

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2022 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2022 Continuum of Care (CoC) Program Competition. For more information see FY 2022 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2022 CoC Program NOFO.
- 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.
- Before starting 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).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2021 Project Application will be imported into the FY 2022 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2022 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/27/2022

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA1801

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

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. **Unique Entity Identifier:** P43FW2K6F7Z9

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 Bureau

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

Prefix: Ms.
First Name: Jessica
Middle Name:
Last Name: Villalobos
Suffix:
Title: Homeless Services Administrative Analyst
Organizational Affiliation: City of Long Beach CA 606
Telephone Number: (562) 570-4175
Extension:

Fax Number: (562) 570-4066

Email: jessica.villalobos@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-6600-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: It's a New Day

16. Congressional District(s):

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

b. Project: CA-047
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2023

b. End Date: 06/30/2024

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: Mr.

First Name: Paul

Middle Name:

Last Name: Duncan

Suffix:

Title: Homeless Services Bureau Manager

Telephone Number: (562) 570-4581
(Format: 123-456-7890)

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

Email: paul.duncan@longbeach.gov

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

Date Signed: 09/27/2022

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: Mr.
First Name: Paul
Middle Name:
Last Name: Duncan
Suffix:
Title: Homeless Services Bureau Manager
Organizational Affiliation: City of Long Beach CA 606
Telephone Number: (562) 570-4581
Extension:
Email: paul.duncan@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

4a. Total Amount Requested for this project: \$418,256

5. State the name and location (street address, city and state) of the project or activity: It's a New Day 1301 W. 12th Street Long Beach California

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.)	\$2,746,422.00	Rental Assistance, Supportive Services, Operations, HMIS, Planning, UFA activities, and Administration

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 (%)
Goodwill Serving the People of Southern Los Angeles		Subrecipient	\$99,242.00	12%
The Childrens Clinic Serving Children and Their Families		Subrecipient	\$104,329.00	12%

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: Paul Duncan, Homeless Services Bureau Manager

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

Date Signed: 09/16/2022

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.	<p>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.</p>
b.	<p>Establishing an on-going drug-free awareness program to inform employees —</p> <ul style="list-style-type: none"> (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.
c.	<p>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.;</p>
d.	<p>Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will —</p> <ul style="list-style-type: none"> (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;
e.	<p>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 Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p>
f.	<p>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 —</p> <ul style="list-style-type: none"> (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;
g.	<p>Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>

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 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.

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Paul

Middle Name

Last Name: Duncan

Suffix:

Title: Homeless Services Bureau Manager

Telephone Number: (562) 570-4581
(Format: 123-456-7890)

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

Email: paul.duncan@longbeach.gov

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

Date Signed: 09/27/2022

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:

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: Paul Duncan, Homeless Services Bureau Manager

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

Date Signed: 09/27/2022

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: Los Angeles

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.

Authorized Representative

Prefix: Mr.

First Name: Paul

Middle Name:

Last Name: Duncan

Suffix:

Title: Homeless Services Bureau Manager

Telephone Number: (562) 570-4581
(Format: 123-456-7890)

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

Email: paul.duncan@longbeach.gov

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

Date Signed: 09/27/2022

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: City of Long Beach CA 606

Prefix: Mr.

First Name: Paul

Middle Name:

Last Name: Duncan

Suffix:

Title: Homeless Services Bureau Manager

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

Date Signed: 09/27/2022

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2022 renewal project application. The “Submit without Changes” process is not applicable for:

- first time renewing project applications
- a project application that did not import last FY 2021 information
- a project that had Issues or Conditions that were addressed in FY 2021 Post-Award and updates need to be reflected in the FY 2022 project application
- a project that had amendments approved in FY 2020 or FY 2021 that need to be reflected in the FY 2022 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2021 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2022 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6B. Leased Units	<input type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	

