

Thursday, February 13, 2025, 6:00 PM  
COUNCIL CHAMBER  
6650 Beach Boulevard  
Buena Park, CA 90621

COMMUNITY DEVELOPMENT BLOCK GRANT COMMITTEE  
AGENDA

6:00 p.m.

1. GENERAL

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- 1A. CALL TO ORDER
- 1B. ROLL CALL
- 1C. PLEDGE OF ALLEGIANCE

2. COMMUNICATIONS

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2A. ORAL COMMUNICATIONS

— This is the portion of the meeting set aside to invite public comments regarding any item on the Community Development Block Grant (CDBG) Committee Meeting Agenda only. Public comments are limited to no more than three minutes each. Those wishing to speak in-person are asked to add your information at the digital public kiosk located at the entrance of the Council Chamber.

3. APPROVAL OF MINUTES

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- 3A. APPROVAL OF MEETING MINUTES: JANUARY 21, 2025

4. STAFF REPORTS

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- 4A. OVERVIEW OF FISCAL YEAR 2025-2026 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROPOSALS  
VERBAL REPORT

5. COMMUNITY DEVELOPMENT BLOCK GRANT FUNDING PROPOSALS

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- 5A. COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM ADMINISTRATION
- 5B. RESIDENTIAL REHABILITATION PROGRAM ADMINISTRATION, SENIOR OUTREACH, AND LOANS
- 5C. NEIGHBORHOOD IMPROVEMENT/CODE ENFORCEMENT PROGRAM
- 5D. GRAFFITI REMOVAL PROGRAM
- 5E. SENIOR TRANSPORTATION PROGRAM

- 5F. HOMELESS OUTREACH PROGRAM
- 5G. FAIR HOUSING FOUNDATION
- 5H. BOYS AND GIRLS CLUB OF BUENA PARK
- 5I. MERCY HOUSE LIVING CENTERS
- 5J. FRIENDLY CENTER

6. RECESS

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- 6A. RECESS

7. DISCUSSION AND ACTION ITEMS

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- 7A. CDBG COMMITTEE SITE VISITS
- 7B. DISCUSSION OF THE FISCAL YEAR 2025-2026 CDBG FUNDING RECOMMENDATION

8. ANNOUNCEMENTS

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- 8A. THE PROPOSED ACTIVITIES AND BUDGET FOR THE FISCAL YEAR 2025-2026 CDBG PROGRAM WILL BE PRESENTED TO CITY COUNCIL IN MARCH 2025

9. ADJOURNMENT

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- 9A. Adjournment

This agenda contains a brief general description of each item to be considered. Supporting documents are available for review and copying at City Hall or at [www.buenapark.com](http://www.buenapark.com). Supplementary materials distributed to the Committee less than 72 hours before the meeting are posted to the City's website at [www.buenapark.com](http://www.buenapark.com) and copies are available for public inspection beginning the next regular business day in the Economic Development Department. This governing body is prohibited from discussing or taking action on any item which is not included in this agenda; however, may ask clarifying questions, ask staff to follow-up, or provide other direction. The order of business as it appears on this agenda may be modified by the governing body.

In compliance with the Americans with Disabilities Act, if you need accommodations to participate in this meeting, contact the Economic Development Department at (714) 562-3586 or the California Relay Service at 711. Notification at least 48 hours prior to the meeting will enable the City to make arrangements to assure accessibility.

If you would like to participate in any matter of business on the agenda and would like translation in Chinese, Korean, Spanish, Tagalog, or Vietnamese, please contact the **Economic Development Department at (714) 562-3586 48-hours prior to the meeting**. Residents requiring translation during Oral Communications are encouraged to bring interpreters.

시의회 목록에 있는 정식 안건에 대해 의견을 발표하고 싶으신 경우, 중국어, 한국어, 스페인어, 타갈로에 대한 통역사가 필요하시면 시미팅 48시간전 시서기 오피스로 (714-562-3750) 연락하시면 됩니다. 정식안건이 아닌 주민 발언시간에 발표하실 경우, 본인의 통역사를 직접 모시고 오시면 감사하겠습니다.

Si le gustaría participar en audiencia pública o cualquier asunto de negocios programado en la agenda y necesita traducción en chino, coreano, español, tagalo o vietnamita, comuníquese con la Oficina del Secretario de la Ciudad, 48 horas antes de la reunión al (714) 562-3750. Para participar en los comentarios públicos sobre cualquier otro asunto dentro de la jurisdicción del ayuntamiento, se les recomienda que traiga un intérprete.

I, Lana Ardaiz, City of Buena Park, do hereby certify, under penalty of perjury under the laws of the State of California that a full and correct copy of this agenda was posted pursuant to Government Code Section 54950 et. seq., at Buena Park City Hall, 6650 Beach Blvd., and uploaded to the City of Buena Park website [www.buenapark.com](http://www.buenapark.com).

Lana Ardaiz  
Sr. Administrative Assistant

*Date Posted: February 10, 2025*



## Community Development Block Grant Committee Agenda Report

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### A. APPROVAL OF MEETING MINUTES: JANUARY 21, 2025

Meeting	Agenda Group
Thursday, February 13, 2025, 6:00 PM	APPROVAL OF MINUTES Item: 3A.
Presented By	Prepared By
	Lana Ardaiz, Senior Administrative Assistant
Approved By	
Matt Foulkes, Director of Community Development	

### RECOMMENDED ACTION

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Consider approval of the minutes for the Community Development Block Grant (CDBG) Committee meeting of January 21, 2025.

### Attachments

[2025.01.25 CDBG Meeting Minutes Draft.pdf](#)



DRAFT

CITY OF BUENA PARK  
COMMUNITY DEVELOPMENT BLOCK GRANT COMMITTEE (CDBG)  
MINUTES  
JANUARY 21, 2025

A meeting of the Community Development Block Grant (CDBG) was called to order at 6:05 p.m. in the City Council Chambers of the Civic Center, 6650 Beach Boulevard, Buena Park, California, Chairman Solorzano presiding.

1: GENERAL

1A. CALL TO ORDER

1B. ROLL CALL

Present: Barraza, Garcia, Massed, Serrano, and Solorzano

Absent: None

Staff: Matt Foulkes, Director of Community and Economic Development  
Melissa Dhauw, Senior Management Analyst  
Sarabeth Suarez, Housing and CDBG Analyst  
Lauren Yoon, Management Analyst  
Lana Ardaiz, Senior Administrative Assistant

1C. PLEDGE OF ALLEGIANCE

The Pledge of Allegiance was led by Chairman Solorzano.

2: COMMUNICATIONS

2A. ORAL COMMUNICATIONS:

Chairman Solorzano announced the public may at this time address the members of the CDBG Committee on any matters within the jurisdiction of the CDBG Committee.

There being no requests to speak, Chairman Solorzano closed oral communications.

3: APPROVAL OF MINUTES:

3A. APPROVAL OF MEETING MINUTES: FEBRUARY 1, 2024

Motion was made by Committee Member Massed and seconded by Committee Member Serrano to approve the minutes of the Community Development Block Grant Committee Meeting of February 1, 2024. Committee Members Barraza and Garcia abstained.

Motion: Massed  
Second: Serrano  
Ayes: Massed, Serrano, Solorzano  
Noes: None  
Absent: None  
Abstain: Barraza, Garcia

MOTION CARRIED.

#### 4: STAFF REPORTS

##### 4A. COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM OVERVIEW

Ms. Sarabeth Suarez, Housing and CDBG Analyst, presented an overview of the Community Development Block Grant (CDBG) Program, and the FY 2025-2029 Consolidated Plan, (ConPlan) and Annual Action Plan process.

Ms. Suarez, explained that the City of Buena Park is an entitlement city that receives an annual CDBG allocation from HUD. The City may use CDBG funds for activities that provide decent housing, a suitable living environment, or to expand economic opportunities for low-income residents. Eligible programs must meet one of the three national objectives, which are to benefit low income individuals, aid in the prevention of slums or blight, or meet a need having a particular urgency. Additionally, the City must abide by HUD's 20% planning and administration cap and 15% public service cap when developing budget recommendations.

As required by HUD, the City must prepare a Consolidated Plan (ConPlan) identifying its 5-year strategies to address affordable housing, homelessness, public improvements, public services, public facilities, and economic development. The plan also identifies specific goals, outcomes, and activities that the City can implement over the 5-year period to meet plan objectives. The current FY 2020-2024 ConPlan expires at the end of this fiscal year, therefore, a new ConPlan must be prepared for the next 5 years. The FY 2025-2029 ConPlan is being developed using research, data collection, and community input from Buena Park residents, non-profit organizations, and other community stakeholders. Ms. Suarez encouraged residents to complete the community survey at [www.buenapark.com/CDBG](http://www.buenapark.com/CDBG).

The City will prepare an Annual Action Plan, which is an annual component of the ConPlan and serves as the City's 1-year expenditure plan for the use of CDBG funds. Ms. Suarez clarified that the ConPlan covers five years, and the Action Plan details activities for each year of the ConPlan. Once the plans are prepared, they will be available for public review during a 30-day comment period, then presented to City Council for approval, and finally submitted to HUD by May 15, 2025.

#### 4B. FISCAL YEAR 2023-2024 CONSOLIDATED ANNUAL PERFORMANCE AND EVALUATION REPORT (CAPER) REVIEW

Ms. Suarez stated that HUD requires that the City prepare and submit a Consolidated Annual Performance and Evaluation Report (CAPER) to assist residents and HUD in evaluating the City's use of CDBG funds. The CAPER is due within 90 days after the end of the program year to capture the City's accomplishments for FY 2023-2024. Ms. Suarez summarized the services that were provided and the number of people assisted by each activity.

#### 5: COMMUNITY DEVELOPMENT BLOCK GRANT FUNDING PROPOSALS

##### 5A. OVERVIEW OF FISCAL YEAR 2025-2026 CDBG FUNDING PROPOSALS

Ms. Suarez, Housing and CDBG Analyst, reported that the City receives its CDBG allocation from HUD in March or April of each year. In anticipation of these funds, the City requests proposals from agencies that can provide eligible services to the community.

The City received 11 eligible CDBG proposals for FY 2025-2026 totaling \$1,068,086. Ms. Suarez stated that in an effort to stay within the 20% administration cap and the 15% public service cap, staff is recommending the amounts listed on the budget matrix under "Staff Recommendation," which brings the total funding recommendation to \$990,900. This includes the projected allocation of \$774,071 and approximately \$216,829, which may be reprogrammed from the previous year's unprogrammed funds and program income. These were funds that were either not utilized in previous years or residential rehabilitation loan payoffs, which are returned to the fund balance.

Ms. Suarez briefly reviewed each funding request and explained that all applicants will have an opportunity to present their proposals at the next CDBG Committee meeting for consideration.

#### 6: RECESS

##### 6A. RECESS:

Chairperson Solorzano inquired if the Committee Members would like to take a short recess or would they like to continue with the meeting. Committee Members agreed to continue with the meeting.

