

## 1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/27/2023

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

## 1B. SF-424 Legal Applicant

### 8. Applicant

- a. Legal Name:** City of Long Beach CA 606
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 95-6000733
- c. Unique Entity Identifier:** P43FW2K6F7Z9

### d. Address

**Street 1:** 333 W. Broadway, Suite 216  
**Street 2:**  
**City:** C. City or Township Government  
**County:** Los Angeles  
**State:** California  
**Country:** United States  
**Zip / Postal Code:** 90802

### e. Organizational Unit (optional)

**Department Name:** Health and Human Services  
**Division Name:** Homeless Services Bureau

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

**Prefix:** Mr.  
**First Name:** Jeffrey  
**Middle Name:**  
**Last Name:** Proctor  
**Suffix:** Jr.  
**Title:** Administration and Operations Officer  
**Organizational Affiliation:** City of Long Beach CA 606  
**Telephone Number:** (562) 570-4560  
**Extension:**

**Fax Number:** (562) 570-8234

**Email:** [jeffrey.proctor@longbeach.gov](mailto:jeffrey.proctor@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-6700-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: DV TH-RRH Program Expansion

16. Congressional District(s):

16a. Applicant: CA-044, CA-047

16b. Project: CA-044, CA-047  
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2024

b. End Date: 06/30/2025

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) 570-8234  
(Format: 123-456-7890)

**Email:** paul.duncan@longbeach.gov

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

**Date Signed:** 09/27/2023

# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2501-0017 (exp. 1/31/2026)**

## 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:** C. City or Township Government  
**County:** Los Angeles  
**State:** California  
**Country:** United States  
**Zip/Postal Code:** 90802

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

**3. HUD Program:** Continuum of Care Program



**4. Amount of HUD Assistance Requested/Received: \$528,523.00**

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Government and Other Government Assistance (see attachments)	Cash/In-Kind (Grants, etc.)	\$2,184,618.00	Rental Assistance, Supportive Services, HMIS, Planning, UFA activities, and Administration

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

**Part III Interested Parties**

**Do you need to disclose interested parties for this grant according to the criteria below?** No

**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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

**I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.**

X
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**Name / Title of Authorized Official:** Paul Duncan, Homeless Services Bureau Manager

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

**Date Signed:** 09/27/2023

# 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 Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees — (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted — (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will — (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

### 2. Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

**I certify that the information provided on this form and in any accompanying 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
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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) 570-8234  
**(Format: 123-456-7890)**

**Email:** paul.duncan@longbeach.gov

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

**Date Signed:** 09/27/2023

## **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:** 09/27/2023

# 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:** 333 W. Broadway, Suite 216

**Street 2:**

**City:** C. City or Township Government

**County:** Los Angeles

**State:** California

**Country:** United States

**Zip / Postal Code:** 90802

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) 570-8234  
**(Format: 123-456-7890)**

**Email:** paul.duncan@longbeach.gov

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

**Date Signed:** 09/27/2023



## 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:** 09/27/2023

## 1L. SF-424D

Are you requesting CoC Program funds for No  
construction costs in this application?

No SF-424D is required. Select "Save and Next" 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: \$528,523**

Organization	Type	Sub-Award Amount
Interval House	M. Nonprofit with 501C3 IRS Status	\$528,523

## 2A. Project Subrecipients Detail

**a. Organization Name:** Interval House

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

**c. Employer or Tax Identification Number:** 95-3389113

**d. Unique Entity Identifier:** HYGCLPGSCSM8

**e. Physical Address**

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

**Street 2:**

**City:** Long Beach

**State:** California

**Zip Code:** 90803

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

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

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

**i. Expected Sub-Award Amount:** \$528,523

**j. Contact Person**

**Prefix:** Mrs.

**First Name:** Carol  
**Middle Name:**  
**Last Name:** Williams  
**Suffix:**  
**Title:** Executive Director  
**E-mail Address:** carol@intervalhouse.org  
**Confirm E-mail Address:** carol@intervalhouse.org  
**Phone Number:** 562-594-9492  
**Extension:** 222  
**Fax Number:**