7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- 2A. Subrecipients – to add UEI & update physical address
- 3B. Description - fix formatting
- 6A . Funding Request - to update ICR information
- 6D. Match - to update match information

You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

The project is funded to serve 24 beds, due to frequent turnover of staff this operational year, low referrals and with eviction moratoriums, the program saw less families seeking services that led to lower than typical referrals in previous years. We don't anticipate that the issue will continue as eviction moratoriums are lifted. Due to these factors, subrecipient was unable to expend all of the leasing funds and supportive services funds. Upon close out of the subrecipients' operational period, there may be remaining funds due to disallowed costs on the final invoice. As a Long Beach CoC policy, the subrecipient is required to submit a Deobligation Letter, certifying the reconciliation of remaining funds with the CoC.

Renewal Grant Consolidation or Renewal Grant Expansion

The FY2022 CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will submit individual applications.

a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.



b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the budget data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

**1. Is this renewal project application requesting to No
consolidate or expand?**

If "No" click on "Next" or "Save & Next" below to move to the next screen.

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: \$418,256

Organization	Type	Sub-Award Amount
Lutheran Social Services of Southern California	M. Nonprofit with 501C3 IRS Status	\$418,256

2A. Project Subrecipients Detail

a. **Organization Name:** Lutheran Social Services of Southern California

b. **Organization Type:** M. Nonprofit with 501C3 IRS Status

c. **Employer or Tax Identification Number:** 95-2225798

d. **Unique Entity Identifier:** LL68BHEBE2Z8

e. **Physical Address**

Street 1: 999 Town and Country Road, Suite 100

Street 2:

City: Orange

State: California

Zip Code: 92868

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

g. **Is the subrecipient a Faith-Based Organization?** Yes

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:** \$418,256

j. **Contact Person**

Prefix: Ms.

First Name: LaSharnda

Middle Name:
Last Name: Beckwith
Suffix:
Title: President/CEO
E-mail Address: lasharnda.beckwith@lsssc.org
Confirm E-mail Address: lasharnda.beckwith@lsssc.org
Phone Number: 714-244-4263
Extension:
Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

- 1. Expiring Grant Project Identification Number (PIN):** CA1801
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)
- 2. CoC Number and Name:** CA-606 - Long Beach CoC
- 3. CoC Collaborative Applicant Name:** City of Long Beach
- 4. Project Name:** It's a New Day
- 5. Project Status:** Standard
- 6. Component Type:** PH
- 6a. Select the type of PH project.** PSH
- 7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No
- 8. Does this project include Replacement Reserves as a CoC Operating Cost?** No
(Attachment Requirement)

3B. Project Description

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

Using best practices (e.g., Housing First, Harm Reduction) and participating in the LB CES, LSSSC will provide 16 HH in LB who meets HUD's DedicatedPlus definition with scattered-site TBRA. All participants will be referred to the project through the CES. The LSSSC case manager will assist eligible HHs to locate and obtain housing. When housed, LSSSC will assist HHs to increase income through employment, training programs and mainstream entitlement benefits to help stabilize the HH financial status. When necessary, LSSSC will advocate with landlords on behalf of participants to assist them with overcoming barriers such as poor credit, eviction history/criminal record. The LSSSC case manager will assist participants with a client-centered approach to aid and supportive services to each HH's needs. The case manager will assess participants for mental health issues and substance use disorder. The case manager will refer participants with mental health and substance use issues to appropriate health providers.

LSSSC will collaborate with CES and non-CES partners such as homeless shelters, TH programs, SSA, FQHC clinics, Medicaid/Medicare, and mainstream providers. The project will afford participants with critical needs support such as clothing, food, hygiene products and bus passes as well as with the following supportive services: entitlement benefits enrollment in cash-based (e.g., SSI/SSDI) and non-cash mainstream services, housing search, counseling and advocacy.

