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:	09/23/2022
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: 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).	CA0652
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
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): (for multiple selections hold CTRL key) California

15. Descriptive Title of Applicant's Project: Transition in Place - Youth

16. Congressional District(s):

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

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

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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Paul
Middle Name:	
Last Name:	Duncan
Suffix:	
Title:	Homeless Services Bureau Manager
Telephone Number: (Format: 123-456-7890)	(562) 570-4581
Fax Number: (Format: 123-456-7890)	(562) 570-4066
Email:	paul.duncan@longbeach.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/23/2022

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: $282,548

5. State the name and location (street address, city and state) of the project or activity: Transition in Place - Youth 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? (For further information, see 24 CFR Sec. 4.3). Yes

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: X

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.	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;		

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: (Format: 123-456-7890)	(562) 570-4581
Fax Number: (Format: 123-456-7890)	(562) 570-4066
Email:	paul.duncan@longbeach.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/23/2022

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:	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:	Paul Duncan, Homeless Services Bureau Manager
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/23/2022

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. [X]

Authorized Representative

Prefix:	Mr.
First Name:	Paul
Middle Name:	
Last Name:	Duncan
Suffix:	
Title:	Homeless Services Bureau Manager
Telephone Number: (Format: 123-456-7890)	(562) 570-4581
Fax Number: (Format: 123-456-7890)	(562) 570-4066
Email:	paul.duncan@longbeach.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/23/2022

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: X

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:	09/23/2022

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	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
Part 6 - Budget Information	
6A. Funding Request	X
6C. Rental Assistance	
6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X

7B. Certification	X

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
3B. Description - to update description using more general data
4B. Housing Type - to update unit configuration
5A. Households - to update HH number reflecting awarded expansion in previous competition
5B. Subpopulations - to update subpopulation chart reflecting awarded expansion in previous competition
6A. Funding Request - to update 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?	No

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 consolidate or expand? No

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: $252,560

Organization	Type	Sub-Award Amount
Mental Health America of Los Angeles	M. Nonprofit with 501C3 IRS Status	$252,560

2A. Project Subrecipients Detail

a. Organization Name: Mental Health America of Los Angeles

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

c. Employer or Tax Identification Number: 95-1881491

d. Unique Entity Identifier: L7Z8VNAMMT93

e. Physical Address

Street 1: 200 Pine Avenue, Suite 400
Street 2:
City: Long Beach
State: California
Zip Code: 90802

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

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: $252,560

j. Contact Person

Prefix: Dr.
First Name: Christina

Middle Name:	
Last Name:	Miller
Suffix:	Ph.D
Title:	President and CEO
E-mail Address:	cmiller@mhala.org
Confirm E-mail Address:	cmiller@mhala.org
Phone Number:	562-285-1330
Extension:	
Fax Number:	562-263-3396

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):	CA0652

(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:	Transition in Place - Youth
5. Project Status:	Standard
6. Component Type:	PH
6a. Select the type of PH project.	RRH
7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?	No

3B. Project Description

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

Transition in Place - Youth (TIPY) is a 13 bed/unit scattered-site PH-RRH project. The project targets homeless Transitional Age Youth. The project admits people who identify as LGBT, substance users, people with criminal backgrounds including those on probation, people with no/limited resources, people with no/poor rental history, and targets people with severe and persistent mental health needs who need ongoing supportive services to remain in housing. TIPY addresses housing and supportive services needs through the provision of housing and Intensive Case Management Services. Case managers conduct a comprehensive assessment and partner with the participant to develop an Individualized Service Plan. Case managers directly provide housing search and stabilization services, life skills training, budgeting, employment services, public benefits assistance. For services not directly provided, case managers refer for services including, substance use, legal, physical health, and employment services. TIPY implements Housing First and is a low/no barrier program that provides a high level of support. TIPY coordinates with the LB CES for referrals into the project and coordinates services with the County's DMH, Department of Health, substance abuse providers, employment assistance providers, etc. The population is a high need population requiring special training and interventions to successfully move from the street to housing. MHALA has the expertise and commitment to provide this support. Without CoC support this project would close.
The project will be measured with the following performance objectives: 1) No. of persons served; 2) % of participants exiting to PH; 3) % of participants exiting with some increase in total income (earned plus benefits); 4) No. of persons exiting with unknown destination; 5) Occupancy rate; 6) No. of persons exiting with no financial resources; 7) Length of time between client's project start date and move-in date; 8) Cost effectiveness