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

### **1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.**

As the applicant, the City is the direct recipient of the HUD award. It is the contractual responsibility of the City to ensure that the goals and objectives of each project sponsor’s projects are successfully carried out and documented according to the applicable regulations. The City signs the grant agreement for the awarded projects and receives funding directly from HUD for distribution to the project sponsor. The contractual responsibility encompasses oversight of each of the project sponsors. This includes compliance with the grant agreement and HUD regulations, sound financial record keeping, reporting, etc. IH has more than 44 years of experience in successfully utilizing federal funds to operate shelter programs and 30 years of expertise in implementing rental assistance contracts. We have effectively administered the subject federal HUD CoC program funds for DV victims for more than two decades—OC CoC DV Transitional Housing (since 1997); Long Beach CoC Transitional Housing (since 2003); OC CoC Rapid Rehousing (since 2015); Long Beach CoC Joint TH-RRH DV Bonus (since 2020; annual contract of \$494,844); OC CoC Joint TH-RRH DV Bonus (since 2020; annual contract of \$946,775); and Los Angeles CoC DV RRH (since 2021; annual contract of \$359,378)—with an exceptional track record of service. During the most recent program year (2022-2023) for our DV Bonus grants, IH exceeded all contracted service goals, achieving: 246% of service goals for Long Beach CoC; 150% of service goals for LA CoC (to date); and 171% of service goals for Orange County CoC. Additionally, we have secured federal OVW TH grant funds since 2010 to assist homeless DV survivors in transitioning to and maintaining permanent housing. We consistently expend annual grant funds in full using strategic approaches that yield effective outcomes for participants. Over the past two decades, IH has administered over \$11 million in HUD CoC funds and has met or exceeded program goals every year.

IH’s shelter and housing staff have been extensively trained in the provision of shelter, rental assistance, and supportive services to homeless victim households. The crossover knowledge of IH’s various programs helps streamline the internal coordination of our shelter and permanent housing services and close potential gaps in services. All program staff receive ongoing training related to our HUD-approved comparable database for compliance with data collection and evaluation requirements as well as compliance training on Federal and County regulations and documentation requirements.

### **2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.**



The City of Long Beach CoC encourages leveraging for all its HUD-funded projects which increases the capacity of the CoC. IH has 44 years of experience administering government funds at all levels and effectively leveraging applicable resources to strengthen programs. During the last fiscal year, we successfully managed \$7+ million in public sector housing contracts, including with U.S. HUD, U.S. DOJ, Cal OES, Los Angeles County, Orange County, and local cities (e.g., Long Beach, Anaheim, Garden Grove, Huntington Beach, Westminster). Over the past 10 years, we secured \$15+ million in rental assistance funding from federal, state, and local sources including: HUD HPRP Stimulus dollars; HUD CoC; HUD ESG/ESG-CV; HUD HOME; DOJ OVW; Cal OES; CA Dept. of Housing & Community Development; CA Emergency Solutions & Housing - CESH (RRH & HP); LA County Emergency Housing Assistance Program (EHAP); First 5 LA Rental Assistance Fund; OC COVID-19 ESG & HHAP (RRH); LA County Emergency Food & Shelter Program (EFSP) Rental Assistance; City of LB/LA County Measure H; City of LB/State of CA Homeless Emergency Aid Program (HEAP); and COVID-19 funds. IH is intentional and persistent in our efforts to secure private sector funding to maximize program resources. The agency continuously seeks community support throughout the year, including e.g.: conducting our robust individual giving program; actively seeking & maintaining foundation & corporate grant opportunities; hosting special fundraising events (e.g., annual golf tournament, Mother’s Day events, back-to-school activities, DV Awareness Month, holiday drives, year-end appeals); and other creative funds development activities. Private funding support includes contributions from individual donors and grants from charitable giving programs such as the Webb Foundation, Waltmar Foundation, Women’s Foundation of California. We also leverage extensive in-kind support (i.e., trained volunteers providing supportive services and professional services) through strategic recruitment and longstanding community engagement.