The project will be measured with the following performance objectives: 1) No. of persons served; 2) % of participants exiting to PH; 3) No. of persons exiting with unknown destination; 4) Occupancy Rate; 5) No. of persons exiting with no financial resources; 6) Length of time between client's project start date and move-in date; 7) % of persons exiting back into homelessness; 8) % of participants who maintain or increase total income (earned plus benefits); 9) Cost effectiveness; 10) Retention rate

2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

N/A - Project Serves All Subpopulations	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other(Click 'Save' to update)	<input type="checkbox"/>

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project enroll program participants who have the following barriers? 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"/>

3c. Will the project prevent program participant termination 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"/>

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

**1. Is this project “100% Dedicated,” DedicatedPLUS
“DedicatedPLUS,” or “N/A”?**

(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.C.2.p).

4A. Supportive Services for Program Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to program 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		Applicant	Bi-weekly
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	Weekly
Child Care		Partner	As needed
Education Services		Applicant	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Applicant	As needed
Housing Search and Counseling Services		Applicant	As needed
Legal Services		Partner	As needed
Life Skills Training		Applicant	Monthly
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Applicant	Weekly
Substance Abuse Treatment Services		Partner	As needed
Transportation		Applicant	As needed
Utility Deposits		Applicant	As needed

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by this project, subrecipient, or partner agency? Yes

4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.

Total Units: 16

Total Beds: 24

Total Dedicated CH Beds: 0

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	16	24

4B. Housing Type and Location Detail

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

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

a. Units: 16

b. Beds: 24

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 0

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. 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: 1611 Pine Avenue

Street 2:

City: Long Beach

State: California

ZIP Code: 90813

5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)

062088 Long Beach

5A. Program Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	8	8	0	16

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
Persons over age 24	8	8		16
Persons ages 18-24	0	0		0
Accompanied Children under age 18	8		0	8
Unaccompanied Children under age 18			0	0
Total Persons	16	8	0	24

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	0	0	0	0	0	0	0	0	0	8
Persons ages 18-24	0	0	0	0	0	0	0	0	0	0
Children under age 18	0			0	0	0	0	0	0	8
Total Persons	0	0	0	0	0	0	0	0	0	16

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	2	0	0	0	0	0	0	0	0	6
Persons ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	2	0	0	0	0	0	0	0	0	6

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

Non-CH Non-Veterans Homeless

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

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:

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Plan approved by cognizant agency or will use 10% de minimis rate
NA	10%	\$0	Will use 10% de minimis rate

4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

Leased Units	X
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	
HMIS	X

6B. Leased Units Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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:		\$311,896	
Grant Term:		1 Year	
Total Request for Grant Term:		\$311,896	
Total Units:		16	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
CA - Los Angeles-...	16	\$311,896	\$311,896

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" 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

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom	15	
2 Bedroom	1	
3 Bedroom		
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	16	\$311,896
Grant Term		1 Year
Total Request for Grant Term		\$311,896

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$26,590
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$26,590

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Contributor	Value of Commitments
Cash	Private	LSSSC/Other Sourc...	\$22,982
Cash	Government	City of Long Beac...	\$3,608

Sources of Match Detail

- 1. **Type of Match Commitment:** Cash
- 2. **Source:** Private
- 3. **Name of Source:** LSSSC/Other Source - Supportive Services, HMIS, and administrative costs
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$22,982

Sources of Match Detail

- 1. **Type of Match Commitment:** Cash
- 2. **Source:** Government
- 3. **Name of Source:** City of Long Beach - General Fund
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$3,608

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$311,896
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$65,000
4. Operating	\$0
5. HMIS	\$16,102
6. Sub-total Costs Requested	\$392,998
7. Admin (Up to 10%)	\$25,258
8. Total Assistance plus Admin Requested	\$418,256
9. Cash Match	\$26,590
10. In-Kind Match	\$0
11. Total Match	\$26,590
12. Total Budget	\$444,846

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS 501(c) 3 and ...	09/20/2022
2) Other Attachment	No		
3) Other Attachment	No		

Attachment Details

Document Description: IRS 501(c) 3 and Articles of Incorporation

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. 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 578.33(d) 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.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

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.