#### 7: DISCUSSION AND ACTION ITEMS

##### 7A. ASSIGNMENT OF CDBG APPLICANT SITE VISITS

Chairperson Solorzano asked the Committee Members their preference as to the site facilities they would like to make an in-person visit to.

It was determined that the CDBG Committee Members would tour the following site facilities.

<b>Organization/Program</b>	<b>CDBG Committee Members</b>
CDBG Program Administration Residential Rehabilitation Program Administration / Senior Outreach & Loans	Alexandra Garcia / Rudy Solorzano
Neighborhood Improvement / Code Enforcement Program	Alexandra Garcia / Tanya Massed
Friendly Center	Chloe Serrano / Alexandra Garcia
Graffiti Removal Program	Rudy Solorzano / Tanya Massed
Senior Transportation Program	Tanya Massed / Thomas Barraza
Homeless Outreach Program	Tanya Massed / Thomas Barraza
Boys & Girls Club	Chloe Serrano / Rudy Solorzano
Mercy House Living Centers	Tanya Massed / Thomas Barraza
Fair Housing Foundation	Thomas Barraza

8: ANNOUNCEMENTS

8A. ANNOUNCEMENTS:

Chairman Solorzano announced that the next CDBG Committee Meeting will be on Thursday, February 13, 2025, at 6:00 p.m.

9A. ADJOURNMENT:

There being no further business, Chairman Solorzano adjourned the CDBG Committee Meeting at 6:35 p.m.

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Rudy Solorzano, Chairman

ATTEST:

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Lana Ardaiz, Secretary



# Community Development Block Grant Committee Agenda Report

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## A. COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM ADMINISTRATION

Meeting	Agenda Group
Thursday, February 13, 2025, 6:00 PM	COMMUNITY DEVELOPMENT BLOCK GRANT FUNDING PROPOSALS Item: 5A.
Presented By	Prepared By
	Sarabeth Suarez, Housing and CDBG Analyst
Approved By	Presented By
Matt Foulkes, Director of Community Development	Sarabeth Suarez, Housing and CDBG Analyst

## DISCUSSION

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Attached is the FY 25-26 CDBG funding proposal for CDBG Program Administration for consideration.

## Attachments

[FY 25-26 CDBG PROGRAM ADMIN.pdf](#)

**City of Buena Park  
2025-2026 Community Development Block Grant (CDBG)**

**Funding Proposal Summary Sheet**

*Organization Name:* **City of Buena Park  
Community & Economic Development Department**

*Program Name:* **CDBG Program Administration**

*Estimated Goal:* **N/A**

*Funding Request:* **\$140,000**

**Organization Purpose:**

The City of Buena Park Community & Economic Development Department administers the CDBG Program and ensures that the City complies with the requirements set by the U.S. Department of Housing and Urban Development (HUD). City staff is responsible for the planning, development, submission, and implementation of the City's Consolidated Plan, Annual Action Plan, Consolidated Annual Performance and Evaluation Report (CAPER), and other reports required by HUD. City staff also coordinate public meetings, subrecipient monitoring, budget preparation and management, attend HUD trainings, and perform other related tasks to meet HUD requirements.

**Description of Request:**

CDBG funds will be used for staff salaries and benefits, professional contractual services, publication fees, office supplies, and maintenance and operational costs to administer the program.

**Analysis of Request:**

CDBG Program Administration requires a significant amount of staff time to ensure the timely and successful implementation of its funded programs. Program Administration is essential to the City's continued eligibility for HUD funds.

**Funding Recommendation:**

Staff recommends funding in the amount of **\$138,800**.

**CITY OF BUENA PARK  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM**

FY 2025-2026 CDBG GRANT APPLICATION

**DUE BY DECEMBER 19, 2024 AT 5:00 PM**

<b>Approximate total funds available for public services: \$116,110</b>
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Organization Name	City of Buena Park		
Activity/Program Name	CDBG Program Administration		
Address	6650 Beach Blvd., Buena Park, CA 90621		
Contact Person/Title	Sarabeth Suarez / Housing & CDBG Analyst		
Email Address	ssuarez@buenapark.com	Phone Number	(714) 562-3591

Estimated individuals or households to be served by proposed activity during FY 2025-2026 (including Buena Park residents and non-Buena Park residents):

Estimated Goal: NA      ☐ Individuals    ☐ Households

Estimated Buena Park residents or households to be served by proposed activity during FY 2025-2026:

Estimated Goal: NA      ☐ Individuals    ☐ Households

Please indicate the amount of CDBG funds being requested:

Public Service Activities      \$ \_\_\_\_\_

Other Eligible Activities      \$ 140,000



\_\_\_\_\_  
(Signature of authorized representative)

12/19/24

\_\_\_\_\_  
Date

Matt Foulkes, Community & Economic Development Director  
(Name and Title of authorized representative)

Please answer the following questions completely. If any questions are left unanswered, your application will not be considered. You may attach additional sheets and/or supporting materials as needed.

1	<p style="text-align: center;"><b>ACTIVITY DESCRIPTION</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Describe the proposed activity, including services to be provided and goals to be accomplished.</p> <ul style="list-style-type: none"><li>• Why is there a need for this activity in the City of Buena Park?</li><li>• Identify the location of the activity and the service area boundaries.</li><li>• Describe specifically the intended use of the CDBG funds.</li></ul> <p>The City of Buena Park Community &amp; Economic Development Department is requesting funds to administer and plan all aspects of its Community Development Block Grant (CDBG) Program. Staff prepares and submits the City's Annual Action Plan, Consolidated Annual Performance and Evaluation Report (CAPER), Section 3 compliance reports, Minority Business Enterprise (MBE) reports, Semi-Annual Labor Standards Enforcement reports, and other reports required by the Department of Housing and Urban Development (HUD). Administrative staff is also responsible for monitoring subrecipients' CDBG programs and funding, reviewing subrecipient quarterly reports, processing invoices, conducting public meetings, budget preparation and management, and attend HUD trainings and meetings. CDBG funds will be used for staff salaries and benefits, maintenance and operation costs, and professional service fees. Administrative staff includes the Community &amp; Economic Development Director, Housing &amp; CDBG Analyst, Management Analyst, and Sr. Administrative Assistant. Program administration staff will ensure that the City and all contracted subrecipients are in compliance with HUD and CDBG program requirements.</p>
2	<p style="text-align: center;"><b>TARGET POPULATION</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Describe the target population for this activity and the number of estimated unduplicated Buena Park residents to be served from July 1, 2025 through June 30, 2026.</p> <ul style="list-style-type: none"><li>• How was the estimated number of clients determined?</li><li>• How will you reach your target population?</li><li>• Explain why this activity is needed for this target population.</li></ul> <p>N/A - Section 2 does not apply to CDBG Program Administration.</p>



3	<p style="text-align: center;"><b>NATIONAL OBJECTIVES</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Describe in detail how the activity meets at least one of the three CDBG Program national objectives. Select one:</p> <p style="margin-left: 20px;"> <input checked="" type="checkbox"/> Benefit low- and moderate-income persons in Buena Park;  <input checked="" type="checkbox"/> Aid in the prevention or elimination of slums or blight in Buena Park;  <input checked="" type="checkbox"/> Meet a need having a particular urgency in Buena Park.         </p> <p>Program administration adheres to all national objectives as a crucial aspect of compliance with HUD regulations. Program staff will ensure that all CDBG funded activities remain in compliance throughout the program year by requiring quarterly progress reports, reviewing invoice/expenditure documentation, and conducting continuous program monitoring.</p>																																																
4	<p style="text-align: center;"><b>BUDGET</b> [24 CFR 570.502-570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circular A-87, A-122, Treasury Circular No. 1075]</p> <p>Itemize administrative and operational costs for the proposed activity. Cost Category may include: staff salaries and benefits, rent, utilities, etc.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #e1f5fe;"> <th style="width: 35%;">Cost Category</th> <th style="width: 20%;">CDBG Funding Request</th> <th style="width: 20%;">Other Funding Sources</th> <th style="width: 25%;">Total Cost</th> </tr> </thead> <tbody> <tr> <td>Staff Salaries &amp; Benefits</td> <td style="text-align: right;">\$ 100,000.00</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$ 100,000.00</td> </tr> <tr> <td>Maintenance &amp; Operation/Professional Services</td> <td style="text-align: right;">\$ 40,000.00</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$ 40,000.00</td> </tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr> <td style="text-align: right;"><b>Total</b></td> <td style="text-align: right;"><b>\$ 140,000.00</b></td> <td style="text-align: right;"><b>\$</b></td> <td style="text-align: right;"><b>\$ 140,000.00</b></td> </tr> </tbody> </table>	Cost Category	CDBG Funding Request	Other Funding Sources	Total Cost	Staff Salaries & Benefits	\$ 100,000.00	\$	\$ 100,000.00	Maintenance & Operation/Professional Services	\$ 40,000.00	\$	\$ 40,000.00		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$	<b>Total</b>	<b>\$ 140,000.00</b>	<b>\$</b>	<b>\$ 140,000.00</b>
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5	<b>ELIGIBILITY DOCUMENTATION</b> If the proposed activity is a public service, describe what form of documentation will be collected to demonstrate that at least 70% of persons served are low- and moderate-income, as required by HUD, and a minimum of 20% are Buena Park residents. (Please attach a copy of the activity's client intake/application/registration form)  N/A - Section 5 does not apply to CDBG Program Administration.
6	<b>OUTCOME PERFORMANCE MEASUREMENT SYSTEM</b> [24 CFR 570.200(a), 570.201-570.208, 570.503] Please indicate the activity's <u>Objective</u> , <u>Outcome</u> , <u>Outcome Statement</u> , <u>Purpose</u> , and indicators that will be used to measure, track and report performance. Refer to the instructions on Page 5 through Page 7 of the RFP. <b>A. Select one <u>Objective</u>:</b>  <input type="checkbox"/> Suitable Living Environment <input type="checkbox"/> Decent Affordable Housing <input type="checkbox"/> Economic Opportunities  <b>B. Select one <u>Outcome</u>:</b>  <input type="checkbox"/> Availability/Accessibility <input type="checkbox"/> Affordability <input type="checkbox"/> Sustainability  <b>C. Using the following formula, provide the activity's Purpose:</b>  $\text{Purpose} = \text{Output} + \text{Outcome Statement} + \text{Activity}$  N/A - Section 6 does not apply to CDBG Program Administration.

	<p><b>D. Identify the common, specific, and/or other indicators for the activity</b></p> <p><b>a. Common Indicators</b></p> <p>N/A</p> <p><b>b. Specific Indicators</b></p> <p>N/A</p> <p><b>c. Other Indicators</b></p> <p>N/A</p>

## ACKNOWLEDGEMENT REGARDING BIDDER SAM REGISTRATION

Pursuant to 2 CFR Section 5.1004 and the requirement of the U.S. Department of Housing and Urban Development (HUD), contractors procured directly by grantees, sub-grantees, and/or sub-recipients of HUD funds, including CDBG are required to have an active registration in the System of Award Management (SAM). This document shall be completed and submitted as part of the proposal.