**3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.**

As the UFA for the CoC and the Collaborative Applicant, the City of Long Beach DHHS has an Administrative and Operations Bureau that manages all finance-related aspects of the department. This includes budgeting and accounting oversight, in addition to business operations and invoicing procedures. This Bureau employs a Bureau Manager, Financial Services Officer, and a Grants and Contracts Management Officer. Together, these positions supervise employees that direct all accounting and grant management functions across the department. The Homeless Services Bureau also has an administrative division consisting of 17 full-time employees that are dedicated to effectively administering grants, including the financial management components of these grants, while ensuring grantor compliance and the correct implementation of accounting-based principles stipulated in 2 CFR Part 200 – UAR, Cost Principles, and Audit Requirements for Federal Awards. Further, the City of Long Beach has its own Department of Financial Management to guarantee overall financial integrity and compliance with federal, state, and local funders. Lastly, these practices are institutionalized across the organization through written policies and procedures that guide the City’s financial management operations.

IH maintains strict control over all fiscal & programmatic activities within the organization. Such controls are detailed within various policy & procedure manuals, including Fiscal Manual, Personnel Manual & Operations Manual. All P&P manuals are reviewed on a periodic basis for accuracy and relevance to new laws & regulations. The Finance Director, who reports to the Executive Director, has over 25 years of financial & accounting experience and is responsible for reviewing & monitoring contracts, supervising grant allocation and preparation of invoices/billing, forecasting, preparing monthly financial statements. The executive staff average 20 years with IH and have been regularly trained in updated rules & regulations including 2 CFR 200, OMB A-133, and the Standards for Internal Control in the Federal Government (the "Green Book"). Executive fiscal staff serve as liaisons to grant monitors & independent auditors, and regularly participate in financial management training on new & updated funder regulations and governmental standards. IH utilizes a computerized accounting system (QuickBooks Premiere Edition) whereby each funding source/contract is assigned a unique three-digit number. All revenue & expenses associated with the contract are tracked using this number. When expenses are incurred, the grant name & unique code will be noted on the receipt, which can be cross-checked with the general ledger & accounting reports. IH also maintains detailed spreadsheets tracking all expenses (personnel costs & benefits, direct program expenses, indirect expenses, and match) for each funding source which enables specific costs to be tracked to the general ledger and individual funding source. Since 1979, IH has been audited annually by an independent certified public accountant in accordance with generally accepted accounting principles outlined by U.S. OMB, with no findings, questioned costs, or reportable conditions.

**4. Are there any unresolved HUD monitoring or  
OIG audit findings for any HUD grants (including  
ESG) under your organization?** No

### 3A. Project Detail

- 1. CoC Number and Name: CA-606 - Long Beach CoC
- 2. CoC Collaborative Applicant Name: City of Long Beach
  
- 3. Project Name: DV TH-RRH Program Expansion
  
- 4. Project Status: Standard
  
- 5. Component Type: Joint TH & PH-RRH
  
- 6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? Yes
  
- 7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No
  
- 8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No
  
- 9. Will this project include replacement reserves in the Operating budget? No
  
- 10. Is this project applying for Rural costs on screen 6A? No

### 3B. Project Description

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

The project will be serving DV victims with or without children experiencing homelessness in Long Beach.