For 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 provided.

C. Explanation.

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 Paul Duncan

Date: 09/27/2022

Title: Homeless 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 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

Page	Last Updated
1A. SF-424 Application Type	09/16/2022
1B. SF-424 Legal Applicant	09/16/2022
1C. SF-424 Application Details	No Input Required

Renewal Project Application FY2022	Page 51	09/27/2022
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1D. SF-424 Congressional District(s)	09/21/2022
1E. SF-424 Compliance	09/16/2022
1F. SF-424 Declaration	09/16/2022
1G. HUD-2880	09/16/2022
1H. HUD-50070	09/16/2022
1I. Cert. Lobbying	09/16/2022
1J. SF-LLL	09/20/2022
IK. SF-424B	09/16/2022
Submission Without Changes	09/21/2022
Recipient Performance	09/27/2022
Renewal Grant Consolidation or Renewal Grant Expansion	09/21/2022
2A. Subrecipients	09/20/2022
3A. Project Detail	09/20/2022
3B. Description	09/27/2022
3C. Dedicated Plus	09/16/2022
4A. Services	09/16/2022
4B. Housing Type	09/16/2022
5A. Households	09/16/2022
5B. Subpopulations	09/16/2022
6A. Funding Request	09/27/2022
6B. Leased Units	09/16/2022
6D. Match	09/21/2022
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/20/2022
7B. Certification	09/27/2022

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: October 31, 2002

Person to Contact:
Shirley Rudolph 31-03949
Customer Service Specialist
Toll Free Telephone Number:
8:00 A.M. to 6:30 P.M. EST
877-829-5500

Lutheran Social Services of Southern
California
1501 E. Orangethrope Ave., Suite 250
Fullerton, CA 92831-5215

Fax Number:
513-263-3756
Federal Identification Number:
95-2225798
Group Exemption Number:
9386

Dear Sir or Madam:

This is in response to your request for affirmation of your organization's exempt status.

Our records indicate that your organization is included in a group ruling issued to Evangelical Lutheran Church in America, which is located in Chicago, Illinois.

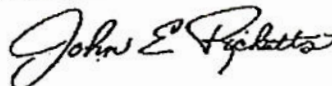
Lutheran Social Services of Southern California is exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code and is classified as a public charity, and not a private foundation, because it is described in sections 509(a)(1) and 170(b)(1)(A)(i) of the Code as a church.

As your organization is included in a group ruling, it does not have an individual exemption letter. The group exemption letter applies to all of the subordinate organizations on whose behalf Evangelical Lutheran Church in America has applied for recognition of exemption. This means your organization is also exempt under section 501(c)(3) of the Code.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



John E. Ricketts, Director, TE/GE
Customer Account Services



Evangelical Lutheran Church in America

God's work. Our hands.

*Evangelical Lutheran Church in America
Group Exemption Number: 9386*

**CERTIFICATION OF FEDERAL INCOME TAX EXEMPTION
UNDER SECTION 501(c)(3)
for**

Lutheran Social Services of Southern California
2101 E. 4th St.
Santa Ana, CA 92705
EIN: 95-2225798

Lutheran Social Services of Southern California is an affiliated social ministry organization recognized by the Evangelical Lutheran Church in America (ELCA) as being included under our Group Exemption Ruling. This inclusion establishes that this entity is exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code and is not a private foundation as defined in Code Section 509(a). The four-digit Group Exemption Number 9386 is the same for the ELCA, its synods, its congregations, and its related entities. The nine-digit Employer Identification Number is different for each synod, for each congregation, and for other employing entities. The nine-digit number is used, for example, when federal withholding and Social Security contributions are filed by the employer.