1. By submitting this proposal, the prospective sub-recipient certifies that it has an active registration in SAM that is not set to expire within the next 90 days.
2. By submitting this proposal, the prospective sub-recipient certifies neither it, its principals nor affiliates, is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
3. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that an erroneous certification was rendered, in addition to other remedies available to the Federal Government, the Department or agency with which this transaction originated may pursue available remedies.
4. Further, the prospective sub-recipient shall provide immediate written notice to the person to which this proposal is submitted if at any time the Participant learns that this certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. By submitting this proposal, it is agreed that should the proposed covered transaction be entered into, the prospective sub-recipient will not knowingly enter into any lower-tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction unless authorized by the agency with which this transaction originated.
6. It is further agreed that by submitting this proposal, the prospective sub-recipient will include Certification of Subcontractor Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion without modification, in all lower-tier covered transactions and in all solicitations for lower-tier covered transactions.

Provide the following information as detailed in the prospective sub-recipient's SAM registration:

Entity Name: City of Buena Park

Address: 6650 Beach Blvd

City: Buena Park State: CA Zip: 90621

Unique Entity ID (UEI): NUK2QVHWF623 Expiration Date: 04/17/2025

Active Exclusions (Select One): ☐ Yes ☒ No

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,  
INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS**

This certification is required by the regulations implementing Executive Orders 12549 and 12689, Debarment and Suspension, and 2 CFR Part 200, Participants' responsibilities.

*(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS BELOW)*

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principles are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**Organization Name:** City of Buena Park

**Address:** 6650 Beach Blvd., Buena Park, CA 90621

Matt Foulkes, Community & Economic Development Director

Name and Title of Authorized Representative

  
Signature

12/17/24  
Date

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction", "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant", "person", "primary covered transaction", "principal", "proposal", and "voluntarily excluded", as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Orders 12549 and 12689.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transactions", without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the System for Award Management (SAM).
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.



# Community Development Block Grant Committee Agenda Report

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## B. RESIDENTIAL REHABILITATION PROGRAM ADMINISTRATION, SENIOR OUTREACH, AND LOANS

Meeting	Agenda Group
Thursday, February 13, 2025, 6:00 PM	COMMUNITY DEVELOPMENT BLOCK GRANT FUNDING PROPOSALS Item: 5B.
Presented By	Prepared By
	Sarabeth Suarez, Housing and CDBG Analyst
Approved By	Presented By
Matt Foulkes, Director of Community Development	Sarabeth Suarez, Housing and CDBG Analyst

## DISCUSSION

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Attached is the FY 25-26 CDBG funding proposal for Residential Rehabilitation Program Administration, Senior Outreach, and Loans for consideration.

## Attachments

[FY 25-26 RESIDENTIAL REHAB LOANS & ADMIN.pdf](#)

## 2025-2026 Community Development Block Grant (CDBG)

### Funding Proposal Summary Sheet

*Organization Name:* **City of Buena Park  
Community & Economic Development Department**

*Program Name:* **Residential Rehabilitation Program  
Administration/Senior Outreach and Loans**

*Estimated Goal:* **10 Households/2,000 Seniors**

*Funding Request:* **\$249,000 – Program Administration/Senior Outreach  
\$250,000 – Residential Rehabilitation Loans**

#### **Organization Purpose:**

The City of Buena Park Residential Rehabilitation Program (Program) offers low interest loans to low- and moderate- income residents to rehabilitate their home and make necessary repairs to comply with local and State health and safety regulations. The proposal includes program administration, senior outreach, and funding for loans. City staff administers the program to ensure that projects adhere to City guidelines and the requirements set by the U.S. Department of Housing & Urban Development (HUD), provide loan servicing for outstanding loans, and provide senior outreach to facilitate the application process for participating seniors.

#### **Description of Request:**

CDBG funds will be used for Program administration and deferred loans. Program administration includes staff salaries and benefits, contractual services fees, operation costs, and supplies.

Funds will also be used to provide deferred home improvement loans of \$60,000 at one percent (1%) to qualified residents. A forgivable loan up to \$15,000 is also available to very low income seniors to abate outstanding code enforcement violations.

#### **Analysis of Request:**

The project meets the national objective of benefiting low- and moderate- income households. The majority of residential structures in Buena Park are over 50 years old and require new plumbing, electrical systems, roofs and other essential components of a structure that require maintenance and/or replacement to provide a safe and healthy living environment for its occupants. Many low- and moderate-income individuals are unable to fund these improvements and repairs without financial assistance. This program is effective in improving the quality of the City's housing stock and increasing its aesthetic appeal as a whole.

#### **Funding Recommendation:**

Staff recommends funding in the amount of **\$245,000** for Program Administration/Senior Outreach and **\$250,000** for Residential Rehabilitation Loans.

**CITY OF BUENA PARK  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM**

FY 2025-2026 CDBG GRANT APPLICATION

**DUE BY DECEMBER 19, 2024 AT 5:00 PM**

<b>Approximate total funds available for public services: \$116,110</b>
---

Organization Name	City of Buena Park		
Activity/Program Name	Residential Rehabilitation Program Loans & Administration		
Address	6650 Beach Blvd., Buena Park, CA 90621		
Contact Person/Title	Sarabeth Suarez / Housing & CDBG Analyst		
Email Address	ssuarez@buenapark.com	Phone Number	(714) 562-3591

Estimated individuals or households to be served by proposed activity during FY 2025-2026 (including Buena Park residents and non-Buena Park residents):

Estimated Goal: 10 ☐ Individuals ☒ Households

Estimated Buena Park residents or households to be served by proposed activity during FY 2025-2026:

Estimated Goal: 10 ☐ Individuals ☒ Households

Please indicate the amount of CDBG funds being requested:

Public Service Activities \$ \_\_\_\_\_

Other Eligible Activities \$ 499,000.00



\_\_\_\_\_  
(Signature of authorized representative)

12/19/24  
Date

Matt Foulkes, Community & Economic Development Director  
\_\_\_\_\_  
(Name and Title of authorized representative)



Please answer the following questions completely. If any questions are left unanswered, your application will not be considered. You may attach additional sheets and/or supporting materials as needed.

1	<p style="text-align: center;"><b>ACTIVITY DESCRIPTION</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Describe the proposed activity, including services to be provided and goals to be accomplished.</p> <ul style="list-style-type: none"> <li>• Why is there a need for this activity in the City of Buena Park?</li> <li>• Identify the location of the activity and the service area boundaries.</li> <li>• Describe specifically the intended use of the CDBG funds.</li> </ul> <p>The City's Residential Rehabilitation Program offers deferred loans of \$60,000 at one percent (1%) interest to qualified low-income Buena Park homeowners for eligible home improvements. The loan becomes due and payable after 30 years or upon transfer of title, sale, or cash-out refinance of the property. Eligible improvements may include replacing a dilapidated roof, installing new windows, lead paint abatement, ADA accessibility modifications, new flooring, plumbing repair, interior and exterior painting, and other health and safety upgrades to the home. Eligible households must have a total gross annual income that does not exceed eighty percent (80%) of the Orange County Area Median Income (AMI), a limit that is annually published by HUD.</p> <p>Additionally, senior residents (Age 55+) may be referred by the Neighborhood Improvement/Code Enforcement Program to apply for a forgivable loan up to \$15,000 through the Senior Code Enforcement Relief Program (SCERP) to rectify existing health and safety code violations in their home. For the SCERP, seniors' annual gross income must not exceed fifty percent (50%) AMI. This program is essential to the City of Buena Park because it makes home improvement possible for low-income residents and beautifies the City one project at a time.</p> <p>The funds being requested will be used to supply deferred and forgivable loans and finance program administration costs such as staff salaries and benefits, contractual services, office supplies, and other expenses directly related to the program. Program staff work closely with the homeowners to gather required documents and complete the program application, conduct site visits of the properties, develop their desired scope of work, prepare environmental reports, consult with the State Historic Preservation Office, coordinate with contractors for bids, prepare contracts and loan documents, maintain the program waiting list, provide loan servicing, attend trainings held by the Department of Housing &amp; Urban Development (HUD), manage the program budget, and advertise the program through social media and outdoor signage.</p>
2	<p style="text-align: center;"><b>TARGET POPULATION</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Describe the target population for this activity and the number of estimated unduplicated Buena Park residents to be served from July 1, 2025 through June 30, 2026.</p> <ul style="list-style-type: none"> <li>• How was the estimated number of clients determined?</li> <li>• How will you reach your target population?</li> <li>• Explain why this activity is needed for this target population.</li> </ul> <p>The program goal is to assist ten (10) eligible households in need of residential rehabilitation through deferred or forgivable loans. This goal is determined by considering the average number of families the City has assisted in previous program years and the funding available for fiscal year 2025-2026.</p> <p>The target population for this program are low-income owner-occupied households in Buena Park. In order to reach this target population, staff will advertise the program on the City website, the City's social media accounts, work with Code Enforcement to refer the program to seniors that have outstanding code violations, and post program lawn signs on completed projects to advertise to the surrounding neighborhood. Additionally, program staff are available to answer questions about the program in a variety of languages as needed.</p> <p>The Residential Rehabilitation Program is essential to the Buena Park community because it enables low-income families to make necessary interior and exterior modifications to their home, which improves their living conditions while increasing the value of their surrounding neighborhoods.</p>