The TH component will provide temporary shelter & supportive services to help survivors strengthen stability for success in permanent housing. The RRH component will offer financial assistance & housing relocation/stabilization services. Flexible supportive services will include case management; individualized housing & service plans; housing search/placement; employment; mental health; legal services; securing mainstream benefits; children’s services; transportation; etc. Program will provide up to 24 months of assistance. IH will align our housing & homeless services with federal, state & local guidelines and work with LB CoC, CES, MSC & other area providers to coordinate services/referrals, avoid service duplication, improve system performance, and increase service access. IH maintains operational agreements with area landlords (we are the adopted charity for the Apartment Assoc.) and conducts presentations & training with media, law enforcement, social service providers & other housing programs to increase awareness about housing resources.

CoC funding will help an estimated 13 homeless DV households in Long Beach achieve housing stability through transitional housing (2 beds), scattered-site tenant-based permanent housing (24 beds), and individualized supportive services.

The TH component 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) Length of time person remains in project; 6) Occupancy rate; 7) No. of persons exiting with no financial resources; 8) Cost effectiveness

The RRH component 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. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.**

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	30	0	0	0

Begin program participant enrollment	30	0	0	0
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	30	0	0	0
Leased or rental assistance units or structure, and supportive services near 100% capacity	90	0	0	0
Closing on purchase of land, structure(s), or execution of structure lease	0	0	0	0
Start rehabilitation	0	0	0	0
Complete rehabilitation	0	0	0	0
Start new construction	0	0	0	0
Complete new construction	0	0	0	0

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

**4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements?** Yes

**5. Housing First**

**5a. Will the project quickly move participants into permanent housing?** Yes

**5b. Will 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"/>

**5c. 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"/>

**5d. Will the project follow a "Housing First" approach? Yes**  
 (Click 'Save' to update)

**6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? Yes**

**6a. Explain how and why the project will implement this requirement.**

Interval House owns a facility that provides transitional housing for DV survivors. As part of the expansion project, the confidential, secure facility will offer 2 TH bed(s) for the proposed program with 24-hour supervision. Participants entering the TH program will reside in this facility to ensure onsite access to coordinated case management & supportive services in their recovery process. Upon stabilization, they may transition to scattered-site permanent housing with rental assistance, as appropriate, and follow-up supportive services. TH participants will be able to transition into permanent housing without the disruptions of starting a new program with new staff and continue to access supportive services at our community service center. Participants directly entering the RRH program will receive assistance in identifying & securing safe permanent housing at scattered sites with access to supportive services at our community service center.

**7. Will more than 16 persons live in a single structure?** No

### 3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project? Yes

Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2023 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: CA1895

1b. Eligible Renewal Grant Project Name: Domestic Violence TH-RRH

2. Will this expansion project increase the number of program participants? Yes

2a.	Currently Approved Renewal Numbers (from "Stand-alone Renewal" project application)	
	Number of persons (From renewal application Screen 5A)	31
	Number of units (From renewal application Screen 4B)	15
	Number of beds (From renewal application Screen 4B)	31
2b.	New Requested Numbers to Add (from this "Stand-alone New" project application)	
	Number of additional persons (From this new application Screen 5A)	26
	Number of additional units (From this new application Screen 4B)	13
	Number of additional beds (From this new application Screen 4B)	26

3. Will this expansion project provide additional supportive services to program participants? Yes

3a. Indicate how the project will provide additional supportive services to program participants.  
 (Check one or both boxes)

Increase number of or expand supportive services provided	<input type="checkbox"/>
Increase frequency or intensity of supportive services	<input type="checkbox"/>

4. Will this expansion project bring existing facilities up to government health or safety standards? No



## **4A. Supportive Services for Participants**

### **1. Describe how program participants will be assisted to obtain and remain in permanent housing.**

TH will provide 24/7 temporary shelter & supportive services designed to help survivors strengthen stability for success in permanent housing. RRH will offer housing stabilization/relocation services and financial assistance (up to 24 months), based on the household's needs. IH's program will prioritize quick access to safe housing, then coordinate care to address survivor's individual barriers to stability (e.g., health/wellness, legal, employment, life skills, etc.). We will conduct a thorough needs assessment at intake, resulting in a client-driven Individualized Housing & Service Plan (IHSP) that will serve as a working guide for survivors to achieve financial & housing stability. We will conduct monthly assessments of the household's needs and re-evaluate the length/level of assistance for maximum program efficacy & successful participant outcomes. All services will be trauma-informed, culturally responsive, voluntary, and client-driven to promote victim autonomy and healing.

