code is still in effect.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes a notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) and 170(b)(1)(A)(vi) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) and 170(b)(1)(A)(vi) organization.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

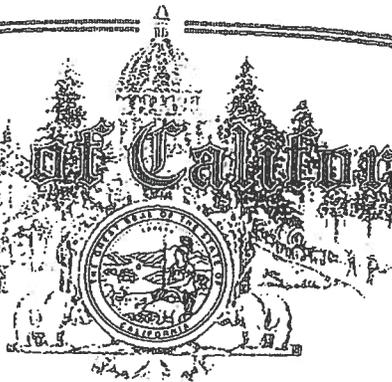
Sincerely yours,



INTERNAL REVENUE SERVICE
EP/EO Division Rm 5127
Post Office Box 2350
Los Angeles, Ca 90053

W. H. CONNETT
DISTRICT DIRECTOR

State of California



SECRETARY OF STATE

I, *Kevin Shelley*, Secretary of State of the State of California, hereby certify:

That the attached transcript of 7 page(s) was prepared by and in this office from the record on file, of which it purports to be a copy, and that it is full, true and correct.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

SEP 2 2004



Kevin Shelley
Secretary of State

062895

PB

FILED
In the office of the Secretary of State
of the State of California

SEP 28 1979

MARCH FONG EU, Secretary of State

By: *Robert P. [Signature]*
Deputy

ARTICLES OF INCORPORATION

of

Interval House

I

The name of this corporation shall be Interval House.

II

The purposes for which this corporation is formed are charitable and shall be:

(a) To assist women with or without dependent children who have been victims of battering which is defined as the use of repeated, forceful behavior in order to coerce the battered person to submit to the will of the batterer.

(b) To have and to exercise all rights and powers conferred on nonprofit corporations under the laws of the State of California, including the power to contract, lease, rent, buy or sell personal and real property; provided, however, that this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers which are not in furtherance of the primary purposes of this corporation.

(c) No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate or intervene in any political campaign (including the publishing or distributing of statements) on behalf of any candidate for public office.

III

This corporation is organized pursuant to the General Nonprofit Corporation Law of the State of California and does not contemplate pecuniary gain or profit to the members thereof. It is organized for nonprofit purposes.

IV

The County in the State of California where the principal office for the transaction of the activities of this corporation is Orange County.

V

The general management of the affairs of this corporation shall be under the control, supervision and direction of the Executive Committee of the Board of Directors. The names and addresses of persons who are to act in the capacity of Executive Committee of the Board of Directors shall be:

Isa Smashey Rogers
241 Grand Avenue
Long Beach, CA 90803
Phone: (213) 433-7847 or (213) 438-9946

Katheryn D. Buchoz
7842 Westminster Avenue
Westminster, CA 92683
Phone: (714) 897-0933 or (714) 554-2988

Bette J. Cooney
2066 Placentia
Costa Mesa, CA 92627
Phone: (714) 846-9468 or (714) 548-7638

Gail Hutton
16292 Wishingwell Lane
Huntington Beach, CA 92647
Phone: (714) 536-5555 or (714) 842-1189

VI

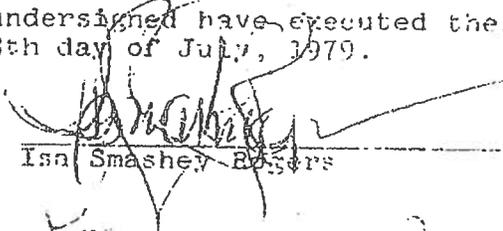
The number and rights and privileges of the members of the Board of Directors shall be as set forth in the By-Laws. There shall be no classes of board membership other than those of the Board of Directors and its Executive Committee and its Advisory Board of Directors.

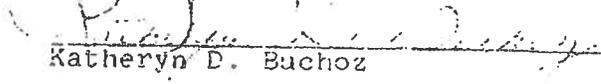
VII

The property of this corporation is irrevocably dedicated to the charitable purpose of assisting women, with or without dependent children, who have been victims of battering, as herein defined, by providing temporary emergency shelter,

and/or supportive services, such services being specifically set forth in Article II(a) hereof, and no part of the net income or assets of this organization shall ever inure to the benefit of any director, member of the Executive Committee, or to the benefit of any private individual. Upon the dissolution or winding up of the corporation, its assets remaining after payment, or after provision for payment, of all debts and liabilities of this corporation, shall be distributed to a non-profit fund, foundation or corporation which is organized and operated exclusively to provide temporary emergency shelter, food and supportive services to women, with or without dependent children, who have been battered, as defined in Article II, and which has established its tax exempt status under Section 501(c)(3) of the Internal Revenue Code. If this corporation holds any assets in trust, or a corporation is formed for charitable purposes, such assets shall be disposed of in such manner as may be directed by decree of the Superior Court of the County in which the corporation has its principal office, upon petition therefor by the Attorney General or by a person concerned in the liquidation, in a proceeding to which the Attorney General is a party.

IN WITNESS WHEREOF the undersigned have executed these Articles of Incorporation this 13th day of July, 1979.