<b>3</b>	<p style="text-align: center;"><b>NATIONAL OBJECTIVES</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Describe in detail how the activity meets at least one of the three CDBG Program national objectives. Select one:</p> <p style="margin-left: 20px;"> <input checked="" type="checkbox"/> Benefit low- and moderate-income persons in Buena Park;  <input type="checkbox"/> Aid in the prevention or elimination of slums or blight in Buena Park;  <input type="checkbox"/> Meet a need having a particular urgency in Buena Park.         </p> <p>The Residential Rehabilitation Program meets the CDBG national objective of benefiting low-income persons in Buena Park. In order to qualify for a loan, homeowners must submit a completed program application and income documents such as bank statements, pay-stubs, and taxes, to demonstrate that their total gross household income is under 80% of HUD's area median income (AMI) for Orange County. Program staff ensure that program beneficiaries are income qualified by thoroughly reviewing each application and supporting documents before approving a project.</p> <p>The loan is affordable due to its 1% annual interest rate and deferred payments for 30 years. These loan terms aim to encourage low-income homeowners to apply for a loan, which they may not be able to obtain from other lenders.</p>																																																				
<b>4</b>	<p style="text-align: center;"><b>BUDGET</b> [24 CFR 570.502-570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circular A-87, A-122, Treasury Circular No. 1075]</p> <p>Itemize administrative and operational costs for the proposed activity. Cost Category may include: staff salaries and benefits, rent, utilities, etc.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #e1f5fe;"> <th style="width: 35%;">Cost Category</th> <th style="width: 20%;">CDBG Funding Request</th> <th style="width: 20%;">Other Funding Sources</th> <th style="width: 25%;">Total Cost</th> </tr> </thead> <tbody> <tr> <td>Residential Rehabilitation Loans</td> <td style="text-align: right;">\$ 250,000.00</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 250,000.00</td> </tr> <tr> <td>Staff salaries and benefits</td> <td style="text-align: right;">\$ 196,000.00</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 196,000.00</td> </tr> <tr> <td>Maintenance &amp; Operation/Professional Services</td> <td style="text-align: right;">\$ 53,000.00</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 53,000.00</td> </tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr> <td style="text-align: right;"><b>Total</b></td> <td style="text-align: right;"><b>\$ 499,000.00</b></td> <td style="text-align: right;"><b>\$</b></td> <td style="text-align: right;"><b>\$ 499,000.00</b></td> </tr> </tbody> </table>	Cost Category	CDBG Funding Request	Other Funding Sources	Total Cost	Residential Rehabilitation Loans	\$ 250,000.00	\$ 0	\$ 250,000.00	Staff salaries and benefits	\$ 196,000.00	\$ 0	\$ 196,000.00	Maintenance & Operation/Professional Services	\$ 53,000.00	\$ 0	\$ 53,000.00		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$	<b>Total</b>	<b>\$ 499,000.00</b>	<b>\$</b>	<b>\$ 499,000.00</b>
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5	<p align="center"><b>ELIGIBILITY DOCUMENTATION</b></p>
	<p>If the proposed activity is a public service, describe what form of documentation will be collected to demonstrate that at least 70% of persons served are low- and moderate-income, as required by HUD, and a minimum of 20% are Buena Park residents. (Please attach a copy of the activity's client intake/application/registration form)</p> <p>The Residential Rehabilitation Program is not a public service activity. The program is a housing preservation activity designed to assist low-income households within Buena Park with affordable home improvement loans. Applicants must provide a completed program application along with several income documents such as federal income tax returns, bank statements, pay-stubs, social security award letters, employment verification, property deeds, etc., for staff to determine their eligibility. Program staff ensure that 100% of the homeowners assisted are low-income Buena Park residents.</p>
6	<p align="center"><b>OUTCOME PERFORMANCE MEASUREMENT SYSTEM</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Please indicate the activity's <u>Objective</u>, <u>Outcome</u>, <u>Outcome Statement</u>, <u>Purpose</u>, and indicators that will be used to measure, track and report performance. Refer to the instructions on Page 5 through Page 7 of the RFP.</p> <p><b>A. Select one <u>Objective</u>:</b></p> <p><input type="checkbox"/> Suitable Living Environment  <input checked="" type="checkbox"/> Decent Affordable Housing  <input type="checkbox"/> Economic Opportunities</p> <p><b>B. Select one <u>Outcome</u>:</b></p> <p><input type="checkbox"/> Availability/Accessibility  <input checked="" type="checkbox"/> Affordability  <input type="checkbox"/> Sustainability</p> <p><b>C. Using the following formula, provide the activity's Purpose:</b></p> <p align="center">Purpose = Output + Outcome Statement + Activity</p> <p>10 households + Affordability for the purpose of creating Decent Housing + Residential Rehabilitation Program = Purpose</p> <p>The City of Buena Park Residential Rehabilitation Program will make it affordable for 10 households to rehabilitate their home through deferred and forgivable loans for the purpose of creating decent housing.</p>

**D. Identify the common, specific, and/or other indicators for the activity**

**a. Common Indicators**

- Ten (10) low-income households are assisted with residential rehabilitation loans.
- Ten (10) units are brought from substandard to standard living conditions.
- Ten (10) units are brought into compliance with residential lead safety regulations.

**b. Specific Indicators**

- One hundred percent (100%) of households assisted are in compliance with local code/safety standards.
- Ten (10) households are assisted and at least five (5) of them are senior residents.

**c. Other Indicators**

- The program waitlist has decreased by at least ten (10) people.

**CITY OF BUENA PARK  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM**

FY 2025-2026 CDBG GRANT APPLICATION

**DUE BY DECEMBER 19, 2024 AT 5:00 PM**

<b>Approximate total funds available for public services: \$116,110</b>
---

Organization Name	City of Buena Park- Community Services		
Activity/Program Name	Senior Outreach Program		
Address	8150 Knott Ave., Beach Blvd., CA 90620		
Contact Person/Title	Justice Mompeller , Community Outreach Coordinator		
Email Address	jmompeller@buenapark.com	Phone Number	714-236-3871

Estimated individuals **or** households to be served by proposed activity during FY 2025-2026 (including Buena Park residents and non-Buena Park residents):

Estimated Goal: 1,200      ☒ Individuals    ☐ Households

Estimated Buena Park residents **or** households to be served by proposed activity during FY 2025-2026:

Estimated Goal: 1,200      ☒ Individuals    ☐ Households

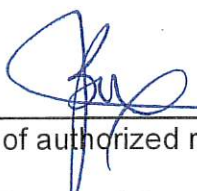
Please indicate the amount of CDBG funds being requested:

Public Service Activities

\$ 14,643

Other Eligible Activities

\$ \_\_\_\_\_

  
\_\_\_\_\_  
(Signature of authorized representative)

12/19/24  
\_\_\_\_\_  
Date

Jim Box, Director of Community Services  
(Name and Title of authorized representative)

Please answer the following questions completely. If any questions are left unanswered, your application will not be considered. You may attach additional sheets and/or supporting materials as needed.

1	<p style="text-align: center;"><b>ACTIVITY DESCRIPTION</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Describe the proposed activity, including services to be provided and goals to be accomplished.</p> <ul style="list-style-type: none"> <li>• Why is there a need for this activity in the City of Buena Park?</li> <li>• Identify the location of the activity and the service area boundaries.</li> <li>• Describe specifically the intended use of the CDBG funds.</li> </ul> <p>The Senior Outreach program in Buena Park seeks continued funding to maintain and expand its vital community services to older adults. This comprehensive program serves as an essential lifeline for the senior population, with particular emphasis on supporting low-income older adults.. The Senior Outreach program is specifically tailored to meet the needs of seniors, many of whom are low-income individuals seeking valuable programs and services that improve their quality of life. We offer a comprehensive range of human services, including assistance with Medicare/Medical insurance, housing, mental health, hoarding, social interaction, education, and isolation prevention. Our mission is to build a bridge of education and resources, connecting the residents of Buena Park with the support they need to thrive.</p>
2	<p style="text-align: center;"><b>TARGET POPULATION</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Describe the target population for this activity and the number of estimated unduplicated Buena Park residents to be served from July 1, 2025 through June 30, 2026.</p> <ul style="list-style-type: none"> <li>• How was the estimated number of clients determined?</li> <li>• How will you reach your target population?</li> <li>• Explain why this activity is needed for this target population.</li> </ul> <p>The Senior Outreach Program serves as a vital lifeline for Buena Park residents aged 60 and above, providing essential guidance through the complex network of service agencies at county, state, and federal levels. Based on historical data analysis within our senior center, we project serving 1,200 Buena Park residents through outreach efforts and community events. This service has become increasingly critical as government agencies transition to online platforms, creating significant barriers for seniors attempting to access essential services. Many older adults find these digital systems challenging to navigate independently, making our program's personalized assistance invaluable. Beyond technical support, our program serves as a crucial safety net for vulnerable seniors, particularly those who have experienced the loss of a spouse or partner. We provide comprehensive support to help these individuals maintain stable housing and protect them from predatory scams that often target the elderly population.</p>



3	<p style="text-align: center;"><b>NATIONAL OBJECTIVES</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Describe in detail how the activity meets at least one of the three CDBG Program national objectives. Select one:</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Benefit low- and moderate-income persons in Buena Park;  <input type="checkbox"/> Aid in the prevention or elimination of slums or blight in Buena Park;  <input type="checkbox"/> Meet a need having a particular urgency in Buena Park.         </p> <p>Our target population consists of residents aged 60 and older who need assistance in navigating the numerous services available through Orange County, the state, and federal programs. The Senior Outreach program aims to serve 1,200 Buena Park seniors within our community. This target number is based on data collected from participation in exercise classes, lunch programs, transportation, and activities offered at the center. This program is of great importance, as many seniors are unaware of the wide array of services they are eligible for. We are committed to ensuring that every senior feels heard, valued, and seen, and that they have the support they need to access these essential resources.</p>																																																
4	<p style="text-align: center;"><b>BUDGET</b> [24 CFR 570.502-570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circular A-87, A-122, Treasury Circular No. 1075]</p> <p>Itemize administrative and operational costs for the proposed activity. Cost Category may include: staff salaries and benefits, rent, utilities, etc.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #e1f5fe;"> <th style="width: 35%;">Cost Category</th> <th style="width: 20%;">CDBG Funding Request</th> <th style="width: 20%;">Other Funding Sources</th> <th style="width: 25%;">Total Cost</th> </tr> </thead> <tbody> <tr> <td>FT Salary + Benefits</td> <td style="text-align: right;">\$ 14,643</td> <td style="text-align: right;">\$ 48,056</td> <td style="text-align: right;">\$ 62,699</td> </tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr> <td style="text-align: right;"><b>Total</b></td> <td style="text-align: right;"><b>\$ 14,643</b></td> <td style="text-align: right;"><b>\$ 48,056</b></td> <td style="text-align: right;"><b>\$ 62,699</b></td> </tr> </tbody> </table>	Cost Category	CDBG Funding Request	Other Funding Sources	Total Cost	FT Salary + Benefits	\$ 14,643	\$ 48,056	\$ 62,699		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$	<b>Total</b>	<b>\$ 14,643</b>	<b>\$ 48,056</b>	<b>\$ 62,699</b>
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5	<p align="center"><b>ELIGIBILITY DOCUMENTATION</b></p>
	<p>If the proposed activity is a public service, describe what form of documentation will be collected to demonstrate that at least 70% of persons served are low- and moderate-income, as required by HUD, and a minimum of 20% are Buena Park residents. (Please attach a copy of the activity's client intake/application/registration form)</p> <p>With an intake form that is tailored to the seniors we serve. We are able to accurately identify the seniors needs. The majority of clients serve are 60+ of age and meet the low/moderate income requirments, most of which are Buena Park residents.</p> <p>Documentation consists of daily client contact tally sheets that define type of services seniors are seeking (i.e. housing, legal assistance, etc.). Staff references the tally sheets when completing monthly reports for HUD. In addition these tally sheets denote resident/non resident status which tracks the resident percentage.</p>
6	<p align="center"><b>OUTCOME PERFORMANCE MEASUREMENT SYSTEM</b></p>
	<p align="center"><u>[24 CFR 570.200(a), 570.201-570.208, 570.503]</u></p> <p>Please indicate the activity's <u>Objective</u>, <u>Outcome</u>, <u>Outcome Statement</u>, <u>Purpose</u>, and indicators that will be used to measure, track and report performance. Refer to the instructions on Page 5 through Page 7 of the RFP.</p> <p><b>A. Select one <u>Objective</u>:</b></p> <p><input checked="" type="checkbox"/> Suitable Living Environment  <input type="checkbox"/> Decent Affordable Housing  <input type="checkbox"/> Economic Opportunities</p> <p><b>B. Select one <u>Outcome</u>:</b></p> <p><input type="checkbox"/> Availability/Accessibility  <input type="checkbox"/> Affordability  <input checked="" type="checkbox"/> Sustainability</p> <p><b>C. Using the following formula, provide the activity's Purpose:</b></p> <p align="center">Purpose = Output + Outcome Statement + Activity</p> <p>Approximately 1,200 Buena Park elderly persons in the program are provided with access to senior social services/assistance which would allow them to promote a sense of independence which in turn would allow them to sustain their way of life. These seniors may not be able to access these services without this program.</p>



**D. Identify the common, specific, and/or other indicators for the activity****a. Common Indicators**

Common indicators of the success of the Senior Outreach program include the number of individuals we have served and the high volume of calls we receive daily from seniors seeking services. The increasing demand for assistance reflects the program's effectiveness in meeting the needs of our community.