### **2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.**

IH will work with participants at intake to develop an Individualized Service Plan (ISP) that includes a Goal Tracking Sheet, personalized Calendar & Savings Log—which becomes a working guide for case management activities to help meet client-driven safety & self-sufficiency goals.

**Mainstream Health & Social Services:** IH will assist clients in accessing eligible services through an individualized needs assessment as part of the participant’s ISP, which lays out a tailored step-by-step plan for clients to achieve safety, wellness, and stability. The ISP will allow program staff to identify client needs & barriers, determine service eligibility, assist clients in completing applications, advocate on behalf of clients, directly link clients to resources, and conduct follow-ups, as needed. Services will be tailored to meet clients’ specific needs and will include direct assistance and linkages to services and resources such as: TANF (CalWORKS), SSI, SSDI, Medical, WIC, health/mental health, food, financial aid for school, transportation, legal services, LGBTQ health/social services, culturally specific services, and permanent housing programs (e.g., Housing Choice Vouchers/Section 8, Veterans housing, etc.).

**Employment Program:** IH’s Employment Assistance will include workshops & one-on-one counseling on career planning and job readiness; resume building; vocational/job training; life skills training; job search & placement; and pre-employment support (clothing, transportation, childcare, etc.). IH’s Financial Empowerment support will include setting individual financial goals and timelines; developing, implementing, and monitoring a financial plan; increasing earned income; active budgeting & savings; repairing/improving credit; and reducing debt. IH will also work closely with CoC/CES and other local agencies to ensure coordination of care and seamless access to housing & supportive services as quickly as possible for homeless households requesting assistance.

**3. 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	Weekly
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Weekly
Child Care	Subrecipient	As needed
Education Services	Subrecipient	Weekly
Employment Assistance and Job Training	Subrecipient	Weekly
Food	Subrecipient	As needed
Housing Search and Counseling Services	Subrecipient	Weekly
Legal Services	Subrecipient	As needed
Life Skills Training	Subrecipient	Weekly
Mental Health Services	Subrecipient	As needed
Outpatient Health Services		
Outreach Services	Subrecipient	Weekly
Substance Abuse Treatment Services		

Transportation
Utility Deposits

Subrecipient	As needed

**Identify whether the project will include the following activities:**

- 4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes
- 5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? Yes
- 6. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency? Yes
- 6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

## 4B. Housing Type and Location

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

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

	TH	RRH	Total	
Total Units:	1	12	13	
Total Beds:	2	24	26	
Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
---	Shared housing	1	2	
---	Scattered-site ap...	12	24	

## 4B. Housing Type and Location Detail

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

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

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

2. Housing Type: Shared housing

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

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

a. Units: 1

b. Beds: 2

### 5. Address

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

Street 1: PO BOX 3356

Street 2:

City: Seal Beach

State: California

ZIP Code: 90740

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

062088 Long Beach

## 4B. Housing Type and Location Detail

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

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

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

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

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

**a. Units:** 12

**b. Beds:** 24

### 5. Address

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

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

**Street 2:**

**City:** Long Beach

**State:** California

**ZIP Code:** 90803

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

062088 Long Beach

## 5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	8	5	0	13
<b>Characteristics</b>				
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	5	3		8
Persons ages 18-24	3	2		5
Accompanied Children under age 18	13		0	13
Unaccompanied Children under age 18			0	0
Total Persons	21	5	0	26