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	☐	Domestic Violence	☐
Veterans	☐	Substance Abuse	☐
Youth (under 25)	☒	Mental Illness	☒
Families with Children	☐	HIV/AIDS	☐
		Chronic Homeless	☐
		Other(Click 'Save' to update)	☐

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

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		Subrecipient	Semi-annually
Assistance with Moving Costs			
Case Management		Subrecipient	Weekly
Child Care			
Education Services			
Employment Assistance and Job Training		Subrecipient	Weekly
Food			
Housing Search and Counseling Services		Subrecipient	Weekly
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	Weekly
Mental Health Services		Subrecipient	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services			
Substance Abuse Treatment Services		Non-Partner	As needed
Transportation		Subrecipient	As needed
Utility Deposits		Subrecipient	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

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: 13

Total Beds: 13

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	13	13

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: 13

b. Beds: 13

3. 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: 456 Elm Avenue

Street 2:

City: Long Beach

State: California

ZIP Code: 90802

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

062088 Long Beach

5A. Program Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	13	0	13

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	0	0		0
Persons ages 18-24	0	13		13
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	13	0	13

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

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										
Persons ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	0	0	0	0	0	0	0	0	0	0
Persons ages 18-24	0	0	0	0	0	13	0	0	0	0
Total Persons	0	0	0	0	0	13	0	0	0	0

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

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:

Rental Assistance	X
Supportive Services	X
HMIS	

6C. Rental Assistance 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 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:	$179,808
Total Units:	13

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	CA - Los Angeles-Long Beach-Glendale,...	12	$160,560
TRA	CA - Los Angeles-Long Beach-Glendale,...	1	$19,248

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

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

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	$1,038	$784	x	12	=	$0
0 Bedroom	12	x	$1,384	$1,115	x	12	=	$160,560
1 Bedroom		x	$1,604	$1,264	x	12	=	$0
2 Bedrooms		x	$2,044	$1,631	x	12	=	$0
3 Bedrooms		x	$2,693	$2,204	x	12	=	$0
4 Bedrooms		x	$2,933	$2,456	x	12	=	$0
5 Bedrooms		x	$3,373	$2,825	x	12	=	$0
6 Bedrooms		x	$3,813	$3,194	x	12	=	$0
7 Bedrooms		x	$4,253	$3,562	x	12	=	$0
8 Bedrooms		x	$4,693	$3,931	x	12	=	$0
9 Bedrooms		x	$5,133	$4,299	x	12	=	$0
Total Units and Annual Assistance Requested	12							$160,560
Grant Term								1 Year
Total Request for Grant Term								$160,560

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

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

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	$1,038	$1,038	x	12	=	$0
0 Bedroom		x	$1,384	$1,384	x	12	=	$0
1 Bedroom	1	x	$1,604	$1,604	x	12	=	$19,248
2 Bedrooms		x	$2,044	$2,044	x	12	=	$0
3 Bedrooms		x	$2,693	$2,693	x	12	=	$0
4 Bedrooms		x	$2,933	$2,933	x	12	=	$0
5 Bedrooms		x	$3,373	$3,373	x	12	=	$0
6 Bedrooms		x	$3,813	$3,813	x	12	=	$0
7 Bedrooms		x	$4,253	$4,253	x	12	=	$0
8 Bedrooms		x	$4,693	$4,693	x	12	=	$0
9 Bedrooms		x	$5,133	$5,133	x	12	=	$0
Total Units and Annual Assistance Requested	1							$19,248
Grant Term								1 Year
Total Request for Grant Term								$19,248

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:	$70,637
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$70,637

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	Government	County of LA DMH...	$68,456
Cash	Government	City of Long Beac...	$2,181

Sources of Match Detail

1. Type of Match Commitment:	Cash
2. Source:	Government
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	County of LA DMH - Supportive Services and administration
4. Amount of Written Committment:	$68,456