**b. Specific Indicators**

On any day, we can assist seniors with housing, mental health, food services, Medical questions and more.

**c. Other Indicators**

Individuals are now coming forward with questions. Some seniors are unaware of services that is at their disposal.

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,  
INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS**

This certification is required by the regulations implementing Executive Orders 12549 and 12689, Debarment and Suspension, and 2 CFR Part 200, Participants' responsibilities.

*(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS BELOW)*

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principles are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**Organization Name:** City of Buena Park

**Address:** 8150 Knott Ave. Buena Park, CA 90620

**Jim Box, Director of Com. Svcs.**

Name and Title of Authorized Representative

Signature

Date

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
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8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
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## ACKNOWLEDGEMENT REGARDING BIDDER SAM REGISTRATION

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Provide the following information as detailed in the prospective sub-recipient's SAM registration:

Entity Name: City of Buena Park

Address: 8150 Knott Ave.

City: Buena Park State: CA Zip: 90620

Unique Entity ID (UEI): NUK2QVHWF623 Expiration Date: 04/17/2025

Active Exclusions (Select One): ☐ Yes ☒ No

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Provide the following information as detailed in the prospective sub-recipient's SAM registration:

Entity Name: City of Buena Park

Address: 6650 Beach Blvd

City: Buena Park State: CA Zip: 90621

Unique Entity ID (UEI): NUK2QVHWF623 Expiration Date: 04/17/2025

Active Exclusions (Select One): ☐ Yes ☒ No

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,  
INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS**

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**Organization Name:** City of Buena Park

**Address:** 6650 Beach Blvd., Buena Park, CA 90621

Matt Foulkes, Community & Economic Development Director

Name and Title of Authorized Representative

  
Signature

12/19/24  
Date

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# City of Buena Park

## Home Improvement Program – “Pre-Application”

How did you hear about this program? ☐ Water Bill ☐ Newspaper ☐ Website ☐ Other \_\_\_\_\_

Name: \_\_\_\_\_ Are you under Code Enforcement: ☐ Yes ☐ No  
First Name Middle Initial Last Name

Address: \_\_\_\_\_  
Number Street Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single

Race: ☐ White ☐ Asian & White ☐ Black/African American & White  
☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native & Black/African American  
☐ Asian ☐ American Indian or Alaskan Native & White ☐ Other Multiracial (Specify): \_\_\_\_\_  
☐ American Indian or Alaskan Native

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

### Household Composition

Household Member	Full Name	Relationship	Disabled	Veteran	Age	Sex
Applicant		Self				
2						
3						
4						
5						
6						
7						
8						

### PROPERTY INFORMATION

Are you sole owner of this property? ☐ Yes ☐ No How long? ☐ Less than 1 year ☐ 1 to 5 years ☐ Over 5 years

**EQUITY:** Your property must have available equity to qualify for the program. Including the City loan, your property cannot have more than 95% Loan to Value ratio (LTV).

Do you have a Living Trust? ☐ Yes ☐ No Total loan balance (all mortgages): \$ \_\_\_\_\_

Do you have a 2nd mortgage? ☐ Yes ☐ No Do you have a 3<sup>rd</sup> mortgage? ☐ Yes ☐ No

Type of repairs needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### INCOME INFORMATION

**ASSETS:** Total amount of your household assets: \$ \_\_\_\_\_. *Please see the reverse side for the definition of assets.*

**INCOME:** Total annual GROSS income (before taxes) for **ALL** persons in your household over the age of 18: \$ \_\_\_\_\_

Income includes (*not limited to*): Employment, Interest Earned, Aid to Totally Disabled, Child Support, Pension, AFDC, Alimony, Social Security, Rental Income, Foster Care, Social Security SSI, Room and Board, Aid to the Blind.

**To the best of my knowledge, the above information is correct and accurate.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



PLEASE FILL OUT COMPLETELY, FOLD, SEAL THE EDGES AND MAIL





## Community Development Block Grant Committee Agenda Report

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### C. NEIGHBORHOOD IMPROVEMENT/CODE ENFORCEMENT PROGRAM

Meeting	Agenda Group
Thursday, February 13, 2025, 6:00 PM	COMMUNITY DEVELOPMENT BLOCK GRANT FUNDING PROPOSALS Item: 5C.
Presented By	Approved By
	Matt Foulkes, Director of Community Development

### DISCUSSION

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Attached is the FY 25-26 CDBG funding proposal for the Neighborhood Improvement/Code Enforcement Program for consideration.

### Attachments

[FY 25-26 NEIGHBORHOOD IMPROVEMENT/CODE ENFORCEMENT.pdf](#)

**City of Buena Park  
2025-2026 Community Development Block Grant (CDBG)**

**Funding Proposal Summary Sheet**

*Organization Name:* **City of Buena Park  
Community & Economic Development Department**

*Program Name:* **Neighborhood Improvement/Code Enforcement**

*Estimated Goal:* **875 Households**

*Funding Request:* **\$229,722**

**Organization Purpose:**

The Neighborhood Improvement/Code Enforcement Program identifies and responds to building and safety issues in residential and commercial areas to protect residents from living in substandard and unsafe conditions. Code Enforcement Officers work with residents to rectify code violations through verbal and written communication, site visits, and by referring them to the City's Residential Rehabilitation Program and Senior Code Enforcement Relief Program.

**Description of Request:**

CDBG funds will be used for a portion of staff salaries and benefits for the Neighborhood Improvement/Code Enforcement Program, which includes the Code Enforcement Supervisor, four Code Enforcement Officers, an administrative assistant, and a part time office assistant. The amount of funding requested will maintain the current level of service needed to improve living conditions for those residing within the CDBG eligible census tracts.

**Analysis of Request:**

The project meets the national objectives of benefiting low- and moderate- income areas and aiding in the prevention or elimination of slums or blight. The program's funding is limited to staff time spent on code enforcement cases within the City's low- and moderate-income census tracts.

Code enforcement investigates cases involving garage conversions, overcrowding, substandard housing, hazardous buildings, illegal dumping, illegal structures, etc. The Neighborhood Improvement/Code Enforcement Program has been highly successful by proactively and reactively identifying and cleaning-up many blighted buildings in the low- and moderate-income areas. It is also an effective method of reducing and preventing the overall deterioration of Buena Park's neighborhoods.

**Funding Recommendation:**

Staff recommends funding in the amount of **\$225,000**.



10

Please answer the following questions completely. If any questions are left unanswered, your application will not be considered. You may attach additional sheets and/or supporting materials as needed.

1	<p style="text-align: center;"><b>PROJECT DESCRIPTION</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Describe the proposed project, including services to be provided and goals to be accomplished.</p> <ul style="list-style-type: none"> <li>• Why is there a need for this program in the City of Buena Park?</li> <li>• Identify the location of the project and the service area boundaries.</li> <li>• Describe specifically the intended use of the CDBG funds.</li> </ul> <p>The Code Enforcement Division concentrates its efforts in the low-to-moderate income census tracts established by HUD, to protect residents from living in substandard and/or unsafe conditions. These substandard and/or unsafe conditions include improper occupancy (garage living), overcrowding, substandard housing, hazardous buildings, unsecured vacant or abandon buildings, vacant lots, illegal dumping, inoperative vehicles, and the accumulation of trash and debris. The existence of these conditions contributes to blight and slum like conditions and negatively affects the property and surrounding neighborhood. Staff is also responsible for abating violations at properties that are declared a public nuisance.</p> <p>Code Enforcement also participates in the city's multi-jurisdictional Neighborhood Improvement Task Force (NITF) along with the Police Department, Public Works, Community Services and external organizations (Health Department, Fire Authority and homeless outreach). The NITF is responsible for improving the appearance of the community, improving the quality of life for residents and reducing crime through cooperative efforts between property owners, tenants, business owners and city staff.</p> <p>Community and Economic Development is requesting CDBG funds to support a portion of the salaries and benefits for Code Enforcement staff to maintain the current quality of service in eligible CDBG areas.</p>
2	<p style="text-align: center;"><b>TARGET POPULATION</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Describe the target population for this program and the number of estimated unduplicated Buena Park residents to be served from July 1, 2024 through June 30, 2025.</p> <ul style="list-style-type: none"> <li>• How was the estimated number of clients determined?</li> <li>• How will you reach your target population?</li> <li>• Explain why this program is needed for this target population.</li> </ul>

	<p>The proposed program will target properties that have been designated to be low to moderate-income areas and are within the Community Development Block Grant areas designated by the Department of Housing and Urban Development.</p> <p>The number of clients to be served is based on the 2020 Census and a proactive approach to eliminate blight, prevent substandard and slum like conditions within the CDBG area. Code Enforcement and the NITF will respond to calls for service and provide proactive inspections and services.</p> <p>Buena Park has a growing number of low to moderate-income areas with homeowner occupancy just above fifty percent. The increased number of rental properties along with a growing senior population and increased unemployment has resulted in an expansion of blight conditions within many residential neighborhoods. The proposed code enforcement efforts including proactive enforcement and assistance with code compliance will be crucial to preventing the growth of blight and slum-like conditions</p>
3	<p style="text-align: center;"><b>NATIONAL OBJECTIVES</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Describe in detail how the project meets at least one of the three CDBG program national objectives. Select at least one:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Benefit low- and moderate-income persons in Buena Park;</li> <li><input checked="" type="checkbox"/> Aid in the prevention or elimination of slums or blight in Buena Park;</li> <li><input type="checkbox"/> Meet a need having a particular urgency in Buena Park.</li> </ul> <p>1. Benefit Low- and Moderate-Income Persons in Buena Park</p> <p>Neighborhood Improvement/Code Enforcement serves approximately 65,000 residents who live in the low-to-moderate income areas. Code Enforcement staff also coordinates with the city's Senior Outreach Worker on cases involving seniors who are facing code violations but cannot abate them due to their low-income level. The Outreach Worker assists the clientele with completing the grant applications that ultimately provide the necessary funds to correct the violations.</p> <p>Owners and residents rely on the Neighborhood Improvement/Code Enforcement to improve the appearance, health, and safety of the CDBG areas within the community.</p> <p>2. Aid in the prevention or elimination of slums or blight in Buena Park</p> <p>The Neighborhood Improvement/Code Enforcement Program is structured to be proactive in addressing the cause and effect of blight. This is accomplished by identifying issues affecting the area, and working with owners to maintain their property, reduce crime, screen tenants, and submit various city applications for home improvement. The program also provides a referral system for tenants in need of legal aid and/or housing assistance to the Fair Housing Foundation.</p>
4	<p style="text-align: center;"><b>BUDGET</b> [24 CFR 570.502-570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circular A-87, A-122, Treasury Circular No. 1075]</p> <p>Itemize administrative and operational costs for the proposed project. Cost Category may include: staff salaries and benefits, rent, utilities, advertising, office supplies, etc.</p>