Click Save to automatically calculate totals



## 5B. Project 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	0	0	0	0	0	0	5	0	0	0
Persons ages 18-24	0	0	0	0	0	0	3	0	0	0
Children under age 18	0			0	0	0	13	0	0	0
<b>Total Persons</b>	0	0	0	0	0	0	21	0	0	0

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	0	0	0	0	0	0	3	0	0	0
Persons ages 18-24	0	0	0	0	0	0	2	0	0	0
<b>Total Persons</b>	0	0	0	0	0	0	5	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										
<b>Total Persons</b>	0			0	0	0	0	0	0	0

## 6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2025? Yes

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

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.

### 3a. Complete the indirect cost rate table below

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

4. Select a grant term: 1 Year



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

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

**The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.**

**6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months?  
(13 to 18 months) No**

## 6E. Rental Assistance Budget

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

Total Annual Assistance Request:	\$309,912
Grant Term:	1 Year
Total Request for Grant Term:	\$309,912
Total Units:	12

The number of beds for which funding has been requested in the Rental Assistance budget is 26.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	CA - Los Angeles-Long Beach-Glendale,...	12	\$309,912

## Rental Assistance Budget Detail

### Instructions:

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

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

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

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

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

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

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

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

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

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

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

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

**Type of Rental Assistance: TRA**

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

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$1,038	x	12	=	\$0
0 Bedroom		x	\$1,384	x	12	=	\$0
1 Bedroom		x	\$1,604	x	12	=	\$0
2 Bedrooms	10	x	\$2,044	x	12	=	\$245,280
3 Bedrooms	2	x	\$2,693	x	12	=	\$64,632
4 Bedrooms		x	\$2,933	x	12	=	\$0
5 Bedrooms		x	\$3,373	x	12	=	\$0
6 Bedrooms		x	\$3,813	x	12	=	\$0
7 Bedrooms		x	\$4,253	x	12	=	\$0
8 Bedrooms		x	\$4,693	x	12	=	\$0
9 Bedrooms		x	\$5,133	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	12						\$309,912
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$309,912

Click the 'Save' button to automatically calculate totals.

## 6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	\$62,400 x 2.25 FTE (3 positions) + 22% benefits and 10% indirect costs) Meet with THRRH clients to conduct intake assessment & evaluations; housing search/placement; coordinate referrals; individualized goal setting; financial counseling, credit repair, secure basic resources and mainstream benefits; and monitor/support progress.	\$157,865
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	\$750/household x 13 households + 10% indirect costs	\$10,725
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	\$250/household x 13 households + 10% indirect costs	\$3,575
16. Utility Deposits		
17. Operating Costs		
<b>Total Annual Assistance Requested</b>		<b>\$172,165</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$172,165</b>

Click the 'Save' button to automatically calculate totals.

# VAWA Budget

## VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project’s Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.



Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	\$0
Estimated budget amount for VAWA Confidentiality Requirements:	\$10,560



CoC VAWA BLI Total:	\$10,560
Grant Term	1 Year
Total Request for Grant Term	\$10,560

Click the 'Save' button to automatically calculate totals.

## 6I. Sources of Match

The following list summarizes the funds that will be used as Match for 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 Amount of Cash Commitments:	\$2,266
Total Amount of In-Kind Commitments:	\$129,865
Total Amount of All Commitments:	\$132,131

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

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

Type	Source	Name of Source	Amount of Commitments
Cash	Government	City of Long Beac...	\$2,266
In-Kind	Private	Interval House - ...	\$129,865

## 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:** \$2,266

## Sources of Match Detail

- 1. **Type of Match commitment:** In-Kind
- 2. **Source:** Private
- 3. **Name of Source:** Interval House - case management, child care, and Housing/Counseling Services  
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$129,865