Isa Smashey Rogers


Kathryn D. Buchoz


Bette J. Cooney


Gail Hutton



STATE OF CALIFORNIA)
COUNTY OF ORANGE) ss

On July 13, 1979, before me, the undersigned, a Notary Public in and for said State, personally appeared Isa Smashey Rogers, Kathryn D. Buchoz, Bette J. Cooney and Gail Hutton, known to me to be the persons whose names are subscribed to the within instrument and acknowledged to me that they have executed the same.

WITNESS my hand and official seal.


Kaye Tobin
Notary Public

SEP 28 1978



September 28, 1979

In reply refer to
344:SEL:mg

Interval House
17037 Westport Drive
Huntington Beach, CA 92649

Purpose : Charitable
Form of Organization : Corporation
Accounting Period Ending: September 30
Organization Number :

On the basis of the information submitted and provided your present operations continue unchanged or conform to those proposed in your application, you are exempt from state franchise or income tax under Section 23701d, Revenue and Taxation Code. Any change in operation, character or purpose of the organization must be reported immediately to this office so that we may determine the effect on your exempt status. Any change of name or address also must be reported.

You are required to file Form 199 (Exempt Organization Annual Information Return) or Form 199B (Exempt Organization Annual Information Statement) on or before the 15th day of the 5th month (4 1/2 months) after the close of your accounting period. See annual instructions with forms for requirements.

You are not required to file state franchise or income tax returns unless you have income subject to the unrelated business income tax under Section 23731 of the Code. In this event, you are required to file Form 109 (Exempt Organization Business Income Tax Return) by the 15th day of the 3rd month (2 1/2 months) after the close of your annual accounting period.

If the organization is incorporating, this approval will expire unless incorporation is completed with the Secretary of State within 60 days.

Exemption from federal income or other taxes and other state taxes requires separate applications.

Anderson Scott, Director
Exempt Organizations Bureau
Telephone (800) 852-5711

cc: Gail Clifford
Secretary of State
Registrar of Charitable Trusts

FTB 4206-ATS (7-78)

962895

A215264

FILED
in the office of the Secretary of State
of the State of California

MAR 3 1980

MARCH FONG EU, Secretary of State

Deputy

CERTIFICATE OF AMENDMENT OF
ARTICLES OF INCORPORATION OF
INTERVAL HOUSE,
A California Corporation

ISA ROGERS, President, and MADELINE DAWSON,
secretary, say:

We are the duly qualified and acting president and
secretary, respectively, of INTERVAL HOUSE, a Califor-
nia nonprofit corporation designated as a "public benefit"
corporation under the California Corporations Code. We have
been duly authorized by the Board of Directors of the
corporation to file this officers' certificate of amendment
to the Articles of Incorporation.

On January 25, 1980, a meeting of the Board of
Directors was duly held at 7136 Little Harbor Drive, Hunting-
ton Beach, California. At the meeting, the board deemed it to
be in the best interests of the corporation to amend the
Articles of Incorporation and adopted the following resolutions:

RESOLVED, that Article II of the Articles of
Incorporation shall be amended by adding subparagraph "d"
thereto, which said subparagraph reads as follows:

"d. Notwithstanding any other provision of
these articles, the corporation shall not carry on any
other activities not permitted to be carried on
(a) by a corporation exempt from Federal Income Tax

under section 501(c)(3) of the Internal Revenue Code of 1954 (or corresponding provision of any future United States Internal Revenue law) or (b) by corporation contributions which are deductible under section 170(c)(2) of the Internal Revenue Code of 1954 (or corresponding provision of any future United States Internal Revenue law) ."

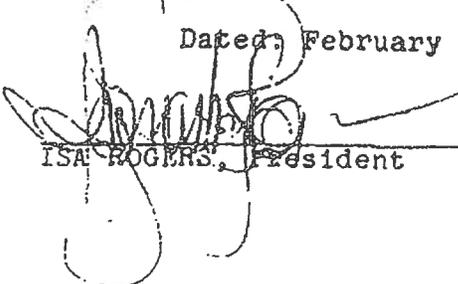
RESOLVED, FURTHER, that Article III of the Articles of Incorporation shall be amended by striking the last sentence thereof which now reads, "It is organized for nonprofit purposes," and adding thereto the following sentence:

"This corporation is organized exclusively for charitable purposes within the meaning of section 501 (c) (3) of the Internal Revenue Code of 1954."

Said amendments have been duly approved unanimously by the Board of Directors of the corporation.

The amendments may be adopted with the approval of the board alone, based on the fact that the corporation has no members, as members are defined in the California corporations Code. These amendments are not ones which require the approval of any other person or persons.

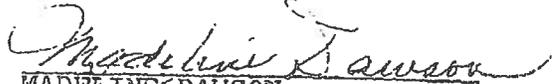
Dated, February 22, 1980.


ISA ROGERS, President


MADELINE DAWSON, Secretary

I declare under penalty of perjury that the matters set forth in the foregoing certificate are true and correct.

Executed on February 20, 1980, at Huntington Beach, California.


MADELINE DAWSON


ISA ROGERS, President