Sources of Match Detail

1. Type of Match Commitment:	Cash
2. Source:	Government
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	City of Long Beach - General Fund
4. Amount of Written Committment:	$2,181

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	$0
1b. Leased Structures	$0
2. Rental Assistance	$179,808
3. Supportive Services	$87,474
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$267,282
7. Admin (Up to 10%)	$15,266
8. Total Assistance plus Admin Requested	$282,548
9. Cash Match	$70,637
10. In-Kind Match	$0
11. Total Match	$70,637
12. Total Budget	$353,185

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:	09/23/2022
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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X
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.	X

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
1D. SF-424 Congressional District(s)	09/19/2022

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	09/19/2022
IK. SF-424B	09/16/2022
Submission Without Changes	09/20/2022
Recipient Performance	09/16/2022
Renewal Grant Consolidation or Renewal Grant Expansion	09/19/2022
2A. Subrecipients	09/20/2022
3A. Project Detail	09/19/2022
3B. Description	09/21/2022
4A. Services	09/16/2022
4B. Housing Type	09/19/2022
5A. Households	09/20/2022
5B. Subpopulations	No Input Required
6A. Funding Request	09/19/2022
6C. Rental Assistance	09/16/2022
6D. Match	09/19/2022
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/20/2022
7B. Certification	09/23/2022

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: DEC 07 2007

Person to Contact:
Gregory Renier
ID# 31-07231
Toll Free Telephone Number:
877-829-5500
Employer Identification Number:
95-1881491

MENTAL HEALTH AMERICA OF
LOS ANGELES
100 W BROADWAY AVE 5TH FLR
LONG BEACH CA 90802

Dear Sir or Madam:

This is in response to your amended articles of incorporation filed with the state on October 9, 2007. We have updated our records to reflect the name change from National Mental Health Association of Greater Los Angeles to Mental Health America of Los Angeles.

Our records indicate that a determination letter was issued in December 1958 that recognized you as exempt from Federal income tax. Our records further indicate that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you 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.

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

Sincerely,

Cindy Westcott

Cindy Westcott
Manager, Exempt Organizations
Determinations

A0668219

ENDORSED - FILED
In the office of the Secretary of State
of the State of California
OCT – 9 2007

CERTIFICATE OF AMENDMENT OF ARTICLES OF INCORPORATION OF NATIONAL MENTAL HEALTH ASSOCIATION OF GREATER LOS ANGELES

Richard Van Horn and Julia R. Scalise certify that:

1. They are the president and the secretary, respectively, of National Mental Health Association of Greater Los Angeles, a California nonprofit public benefit corporation.

2. Article I of the Articles of Incorporation of this corporation is amended to read as follows:

   The name of this corporation is:

   MENTAL HEALTH AMERICA OF LOS ANGELES

3. Article III of the Articles of Incorporation of the corporation shall be amended and restated to read as follows:

   "This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes. The Corporation's specific charitable purposes are: (i) to educate the public about mental illness and substance use conditions and their prevention, causes and treatments, (ii) to advocate for the improved care and treatment of people with mental illness and substance use conditions; (iii) to serve people with mental illness (iv) to conduct training, research and evaluation into improved methods of services for people with mental illness and substance abuse conditions and (v) to develop, preserve, sponsor and/or own affordable housing for mentally ill individuals and families and moderate, low and very low income households in the Greater Los Angeles Region of California."

4. The foregoing amendment of Articles of Incorporation has been duly approved by the board of directors.

5. The foregoing amendment of Articles of Incorporation has been duly approved by the required vote of the members.

A0668219

State of California
Secretary of State

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 2 page(s) has been compared with the record on file in this office, 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

OCT 24 2007

Debra Bowen

DEBRA BOWEN
Secretary of State

A0668219

ENDORSED - FILED
In the office of the Secretary of State
of the State of California
OCT – 9 2007

CERTIFICATE OF AMENDMENT OF ARTICLES OF INCORPORATION OF NATIONAL MENTAL HEALTH ASSOCIATION OF GREATER LOS ANGELES

Richard Van Horn and Julia R. Scalise certify that:

1. They are the **president** and the **secretary**, respectively, of National Mental Health Association of Greater Los Angeles, a California nonprofit public benefit corporation.