The IRS issued the attached Group Exemption Letters dated April 5, 1988 and July 13, 1988, to the ELCA. In accordance with the terms of the April 5, 1988, letter, entities affiliated with the ELCA, who have provided the ELCA with their federal employer ID number, are exempt from Federal Income Tax under ELCA's Group Exemption Ruling.

October 26, 2016

Very truly yours,

A handwritten signature in black ink, appearing to read "Phillip H. Harris".

Phillip H. Harris
General Counsel

Attachments

April 5, 1988, ELCA Group Ruling Recognition
July 13, 1988, ELCA GEN Assigned

Internal Revenue Service

Department of the Treasury

Internal Revenue
Service Center

Midwest Region
Kansas City, Missouri

2306 E. Bannister Rd., Kansas City, Mo. 64131

▶ Evangelical Lutheran Church
In America
8765 W. Higgins Rd.
Chicago, Il. 60631

Person to Contact: Ms. Martha Ala

Telephone Number: (816) 926-5401

Refer Reply to: Entity Control Unit

Date: July 13, 1988

Group Exemption Number: 9386

Dear Officer or Trustee:

The four-digit Group Exemption Number (GEN) as shown above has been assigned to your organization. This number is not to be confused with the nine-digit Employer Identification Number (EIN) previously assigned to your organization.

Form 990 (Return of Organization Exempt from Income Tax) and instructions require each central organization and its subordinates to show their group exemption number (GEN) in Item G of Form 990 in addition to their EIN.

Please advise any of your subordinates that are required to file an annual information return, Form 990, to place your group exemption number on their return.

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

Thank you for your help in this matter.

Sincerely yours,

Doris Jean Johnson
Manager, Entity Control Unit *DJA*

Internal Revenue Service

Department of the Treasury

District
Director

230 S. Dearborn St., Chicago, Illinois 60604

Evangelical Lutheran Church
In America
8765 West Higgins Road
Chicago, IL 60631

Person to Contact:
Peter J. Mazarakos, Jr.
Telephone Number:
(312) 886-1218
Refer Reply to:
EO: 201:PJM
Employer Identification Number:
41-1568278
Effective Date of Group
Exemption Ruling:
January 1, 1988

Date: APR - 5 1988

Dear Applicant:

We have considered your application for a group exemption letter recognizing your subordinates as exempt from Federal Income Tax as organizations of the type described in Section 501(c)(3) of the Internal Revenue Code.

Our records shows that you were recognized as exempt from Federal Income Tax under Section 501(c)(3) of the Code. The exemption letter remains in effect.

Based on the information supplied, we recognize your named subordinates on the list you submitted as exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code.

Additionally, we have classified the organizations you operate, supervise, or control, and which are covered by your notification to us as organizations that are not private foundations because they are organizations of the type described in Sections 509(a)(1) 509(a)(2) or 509(a)(3) of the Code.

Donors may deduct contributions to you and your subordinates as provided in Section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal Estate and Gift Tax purposes if they meet the applicable provisions of Sections 2055, 2106 and 2522 of the Code.

APR 08 1988

ELCA SECRETARY

Evangelical Lutheran Church In America

You and your subordinates are not required to file Federal Income Tax Returns as long as a tax-exempt status is maintained. But under Section 511 of the Code, an organization is subject to tax on its unrelated business taxable income. If you or your subordinates are subject to the tax, you must file an income tax return Form 990-T, Exempt Organization Business Income Tax Return.

You are not required to file Form 990, Return of Organization Exempt from Income Tax, if you meet the exception in Section 6033(a)(2)(A)(i) of the Code. Your subordinates are also not required to file Form 990 if they qualify as churches or intergrated auxiliaries of churches or otherwise meet the exceptions in Section 1.6033-2(g) of the Income Tax Regulations.