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

## 6J. Summary Budget

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

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			\$0
1b. Rehabilitation (Screen 6B)			\$0
1c. New Construction (Screen 6B)			\$0
2a. Leased Units (Screen 6C)	\$0	1 Year	\$0
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$309,912	1 Year	\$309,912
4. Supportive Services (Screen 6F)	\$172,165	1 Year	\$172,165
5. Operating (Screen 6G)	\$0	1 Year	\$0
6. HMIS (Screen 6H)	\$0	1 Year	\$0
&nbsp;7. VAWA	\$10,560	1 Year	\$10,560
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$492,637
10. Admin (Up to 10% of Sub-total in #9)			\$35,886
11. HUD funded Sub-total + Admin. Requested			\$528,523
12. Cash Match (From Screen 6I)			\$2,266
13. In-Kind Match (From Screen 6I)			\$129,865
14. Total Match (From Screen 6I)			\$132,131
15. Total Project Budget for this grant, including Match			\$660,654

Click the 'Save' button to automatically calculate totals.

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS 501(c) 3 and ...	09/15/2023
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

## Attachment Details

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

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## 7A. In-Kind MOU Attachment

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

## Attachment Details

### Document Description:



## 7D. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)  
U.S. Department of Housing and Urban Development OMB Approval No.  
2501-0017  
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

**Name of Authorized Certifying Official:** Paul Duncan

**Date:** 09/27/2023

**Title:** Homeless Services Bureau Manager

**Applicant Organization:** City of Long Beach CA 606

**PHA Number (For PHA Applicants Only):**

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **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, 1014; 31 U.S.C. §3729, 3802).**

X

## 8B. Submission Summary

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

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	09/15/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/15/2023
1E. SF-424 Compliance	09/15/2023
1F. SF-424 Declaration	09/15/2023
1G. HUD 2880	09/27/2023
1H. HUD 50070	09/15/2023
1I. Cert. Lobbying	09/15/2023
1J. SF-LLL	09/15/2023
1K. SF-424B	09/15/2023
1L. SF-424D	09/15/2023
2A. Subrecipients	09/15/2023
2B. Experience	09/15/2023
3A. Project Detail	09/15/2023
3B. Description	09/18/2023
3C. Expansion	09/18/2023
4A. Services	09/15/2023
4B. Housing Type	09/15/2023
5A. Households	09/15/2023
5B. Subpopulations	No Input Required
6A. Funding Request	09/15/2023
6E. Rental Assistance	09/19/2023
6F. Supp Srvcs Budget	09/19/2023
VAWA Budget	No Input Required
6I. Match	09/19/2023

<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/15/2023
<b>7A. In-Kind MOU Attachment</b>	No Input Required
<b>7D. Certification</b>	09/27/2023

Date:

In reply refer to:

Date: MAY 31, 1985

INTERVAL HOUSE  
PO BOX 3151  
SEAL BEACH, CA 907400000

OMB Clearance Number:

1545-0056

Employer Identification Number:

95-3389113

Contact Person:

TOMBACK, MARK I

Contact Telephone Number:

213-688-4885

Our Letter Dated:

April, 1980

Dear Applicant:

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

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

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

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

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

Sincerely yours,



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

W. H. CONNETT  
DISTRICT DIRECTOR



# Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

**Entity Name:** INTERVAL HOUSE  
**Entity No.:** 0962895  
**Registration Date:** 09/28/1979  
**Entity Type:** Nonprofit Corporation - CA - Public Benefit  
**Formed In:** CALIFORNIA  
**Status:** Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