2. Article I of the Articles of Incorporation of this corporation is amended to read as follows:

   The name of this corporation is:

   MENTAL HEALTH AMERICA OF LOS ANGELES

3. Article III of the Articles of Incorporation of the corporation shall be amended and restated to read as follows:

   "This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes. The Corporation's specific charitable purposes are: (i) to educate the public about mental illness and substance use conditions and their prevention, causes and treatments, (ii) to advocate for the improved care and treatment of people with mental illness and substance use conditions; (iii) to serve people with mental illness (iv) to conduct training, research and evaluation into improved methods of services for people with mental illness and substance abuse conditions and (v) to develop, preserve, sponsor and/or own affordable housing for mentally ill individuals and families and moderate, low and very low income households in the Greater Los Angeles Region of California."

4. The foregoing amendment of Articles of Incorporation has been duly approved by the board of directors.

5. The foregoing amendment of Articles of Incorporation has been duly approved by the required vote of the members.

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.

DATE: October 2, 2007

Richard Van Horn, President

Julia R. Scalise, Secretary

A0646999

State of California
Secretary of State

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That the attached transcript of 2 page(s) has been compared with the record on file in this office, 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

JUL 05 2006

BRUCE McPHERSON
Secretary of State

A0646999

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

JUN 29 2006

CERTIFICATE OF AMENDMENT

OF

ARTICLES OF INCORPORATION

OF

NATIONAL MENTAL HEALTH ASSOCIATION OF GREATER LOS ANGELES

Richard Van Horn and Julia R. Scalise certify that:

1. They are the President and the Secretary, respectively, of National Mental Health Association of Greater Los Angeles, a California nonprofit public benefit corporation (the "Corporation").

2. Article III of the Articles of Incorporation of the Corporation shall be amended and restated to read as follows:

"This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes. The Corporation's specific charitable purposes are: (i) to provide education about mental illness, (ii) to be an advocate for and serve mentally ill persons and (iii) to develop, preserve, sponsor and/or own affordable housing for mentally ill individuals and families and low and very low income households in the Greater Los Angeles Region of California."

3. Article V (c) of the Articles of Incorporation of the Corporation shall be amended and restated to read as follows:

"(c) 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 charitable purposes and which has established its tax exempt status under section 501(c)(3) of the Internal Revenue Code."

4. In all other respects, the articles shall remain unchanged.

5. The foregoing Amendment of Articles of Incorporation has been duly approved by the Corporation's Board of Directors.

6. The foregoing Amendment of Articles of Incorporation has been duly approved the by the Corporation's Members.

We further certify 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: June 26, 2006

Richard Van Horn, President

Julia R. Scalise, Secretary

A0619593

OFFICE OF THE SECRETARY OF STATE

SECRETARY OF STATE

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

That the attached transcript of 1 page(s) has been compared with the record on file in this office, 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

NOV 8 2004

Kevin Shelley

Secretary of State

Sec/State Form CE-107 (rev. 1/03)

OSP 03 80510

A0619598

See Secretary of State's records for exact entity name.

CERTIFICATE OF AMENDMENT
OF
ARTICLES OF INCORPORATION OF
MENTAL HEALTH ASSOCIATION IN LOS ANGELES COUNTY

BRUCE HOFFMAN AND MARTHA LONG certify that:

1. They are the chairman and secretary, respectively, of the MENTAL HEALTH ASSOCAITION in LOS ANGELES COUNTY, a California Nonprofit Corporation.

2. Article ONE of Articles of Incorporation of this corporation is amended to read as follows:

   The name of this corporation is:

   NATIONAL MENTAL HEALTH ASSOCIATION OF GREATER LOS ANGELES

3. The foregoing amendments of the articles of incorporation have been duly approved by the board of directors.

4. The foregoing amendments of articles of incorporation have been duly approved by the required number of members.

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.