Cost Category	CDBG Funding Request	Other Funding Sources	Total Cost
Code Enforcement Supervisor	\$20,296	\$164,303	\$184,599
Code Enforcement Officer	\$36,651	\$101,672	\$138,323
Code Enforcement Officer	\$81,660	\$49,245	\$130,905
Code Enforcement Officer	\$43,110	\$88,240	\$131,350
Code Enforcement Officer P/T	\$	\$27,170	\$27,170
Administrative Assistant	\$21,496	\$88,741	\$110,237
Office Assistant P/T	\$26,509	\$0	\$26,509
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Total</b>	<b>\$229,722</b>	<b>\$519,371</b>	<b>\$749,093</b>

**5 ELIGIBILITY DOCUMENTATION**

If the proposed project is a public service activity, describe what form of documentation will be provided to demonstrate that at least 70% of persons served are low- and moderate-income, as required by HUD, and a minimum of 20% are Buena Park residents.

Code Enforcement will provide a quarterly report that lists the addresses identified within the Community Development Block Grant census tracts that include the low to moderate-income population. The number of properties inspected and the number of open and closed cases within the designated areas will be reported.

**6 OUTCOME PERFORMANCE MEASUREMENT SYSTEM**  
[24 CFR 570.200(a), 570.201-570.208, 570.503]

Please indicate the activity objective, outcome/s, outcome statement/s and indicators that will be used to measure, track and report performance. Refer to the instructions in the RFP.

**A. Select one Objective**

☒ Suitable Living Environment  
☐ Decent Affordable Housing  
☐ Economic Opportunities

**B. Select one Outcome**

☐ Availability/Accessibility  
☐ Affordability  
☒ Sustainability

**C. Using the following formula, provide the program specific purpose/objective:**

**Output + Outcome Statement + Activity = Purpose/Objective**

850 households + Sustainability for the purpose of creating suitable living environment + Code Enforcement program/ Neighborhood Improvement = Purpose/Objective

**Purpose & Objective:**

The Neighborhood Improvement/Code Enforcement Program's purpose is to serve low-to-moderate income residents, including senior citizens by regulating property maintenance, housing, building, and zoning codes, for enhancing a suitable living environment within the census tracts designated by HUD. The program will provide sustainability for creating a suitable living environment for 65000 residents within the CDBG-eligible census tracts.

**D. Identify the common, specific, and/or other indicators for the program****a. Common Indicators:**

Assisting the families, businesses, and the community while enhancing the quality of life and providing safe housing throughout the CDBG areas. Eliminating blight, crime and preventing slum-like conditions.

**b. Specific Indicators:**

The most specific indicator is the number of opened and closed cases per program year. In program year 23/24, Neighborhood Improvement/Code Enforcement resolved five hundred and ninety-four (594) of the six hundred & fifty-four (654) cases. The NITF Investigated and closed two (2) of the six (6) cases. All remaining cases were rolled over to program year 24/25 to achieve full compliance with code violations.

**c. Other Indicators:**

The City of Buena Park is a sought-after community by both homeowners and businesses, the Neighborhood/Code Enforcement and Neighborhood Improvement Task Force takes pride in providing an invaluable service to the community by improving quality of life issues.

## ACKNOWLEDGEMENT REGARDING BIDDER SAM REGISTRATION

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Matt Foulkes, Community & Economic Development Director

Name and Title of Authorized Representative

  
Signature

12/17/24  
Date

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6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transactions", without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the System for Award Management (SAM).
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.



## Community Development Block Grant Committee Agenda Report

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### D. GRAFFITI REMOVAL PROGRAM

Meeting	Agenda Group
Thursday, February 13, 2025, 6:00 PM	COMMUNITY DEVELOPMENT BLOCK GRANT FUNDING PROPOSALS Item: 5D.
Presented By	Approved By
	Matt Foulkes, Director of Community Development

### DISCUSSION

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Attached is the FY 25-26 CDBG funding proposal for the Graffiti Removal Program for consideration.

### Attachments

[FY 25-26 GRAFFITI REMOVAL PROGRAM.pdf](#)



**City of Buena Park  
2025-2026 Community Development Block Grant (CDBG)**

**Funding Proposal Summary Sheet**

*Organization Name:* **City of Buena Park Public Works Department**

*Program Name:* **Graffiti Removal Program**

*Estimated Goal:* **60,740 Individuals within low-income census tracts/  
2,000 Graffiti Instances**

*Funding Request:* **\$22,930**

**Organization Purpose:**

Graffiti Removal Program staff proactively and reactively responds to graffiti incidents within the City's CDBG eligible census tracts. The program's purpose is to provide a suitable living environment for Buena Park residents by removing graffiti in residential and commercial areas.

**Description of Request:**

CDBG funds will be used for program staff salaries and benefits. CDBG funding is limited to staff responding to graffiti incidents within the City's CDBG eligible census tracts.

**Analysis of Request:**

The project meets the national objective of benefiting low- and moderate- income areas and aiding in the elimination of slums or blight within the City. Program staff estimate that 60,740 individuals living within the City's low-income census tracts will benefit from this service. Due to the anonymity of graffiti removal requests, program staff track their goal by the number of graffiti instances removed rather than individuals and households assisted.

**Funding Recommendation:**

Staff recommends funding in the amount of **\$17,200**.

**CITY OF BUENA PARK  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM**

FY 2025-2026 CDBG GRANT APPLICATION

**DUE BY DECEMBER 19, 2024 AT 5:00 PM**

**Approximate total funds available for public services: \$116,110**

<b>Organization Name</b>	Buena Park Public Works Department		
<b>Activity/Program Name</b>	Graffiti Removal Program		
<b>Address</b>	6650 Beach Boulevard, Buena Park, CA 90620		
<b>Contact Person/Title</b>	Joe Hunt, Public Works Manager		
<b>Email Address</b>	jhunt@buenapark.com	<b>Phone Number</b>	714-562-3652

Estimated individuals or households to be served by proposed activity during FY 2025-2026 (including Buena Park residents and non-Buena Park residents):

Estimated Goal: 60,740    ☒ Individuals    ☐ Households

Estimated Buena Park residents or households to be served by proposed activity during FY 2025-2026:

Estimated Goal: 60,470    ☒ Individuals    ☐ Households

Please indicate the amount of CDBG funds being requested:

Public Service Activities

\$ 22,930.00

Other Eligible Activities

\$                     



\_\_\_\_\_  
(Signature of authorized representative)

12/19/2024  
Date

Mina Mikhael, P.E., Director of Public Work  
(Name and Title of authorized representative)

Please answer the following questions completely. If any questions are left unanswered, your application will not be considered. You may attach additional sheets and/or supporting materials as needed.

1	<p style="text-align: center;"><b>ACTIVITY DESCRIPTION</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Describe the proposed activity, including services to be provided and goals to be accomplished.</p> <ul style="list-style-type: none"><li>• Why is there a need for this activity in the City of Buena Park?</li><li>• Identify the location of the activity and the service area boundaries.</li><li>• Describe specifically the intended use of the CDBG funds.</li></ul> <p>The funds will be utilized to remove graffiti in low and moderate income areas as specified in the attached project location map. Funds will cover time and material spent for the project, such as staff salaries, in order to combat the vast majority of graffiti problems within the City of Buena Park. Residents can report graffiti via many ways, including our 24-hour graffiti removal hotline at (714) 821-8658; City's website; by e-mail (buenaparkgraffiti@buenapark.com); or by calling the Public Works Department during normal business hours at (714) 562-3755. The graffiti crew's goal is to respond and remove graffiti within 48 hours following receipt of the complaint. Our goal is to remove approximately 2,000 pieces of graffiti over the fiscal year.</p>
2	<p style="text-align: center;"><b>TARGET POPULATION</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Describe the target population for this activity and the number of estimated unduplicated Buena Park residents to be served from July 1, 2025 through June 30, 2026.</p> <ul style="list-style-type: none"><li>• How was the estimated number of clients determined?</li><li>• How will you reach your target population?</li><li>• Explain why this activity is needed for this target population.</li></ul> <p>All residents in tract 110606, 110607, 110603, 110605, 110302, 110801, 110402, and 110201 totaling 60,740 will be served. See attached project location map.</p>