As of January 1, 1984, you and your subordinates are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more to each of your employees during a calendar year. You and your subordinates are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

A church or a qualified church-controlled organization as defined in section 3121(w)(3) of the Code however, may elect to exclude the wages paid to employees (other than for services performed in an unrelated trade or business) from social security taxes. This election must be made by filing Form 8274 by the day before the date your first quarterly employment tax return would be due under the revised law. If you or your subordinaes make this election, your employees who earn \$100 or more during a calendar year become liable for the payment of self-employment tax under section 1402 on the wages that you pay them. Once having made this election, you or your subordinates may not revoke it. For further information regarding this election please contact your Key District Director.

Evangelical Lutheran Church In America

Each year, at least 90 days before the end of your annual accounting period, please send the items listed below to the Internal Revenue Service Center at the address shown below.

1. A statement describing any changes during the year in the purpose, character, or method of operation of your subordinates;

2. A list showing the names, mailing addresses (including Postal Zip Code), actual addresses if different, and employer identification numbers of subordinates that since your previous report:

- a. Changed names and addresses;
- b. Were deleted from your roster; or
- c. Were added to your roster.

3. For subordinates to be added, attach:

- a. A statement that the information on which your present group exemption letter is based applies to the new subordinates;
- b. A statement that each has given you written authorization to add its name to the roster;
- c. A list of those to which the Service previously issued exemption rulings or determination letters;
- d. A statement that none of the subordinates is a private foundation as defined in Section 509(a) of the Code if the group exemption letter covers organizations described in Section 501(c)(3);
- e. The street address of subordinates where the mailing address is a P.O. Box; and
- f. The information required by Revenue Procedure 75-50, 1975-2 C. B. 587 for each subordinate that is a school claiming exemption under Section 501(c)(3). Also include any other information necessary to establish that the school is complying with requirements of Revenue Ruling 71-447, 1971-2 C. B. 230. This is the same information required by Schedule A, Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code.

Evangelical Lutheran Church In America

4. If applicable, a statement that your group exemption roster did not change since your previous report.

The above information should be sent, "Attention: Entity Control Unit," to the following address:

Internal Revenue Service Center
Kansas City, Missouri 64999

This determination does not apply to any of your subsidiaries organized and operated in a foreign country.

We are enclosing a copy of Revenue Procedure 75-50. This sets forth guidelines and recordkeeping requirements for private schools recognized as exempt from Federal Income Tax under Section 501(c)(3) of the Code. You should advise those subordinates that operate schools of the requirement of this procedure.

The Service Center that processes your returns will send you a Group Exemption Number. You are required to include this number on each Form 990, Return of Organization Exempt from Income Tax and Form 990-T, Exempt Organization Business Income Tax Return. Please advise your subordinates of this requirement and provide them with the Group Exemption Number.

The prior group exemption letters of the following subordinates are superseded:

The American Lutheran Church, Lutheran Church in America, and Association of Evangelical Lutheran Churches.

Please notify each of the above subordinates that their exemption letter is superseded.

Sincerely yours,


R. S. Wintrobe, Jr.
District Director

ENDORSED
FILED

OFFICERS CERTIFICATE OF AMENDMENT
AND RESTATEMENT OF ARTICLES OF INCORPORATION

In the Office of the Secretary of State
of the State of California

LUTHERAN SOCIAL SERVICES OF SOUTHERN CALIFORNIA DEC 8 1989

The Rev. Andrew Jensen and Mr. John Donovan certify:

1. That they are the President and Secretary respectively for Lutheran Social Services of Southern California.
2. That at a meeting of the Board of Directors of said corporation duly held at Los Angeles, California on September 23, 1989, the following resolution was adopted:

RESOLVED, that the Articles of Incorporation of this Corporation be amended to read in full as follows:

I

The name of the corporation is:
LUTHERAN SOCIAL SERVICES OF SOUTHERN CALIFORNIA

II

A. This corporation is a religious corporation and is not organized for the private gain of any person. It is organized under the Non-Profit Religious Corporation Law exclusively for religious purposes. It is irrevocably dedicated to religious, charitable, scientific or educational purposes meeting the requirements for exemption provided by Section 214 of the Revenue and Taxation Code. It is organized to give concrete expression to the concern of the Church for those with limited options, especially the poor and oppressed, through direct social services delivery and through the facilitation of social service/ministry efforts within, through and among constituent Church expressions and in cooperation with other community service providers.