DATE: September 21, 2004

BRUCE HOFFMAN, President

MARTHA LONG, Secretary

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

SEP 29 2004

KEVIN SHELLEY
Secretary of State

OFFICE OF THE SECRETARY OF STATE

State of California
OFFICE OF THE SECRETARY OF STATE

I, *MARCH FONG EU*, Secretary of State of the State of California, hereby certify:

That the annexed transcript has been compared with the record on file in this office, of which it purports to be a copy, and that same is full, true and correct.

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

NOV 14 1985

March Fong Eu

Secretary of State

SEC/STATE FORM CE-107

ENDORSED
FILED
in the office of the Secretary of State
of the State of California
OCT 31 1985
MARCH FONG EU, Secretary of State
By JAMES E. HARRIS
Deputy

CERTIFICATE OF AMENDMENT
OF
ARTICLES OF INCORPORATION
OF
MENTAL HEALTH ASSOCIATION OF LOS ANGELES COUNTY

ALBERT GREENSTEIN AND MILDRED SNIDER certify that:

1. They are the president and the secretary, respectively, of MENTAL HEALTH ASSOCIATION OF LOS ANGELES COUNTY, a California Nonprofit Corporation.

2. Article ONE of the Articles of Incorporation of this corporation is amended to read as follows:

The name of this corporation is:

MENTAL HEALTH ASSOCIATION IN LOS ANGELES COUNTY

3. The foregoing amendment of articles of incorporation has been duly approved by the board of directors.

4. The foregoing amendment of articles of incorporation has been duly approved by the required number of the members.

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.

DATE: March 21, 1985

Albert Greenstein
ALBERT GREENSTEIN, President

Mildred Snider
MILDRED SNIDER, Secretary

RESTATED ARTICLES OF INCORPORATION

OF

MENTAL HEALTH ASSOCIATION IN LOS ANGELES COUNTY

ALBERT GREENSTEIN and MILDRED SNIDER certify:

1. That they are the President and Secretary, respectively, of the Mental Health Association in Los Angeles County, a California nonprofit corporation.

2. At a meeting of the Board of Directors of said corporation, duly held at Los Angeles, California on the 21st day of March 1985, the Board of Directors duly approved of the following restatement of the Articles of Incorporation of the corporation.

ARTICLE I

The name of this corporation is Mental Health Association in Los Angeles County.

ARTICLE II

This corporation elects to be governed by all of the provisions of the California Nonprofit Corporation Law of 1980, as from time to time amended, not otherwise applicable to it under Part 5 thereof.

ARTICLE III

This corporation is a nonprofit public benefit corporation and is organized under the California Nonprofit Public Benefit Corporation Law for public and charitable purposes. The specific purpose of this corporation is to educate about mental illness, advocate for and serve mentally ill persons.

ARTICLE IV

This corporation is organized and operated exclusively for charitable, scientific and educational purposes within the meaning of Section 501(c) of the United States Internal Revenue Code of 1954 or the corresponding provision of any future United States Internal Revenue Law. Notwithstanding any other provision of these articles, 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 other activities not permitted to be carried on by a corporation exempt from federal income tax under Section 501(c) (3) of the United States Internal Revenue Code of 1954, or the corresponding provision of any future United States Internal Revenue Law or by a corporation, contributions to which are deductible under Section 170(c) (2) of the United States Internal Revenue Code of 1954 or the corresponding provision of any United States Internal Revenue Law.

ARTICLE V

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

(b) Property of this corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefits of any directors, officers, trustee, members or to the benefit of any private person.

(c) Upon the dissolution or winding up of this 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, corporation or organization which is organized and operated exclusively for charitable, scientific or educational purposes and which has established its tax exempt status under Section 501(c) (3) of the United States Internal Revenue Code or the corresponding provision of any future United States Internal Revenue Law and which has also established its tax exempt status under Section 27301(d) of the California Revenue and Taxation Code, or the corresponding section of any future California Revenue and Tax Law.

ARTICLE VI

The name and address in California of the corporation's agent for service of process is as follows:

RICHARD VAN HORN
930 S. Georgia Street
Los Angeles, California 90015

We 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.

Executed this 21 day of March 1985 at Los Angeles, California.

Albert Greenstein

ALBERT GREENSTEIN, President

Mildred Snider

MILDRED SNIDER, Secretary