3	<p style="text-align: center;"><b>NATIONAL OBJECTIVES</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Describe in detail how the activity meets at least one of the three CDBG Program national objectives. Select one:</p> <p style="margin-left: 40px;"> <input checked="" type="checkbox"/> Benefit low- and moderate-income persons in Buena Park;  <input checked="" type="checkbox"/> Aid in the prevention or elimination of slums or blight in Buena Park;  <input type="checkbox"/> Meet a need having a particular urgency in Buena Park.         </p> <p>1. To benefit low-and moderate-income persons:            a. Limited clientele (eligibility based on person's income)            b. Area wide (see map of CDBG eligible areas)          2. To aid in the prevention or elimination of slums and blight (non-public projects only).          3. Graffiti must be removed immediately in order to discourage graffiti vandals and to prevent the spread of blight.</p>																																																
4	<p style="text-align: center;"><b>BUDGET</b> [24 CFR 570.502-570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circular A-87, A-122, Treasury Circular No. 1075]</p> <p>Itemize administrative and operational costs for the proposed activity. Cost Category may include: staff salaries and benefits, rent, utilities, etc.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 35%;">Cost Category</th> <th style="width: 20%;">CDBG Funding Request</th> <th style="width: 20%;">Other Funding Sources</th> <th style="width: 25%;">Total Cost</th> </tr> </thead> <tbody> <tr> <td>Staff salaries and benefits</td> <td style="text-align: right;">\$ 22,930</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$ 22,930</td> </tr> <tr> <td>Maintenance and operations</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$ 37,840</td> <td style="text-align: right;">\$ 37,840</td> </tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr> <td style="text-align: right;"><b>Total</b></td> <td style="text-align: right;"><b>\$ 22,930</b></td> <td style="text-align: right;"><b>\$ 37,840</b></td> <td style="text-align: right;"><b>\$ 60,770</b></td> </tr> </tbody> </table>	Cost Category	CDBG Funding Request	Other Funding Sources	Total Cost	Staff salaries and benefits	\$ 22,930	\$	\$ 22,930	Maintenance and operations	\$	\$ 37,840	\$ 37,840		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$	<b>Total</b>	<b>\$ 22,930</b>	<b>\$ 37,840</b>	<b>\$ 60,770</b>
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5	<p align="center"><b>ELIGIBILITY DOCUMENTATION</b></p> <p>If the proposed activity is a public service, describe what form of documentation will be collected to demonstrate that at least 70% of persons served are low- and moderate-income, as required by HUD, and a minimum of 20% are Buena Park residents. (Please attach a copy of the activity's client intake/application/registration form)</p> <p>All residents in tract 110606, 110607, 110603, 110605, 110302, 110801, 110402, and 110201 totaling 60,740 will be served. See attached project location map.</p>
6	<p align="center"><b>OUTCOME PERFORMANCE MEASUREMENT SYSTEM</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Please indicate the activity's <u>Objective</u>, <u>Outcome</u>, <u>Outcome Statement</u>, <u>Purpose</u>, and indicators that will be used to measure, track and report performance. Refer to the instructions on Page 5 through Page 7 of the RFP.</p> <p><b>A. Select one <u>Objective</u>:</b></p> <p><input checked="" type="checkbox"/> Suitable Living Environment  <input type="checkbox"/> Decent Affordable Housing  <input type="checkbox"/> Economic Opportunities</p> <p><b>B. Select one <u>Outcome</u>:</b></p> <p><input type="checkbox"/> Availability/Accessibility  <input type="checkbox"/> Affordability  <input checked="" type="checkbox"/> Sustainability</p> <p><b>C. Using the following formula, provide the activity's Purpose:</b></p> <p align="center">Purpose = Output + Outcome Statement + Activity</p> <p>Eight (8) neighborhoods/communities will have improved living environments.</p>

**D. Identify the common, specific, and/or other indicators for the activity****a. Common Indicators**

4 Common Indicators: Reporting on the following indicators, depending on how the program qualified, would still apply:

- Funds leveraged
- Number of persons, households, businesses, units or beds assisted
- Income levels of persons or households by 30%, 50%, 60% or 80% of area median income, per applicable program requirements
- Current racial/ethnic and disability categories for households

**b. Specific Indicators****c. Other Indicators**

Outcome: The graffiti program will bring about a more livable, safer, and sustainable environment. Eight (8) neighborhoods/communities within low and moderate income areas will benefit from the graffiti removal program.

## ACKNOWLEDGEMENT REGARDING BIDDER SAM REGISTRATION

Pursuant to 2 CFR Section 5.1004 and the requirement of the U.S. Department of Housing and Urban Development (HUD), contractors procured directly by grantees, sub-grantees, and/or sub-recipients of HUD funds, including CDBG are required to have an active registration in the System of Award Management (SAM). This document shall be completed and submitted as part of the proposal.

1. By submitting this proposal, the prospective sub-recipient certifies that it has an active registration in SAM that is not set to expire within the next 90 days.
2. By submitting this proposal, the prospective sub-recipient certifies neither it, its principals nor affiliates, is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
3. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that an erroneous certification was rendered, in addition to other remedies available to the Federal Government, the Department or agency with which this transaction originated may pursue available remedies.
4. Further, the prospective sub-recipient shall provide immediate written notice to the person to which this proposal is submitted if at any time the Participant learns that this certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. By submitting this proposal, it is agreed that should the proposed covered transaction be entered into, the prospective sub-recipient will not knowingly enter into any lower-tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction unless authorized by the agency with which this transaction originated.
6. It is further agreed that by submitting this proposal, the prospective sub-recipient will include Certification of Subcontractor Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion without modification, in all lower-tier covered transactions and in all solicitations for lower-tier covered transactions.

Provide the following information as detailed in the prospective sub-recipient's SAM registration:

Entity Name: Buena Park Public Works Department

Address: 6650 Beach Boulevard

City: Buena Park State: CA Zip: 90620

Unique Entity ID (UEI): NUK2QVHWF623 Expiration Date: 04/17/2025

Active Exclusions (Select One): ☐ Yes ☒ No

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,  
INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS**

This certification is required by the regulations implementing Executive Orders 12549 and 12689, Debarment and Suspension, and 2 CFR Part 200, Participants' responsibilities.

*(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS BELOW)*

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principles are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**Organization Name:** Buena Park Public Works Department

**Address:** 6650 Beach Blvd, Buena Park, CA 90620

**Mina Mikhael, Director of Public V**

**12/19/2024**

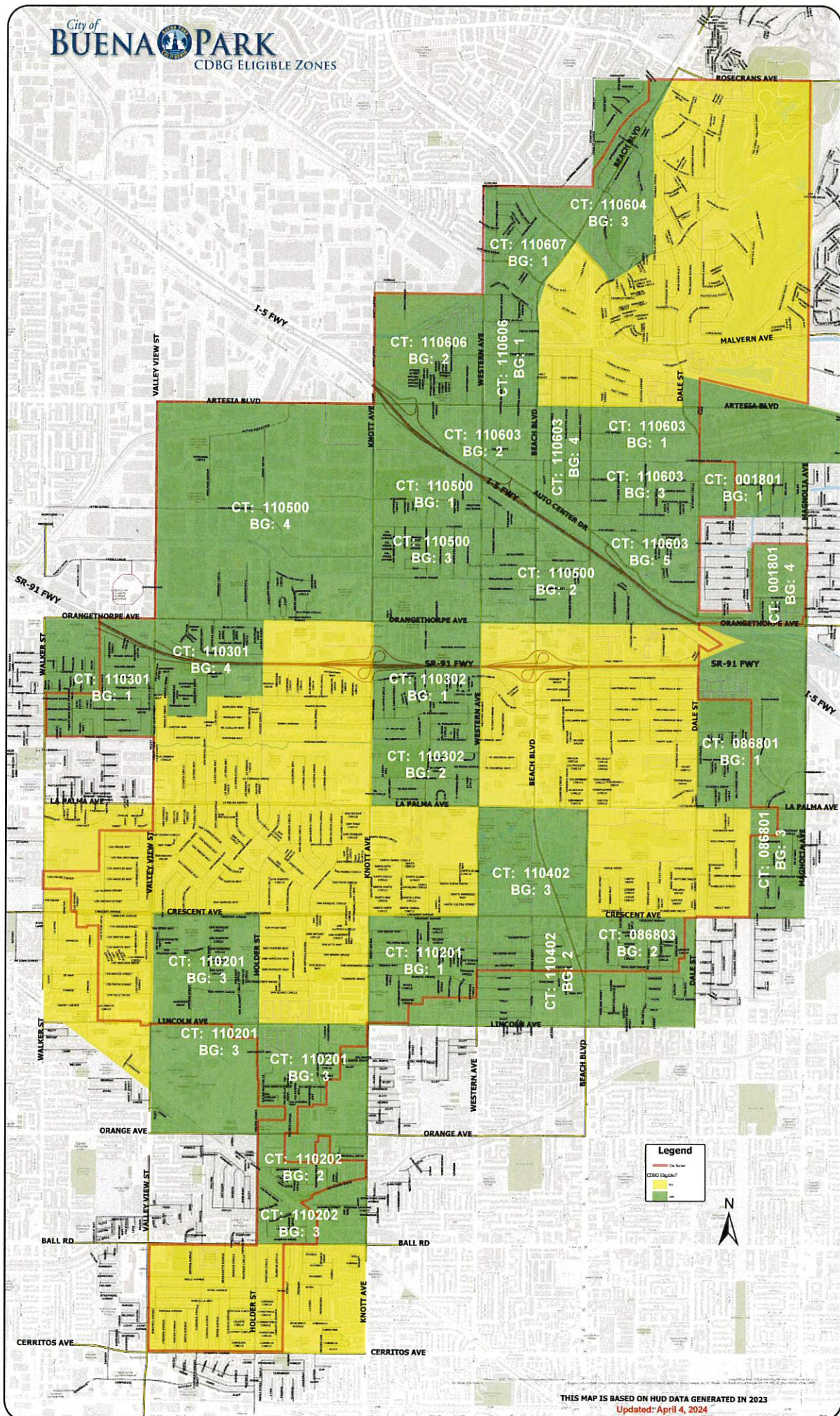
Name and Title of Authorized Representative

Signature

Date

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction", "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant", "person", "primary covered transaction", "principal", "proposal", and "voluntarily excluded", as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Orders 12549 and 12689.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transactions", without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the System for Award Management (SAM).
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.







# GRAFFITI

## REMOVAL PROGRAM

### OUR MISSION:

The Public Works Department provides a complete Graffiti Removal Program to eradicate graffiti within the city using all available resources and reasonable efforts.

### CALL 9-1-1 FOR GRAFFITI IN PROGRESS

#### TO REPORT GRAFFITI ON PUBLIC PROPERTY (Including Metrolink Station)

Graffiti Email: [BuenaParkGraffiti@buenapark.com](mailto:BuenaParkGraffiti@buenapark.com)

Graffiti Hotline: (714) 821-8658

Please include exact location and description of graffiti.

*Please note that graffiti reported Friday-Sunday will be documented the following Monday.*

#### TO REPORT GRAFFITI AT ALL OTHER LOCATIONS

Freeways	CalTrans: (949) 724-2500 or <a href="http://www.dot.ca.gov">www.dot.ca.gov</a>
Flood Channels	O.C. Flood Control Division: (714) 955-0200 or <a href="http://www.ocflood.com">www.ocflood.com</a>
Railroad Tracks	BNSF Railway: (909) 386-4140 or <a href="http://www.bnsf.com">www.bnsf.com</a> *For tracks between Beach Blvd. and Dale St., north of Artesia Blvd. Union Pacific: (888) 877-7267 or <a href="http://www.up.com">www.up.com</a> *For tracks between Knott Ave. & Dale St., south of Auto Center Dr.

HELP KEEP OUR  
CITY CLEAN!

For more information, please call (714) 562-3655 or visit our website at [www.BuenaPark.com](http://www.BuenaPark.com)



## Community Development Block Grant Committee Agenda Report

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### E. SENIOR TRANSPORTATION PROGRAM

Meeting	Agenda Group
Thursday, February 13, 2025, 6:00 PM	COMMUNITY DEVELOPMENT BLOCK GRANT FUNDING PROPOSALS Item: 5E.
Presented By	Approved By
	Matt Foulkes, Director of Community Development

### DISCUSSION

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Attached is the FY 25-26 CDBG funding proposal for the Senior Transportation Program for consideration.