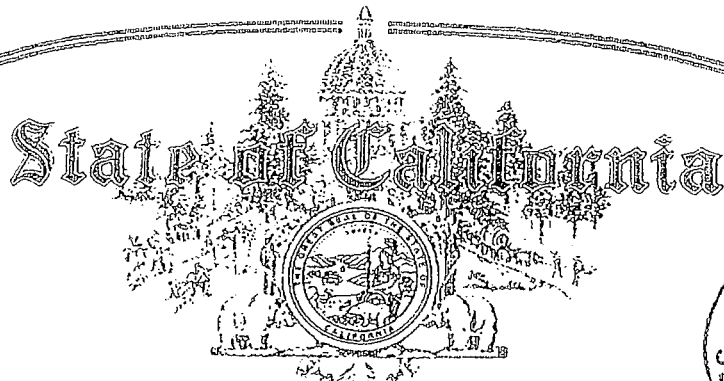


**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of January 17, 2023.

**SHIRLEY N. WEBER, PH.D.**  
Secretary of State

**Certificate No.:** 074358229

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](http://bizfileOnline.sos.ca.gov).



SECRETARY OF STATE

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

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

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

SEP 2 2004



*Kevin Shelley*  
Secretary of State



962805

PB

FILED

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

SEP 28 1979

MARCH BONG EU, Secretary of State

By: *Robert P. [Signature]*  
Deputy

ARTICLES OF INCORPORATION

of

Interval House

I

The name of this corporation shall be Interval House.

II

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

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

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

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

III

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

IV

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

V

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

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

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

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

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

VI

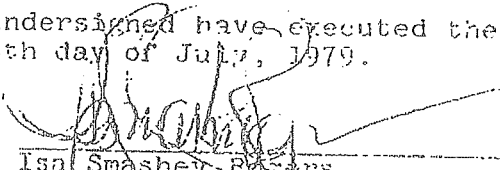
The number and rights and privileges of the members of the Board of Directors shall be as set forth in the By-Laws. There shall be no classes of board membership other than those of the Board of Directors and its Executive Committee and its Advisory Board of Directors.


VII


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

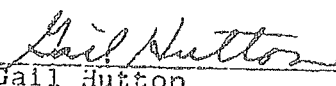
and and/or supportive services, such services being specifically set forth in Article II(a) hereof, and no part of the net income or assets of this organization shall ever inure to the benefit of any director, member of the Executive Committee, or to the benefit of any private individual. Upon the dissolution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

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

  
Isa Smashey Rogers

  
Kathryn D. Buchoz

  
Bette J. Cooney

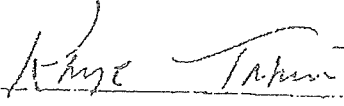
  
Gail Hutton



STATE OF CALIFORNIA )  
COUNTY OF ORANGE ) ss

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

WITNESS my hand and official seal.

  
Kaye Tobin  
Notary Public

SEP 28 1978



September 28, 1978

In reply refer to  
344:AEL:na:g

Interval House  
17037 Westport Drive  
Huntington Beach, CA 92649

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

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

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

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

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

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

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

cc: Gail Clifford  
Secretary of State  
Registrar of Charitable Trusts

FTB 4206-ATS (7-78)

962895

A215264

FILED

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

MAR 3 1980

MARKY FONG EU, Secretary of State

By *[Signature]*  
Deputy

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

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

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

3

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

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

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

5  
7

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

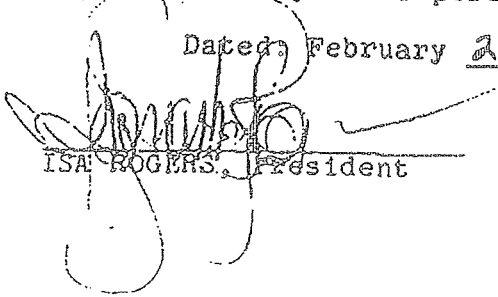
RESOLVED, FURTHER, that Article III of the Articles of Incorporation shall be amended by striking the last sentence thereof which now reads, "It is organized for nonprofit purposes," and adding thereto the following sentence:


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

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

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

Dated, February 22, 1980.

  
LISA ROGERS, President

  
MADELINE DAWSON, Secretary

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

Executed on February 27, 1980, at Huntington Beach, California.

  
MADELINE DAWSON

  
ISA ROGERS, President