III

A. Notwithstanding any other provision of these Articles to the contrary, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation, and the corporation shall not carry on any activities not permitted to be carried on (1) by a corporation exempt from federal income tax under Section 501 (c) (3) of the Internal Revenue code of 1986, as amended; or (2) by a corporation, contributions to which are deductible under Section 170 (c) (2) of the Internal Revenue Code.

B. This corporation shall not carry on propoganda or otherwise attempt to influence legislation to such an extent as would result in the loss of exemption under Section 501 (c) (3) of the Internal Revenue Code of 1986, as amended. This corporation shall not participate in nor intervene in (including publications for distribution of statements) any political campaign on behalf of any candidate for political office.

IV

This corporation elects to be governed by all the provisions of the Non-Profit Corporation Law of 1980 not otherwise applicable to it under Part 5 thereof.

V

A. The property of this corporation is irrevocably dedicated to religious, charitable, scientific or educational purposes meeting the requirements for exemption provided by Section 214 of the Revenue and Taxation Code and no part of the net income or assets of this organization shall inure to the benefit of any private persons. Upon the dissolution or winding up of the corporation its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation, shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for religious, charitable, scientific or educational purposes meeting the requirements for exemption provided by Section 214 of the Revenue and Taxation Code and which has established its tax exempt status under Section 501 (c)(3) of the Internal Revenue Code.

B. On the winding up and dissolution of this corporation, after paying or adequately providing for the debts, obligations and liabilities of the corporation, the remaining assets of this corporation shall be distributed in proportion to confirmed membership of:

1. The Pacific Southwest District of the Lutheran Church-Missouri Synod
2. The Southern California (West) Synod of The Evangelical Lutheran Church in America
3. The Pacifica Synod of The Evangelical Lutheran Church in America

In the event that such organizations are not organized and operated exclusively for charitable, religious, scientific or educational purposes and have not established their tax-exempt status under Section 501 (c)(3) of the Internal Revenue Code of 1986, as amended, the remaining assets shall be distributed to a social ministry organization which is organized and operated exclusively for charitable, religious, scientific or educational purposes meeting the requirements for exemption provided by Section 214 of the Revenue and Taxation Code and which has established its tax exempt status under Section 501 (c)(3) of the Internal Revenue Code of 1986, as amended, which qualifies as a distributee under the provisions of this Article and is named by the Board of Directors at a time of dissolution.

ENDORSED
FILEDOFFICERS CERTIFICATE OF AMENDMENT
AND RESTATEMENT OF ARTICLES OF INCORPORATIONIn the Office of the Secretary of State
of the State of California

LUTHERAN SOCIAL SERVICES OF SOUTHERN CALIFORNIA DEC 8 1989

The Rev. Andrew Jensen and Mr. John Donovan certify:

1. That they are the President and Secretary respectively for Lutheran Social Services of Southern California.
2. That at a meeting of the Board of Directors of said corporation duly held at Los Angeles, California on September 23, 1989, the following resolution was adopted:

RESOLVED, that the Articles of Incorporation of this Corporation be amended to read in full as follows:

I

The name of the corporation is:

LUTHERAN SOCIAL SERVICES OF SOUTHERN CALIFORNIA

II

A. This corporation is a religious corporation and is not organized for the private gain of any person. It is organized under the Non-Profit Religious Corporation Law exclusively for religious purposes. It is irrevocably dedicated to religious, charitable, scientific or educational purposes meeting the requirements for exemption provided by Section 214 of the Revenue and Taxation Code. It is organized to give concrete expression to the concern of the Church for those with limited options, especially the poor and oppressed, through direct social services delivery and through the facilitation of social service/ministry efforts within, through and among constituent Church expressions and in cooperation with other community service providers.

III

A. Notwithstanding any other provision of these Articles to the contrary, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation, and the corporation shall not carry on any activities not permitted to be carried on (1) by a corporation exempt from federal income tax under Section 501 (c)(3) of the Internal Revenue code of 1986, as amended; or (2) by a corporation, contributions to which are deductible under Section 170 (c)(2) of the Internal Revenue Code.

B. This corporation shall not carry on propaganda or otherwise attempt to influence legislation to such an extent as would result in the loss of exemption under Section 501 (c)(3) of the Internal Revenue Code of 1986, as amended. This corporation shall not participate in nor intervene in (including publications for distribution of statements) any political campaign on behalf of any candidate for political office.

IV

This corporation elects to be governed by all the provisions of the Non-Profit Corporation Law of 1980 not otherwise applicable to it under Part 5 thereof.

V

A. The property of this corporation is irrevocably dedicated to religious, charitable, scientific or educational purposes meeting the requirements for exemption provided by Section 214 of the Revenue and Taxation Code and no part of the net income or assets of this organization shall inure to the benefit of any private persons. Upon the dissolution or winding up of the corporation its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation, shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for religious, charitable, scientific or educational purposes meeting the requirements for exemption provided by Section 214 of the Revenue and Taxation Code and which has established its tax exempt status under Section 501 (c) (3) of the Internal Revenue Code.

B. On the winding up and dissolution of this corporation, after paying or adequately providing for the debts, obligations and liabilities of the corporation, the remaining assets of this corporation shall be distributed in proportion to confirmed membership of:

1. The Pacific Southwest District of the Lutheran Church-Missouri Synod
2. The Southern California (West) Synod of The Evangelical Lutheran Church in America
3. The Pacifica Synod of The Evangelical Lutheran Church in America

In the event that such organizations are not organized and operated exclusively for charitable, religious, scientific or educational purposes and have not established their tax-exempt status under Section 501 (c)(3) of the Internal Revenue Code of 1986, as amended, the remaining assets shall be distributed to a social ministry organization which is organized and operated exclusively for charitable, religious, scientific or educational purposes meeting the requirements for exemption provided by Section 214 of the Revenue and Taxation Code and which has established its tax exempt status under Section 501 (c) (3) of the Internal Revenue Code of 1986, as amended, which qualifies as a distributee under the provisions of this Article and is named by the Board of Directors at a time of dissolution.

VI

A. Subject to the rights of the organizations described in Article VI B, the Board of Directors may adopt, amend or repeal these Articles by a vote of the majority of the authorized directors.

B. No amendment to Articles IIA, IIIA or V B shall be effective until approval has been received in writing from all three of the following: The Pacific Southwest District of the Lutheran Church-Missouri Synod and The Southern California (West) Synod of The Evangelical Lutheran Church in America and The Pacifica Synod of The Evangelical Lutheran Church in America. In the event any of the named organizations chooses no longer to affiliate with this corporation, such approval shall not be required from such organization.

3. The foregoing amendment of articles of incorporation has been duly approved by the Board of Directors and by the required vote of members.

4. The foregoing amendment of articles of incorporation has been duly approved by:


1. The Pacific Southwest District of the Lutheran Church-Missouri Synod, formerly the Southern California District of the Lutheran Church-Missouri Synod
2. The Southern California (West) Synod of The Evangelical Lutheran Church in America
3. The Pacifica Synod of The Evangelical Lutheran Church in America, formerly the Southern California (East)-Hawaii Synod of the Evangelical Lutheran Church in America

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Dated: December 2, 1989



Andrew Jensen, President



John Donovan, Secretary

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