### Attachments

[FY 25-26 SENIOR TRANSPORTATION PROGRAM.pdf](#)

**City of Buena Park  
2025-2026 Community Development Block Grant (CDBG)**

**Funding Proposal Summary Sheet**

*Organization Name:*                    **City of Buena Park Community Services Department**

*Program Name:*                    **Senior Transportation Program**

*Estimated Goal:*                    **350 Individuals**

*Funding Request:*                    **\$40,037**

**Organization Purpose:**

The Senior Transportation Program provides senior Buena Park residents with transportation to non-emergency medical appointments, pharmacies, grocery stores, and the Buena Park Senior Center.

**Description of Request:**

CDBG funds will be used for three part-time drivers' salaries and benefits and cell phone expenses.

**Analysis of Request:**

The project meets the national objective of benefiting low- and moderate- income individuals, specifically low-income seniors. The program meets an underserved need within the City because many seniors are unable to access other public transportation, do not qualify for Orange County Transportation Authority (OCTA) access service, or drive their own vehicle.

**Funding Recommendation:**

Staff recommends funding in the amount of **\$27,600**.

**CITY OF BUENA PARK  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM**

FY 2025-2026 CDBG GRANT APPLICATION

**DUE BY DECEMBER 19, 2024 AT 5:00 PM**

<b>Approximate total funds available for public services: \$116,110</b>
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Organization Name	City of Buena Park - Community Services		
Activity/Program Name	Senior and Non Emergency Transportation		
Address	8150 Knott Ave., Buena Park CA, 90620		
Contact Person/Title	Connie Hurtado, Community Services Supervisor		
Email Address	Churtado@buenapark.com	Phone Number	714-562-3878

Estimated individuals **or** households to be served by proposed activity during FY 2025-2026 (including Buena Park residents and non-Buena Park residents):

Estimated Goal: 350      ☒ Individuals    ☐ Households

Estimated Buena Park residents **or** households to be served by proposed activity during FY 2025-2026:

Estimated Goal: 350      ☒ Individuals    ☐ Households

Please indicate the amount of CDBG funds being requested:

Public Service Activities

\$ 40,037

Other Eligible Activities

\$ \_\_\_\_\_

  
\_\_\_\_\_  
(Signature of authorized representative)

12/16/24  
Date

Jim Box, Director of Community Services  
\_\_\_\_\_  
(Name and Title of authorized representative)

Please answer the following questions completely. If any questions are left unanswered, your application will not be considered. You may attach additional sheets and/or supporting materials as needed.

1	<p style="text-align: center;"><b>ACTIVITY DESCRIPTION</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Describe the proposed activity, including services to be provided and goals to be accomplished.</p> <ul style="list-style-type: none"> <li>• Why is there a need for this activity in the City of Buena Park?</li> <li>• Identify the location of the activity and the service area boundaries.</li> <li>• Describe specifically the intended use of the CDBG funds.</li> </ul> <p>The Senior and Non-Emergency Medical Transportation Program offers vital mobility services to Buena Park's senior community through a comprehensive transportation solution. This essential service provides a dedicated driver and a vehicle to transport senior citizens aged 60 and older from their residences to the Buena Park Senior Center at no cost to eligible residents. Additionally, the program extends its services to include round-trip transportation for medical needs, including doctor appointments, dental visits, hospital services, and pharmacy stops, all within a three-mile radius of Buena Park's boundaries. While these medical transportation services carry a nominal fee of USD 1.00 each way, the program maintains its commitment to accessibility by ensuring that no senior is denied service due to financial constraints. This transportation initiative serves as a crucial support system, enabling Buena Park's senior residents to maintain their independence and access to essential healthcare services while remaining connected to their community through the Senior Center.</p>
2	<p style="text-align: center;"><b>TARGET POPULATION</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Describe the target population for this activity and the number of estimated unduplicated Buena Park residents to be served from July 1, 2025 through June 30, 2026.</p> <ul style="list-style-type: none"> <li>• How was the estimated number of clients determined?</li> <li>• How will you reach your target population?</li> <li>• Explain why this activity is needed for this target population.</li> </ul> <p>The target population is Buena Park Residents 60 years of age or older who need assistance with transportation to and from doctors' appointments, pharmacy, and essential grocery shopping with a targeted goal of 350 seniors within the fiscal year. The estimated number of clients were determined by averaging the number of ridership applications we receive weekly. We will reach our target by continuously advertising to promote the program. In addition, we will be delivered to senior living facilities, senior apartments and medical offices. Furthermore, the program is also advertised in the City's Quarterly publication and a monthly newsletter. Many seniors do not have reliable transportation or the ability to drive and public transportation may not be appropriate as it can be confusing. This program operates with full accessibility to Buena Park seniors with trained courteous staff.</p>

<b>3</b>	<p style="text-align: center;"><b>NATIONAL OBJECTIVES</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Describe in detail how the activity meets at least one of the three CDBG Program national objectives. Select one:</p> <p style="margin-left: 20px;"> <input checked="" type="checkbox"/> Benefit low- and moderate-income persons in Buena Park;  <input type="checkbox"/> Aid in the prevention or elimination of slums or blight in Buena Park;  <input type="checkbox"/> Meet a need having a particular urgency in Buena Park.         </p> <p>The Senior and Non Emergency Medical Transportation Program provides low cost, convenient and safe way for Buena Park senior citizens to receive medical care and treatment promoting their continued independence and well-being. As a result of a seniors's inability or difficulty obtaining transportation, seniors often delay or neglect to make necessary and critical appointments with their health care provider. This often results in turning minor health problems into major costly ones. Transportation will also be provided for seniors to pick up prescriptions, attend dental appointments and receive flu shots.</p> <p>Providing transportation for seniors to the Senior Activity Center ultimately enhances their quality of life, foster social interaction, independence and self-determination for Buena Park residents over the age of 60. This includes trips to the grocery store, transportation to the senior center for special appointments such as Medicare counseling and support counseling with outreach groups. Many frail elderly residents are unable to access public transportation services, they don't qualify for OCTA ACCESS service, and they do not drive or own a vehicle.</p>																																																				
<b>4</b>	<p style="text-align: center;"><b>BUDGET</b> [24 CFR 570.502-570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circular A-87, A-122, Treasury Circular No. 1075]</p> <p>Itemize administrative and operational costs for the proposed activity. Cost Category may include: staff salaries and benefits, rent, utilities, etc.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #e1f5fe;"> <th style="width: 35%;">Cost Category</th><th style="width: 20%;">CDBG Funding Request</th><th style="width: 20%;">Other Funding Sources</th><th style="width: 25%;">Total Cost</th></tr> </thead> <tbody> <tr> <td>PT Driver Salary</td><td style="text-align: right;">\$ 34,860</td><td style="text-align: right;">\$ 0</td><td style="text-align: right;">\$ 34,860</td></tr> <tr> <td>Benefits</td><td style="text-align: right;">\$ 4,277</td><td style="text-align: right;">\$ 0</td><td style="text-align: right;">\$ 4,277</td></tr> <tr> <td>Cell Phones Allowance</td><td style="text-align: right;">\$ 900</td><td style="text-align: right;">\$ 0</td><td style="text-align: right;">\$ 900</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr> <td style="text-align: right;"><b>Total</b></td><td style="text-align: right;"><b>\$ 40,037</b></td><td style="text-align: right;"><b>\$ 0</b></td><td style="text-align: right;"><b>\$ 40,037</b></td></tr> </tbody> </table>	Cost Category	CDBG Funding Request	Other Funding Sources	Total Cost	PT Driver Salary	\$ 34,860	\$ 0	\$ 34,860	Benefits	\$ 4,277	\$ 0	\$ 4,277	Cell Phones Allowance	\$ 900	\$ 0	\$ 900		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$	<b>Total</b>	<b>\$ 40,037</b>	<b>\$ 0</b>	<b>\$ 40,037</b>
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5	<p align="center"><b>ELIGIBILITY DOCUMENTATION</b></p> <p>If the proposed activity is a public service, describe what form of documentation will be collected to demonstrate that at least 70% of persons served are low- and moderate-income, as required by HUD, and a minimum of 20% are Buena Park residents. (Please attach a copy of the activity's client intake/application/registration form)</p> <p>The majority of clients served are over 60 years of age who meet low/moderate income requirements. Most of the clients are Buena Park residents.</p> <p>Documentation consists of filling out the transportation application which requires the applicant to fill out their income. We only provide transportation to Buena Park residents which meets the 20% minimum residency requirement. Additionally, a daily client contact tally sheets that define type of transportation (i.e prescription pick up, doctors appointments, ect.)</p>
6	<p align="center"><b>OUTCOME PERFORMANCE MEASUREMENT SYSTEM</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Please indicate the activity's <u>Objective</u>, <u>Outcome</u>, <u>Outcome Statement</u>, <u>Purpose</u>, and indicators that will be used to measure, track and report performance. Refer to the instructions on Page 5 through Page 7 of the RFP.</p> <p><b>A. Select one <u>Objective</u>:</b></p> <p><input checked="" type="checkbox"/> Suitable Living Environment  <input type="checkbox"/> Decent Affordable Housing  <input type="checkbox"/> Economic Opportunities</p> <p><b>B. Select one <u>Outcome</u>:</b></p> <p><input checked="" type="checkbox"/> Availability/Accessibility  <input type="checkbox"/> Affordability  <input type="checkbox"/> Sustainability</p> <p><b>C. Using the following formula, provide the activity's Purpose:</b></p> <p align="center">Purpose = Output + Outcome Statement + Activity</p> <p>Approximately 350 elder residents in the program are provided with affordable transportation/service assistance. These seniors may not be able to access these services if the program is not available.</p>



**D. Identify the common, specific, and/or other indicators for the activity**

**a. Common Indicators**

The program will increase of ridership for the senior transportation program and the non emergency medical transporation rides.

**b. Specific Indicators**

One hundred perecent of elderly persons in the prorgam are provided with affordable transportation to their medical appointments and/or transportation to meet their living necessities. This allows a senior to live independly with dignity as long as possible.

**c. Other Indicators**

## ACKNOWLEDGEMENT REGARDING BIDDER SAM REGISTRATION

Pursuant to 2 CFR Section 5.1004 and the requirement of the U.S. Department of Housing and Urban Development (HUD), contractors procured directly by grantees, sub-grantees, and/or sub-recipients of HUD funds, including CDBG are required to have an active registration in the System of Award Management (SAM). This document shall be completed and submitted as part of the proposal.

1. By submitting this proposal, the prospective sub-recipient certifies that it has an active registration in SAM that is not set to expire within the next 90 days.
2. By submitting this proposal, the prospective sub-recipient certifies neither it, its principals nor affiliates, is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
3. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that an erroneous certification was rendered, in addition to other remedies available to the Federal Government, the Department or agency with which this transaction originated may pursue available remedies.
4. Further, the prospective sub-recipient shall provide immediate written notice to the person to which this proposal is submitted if at any time the Participant learns that this certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. By submitting this proposal, it is agreed that should the proposed covered transaction be entered into, the prospective sub-recipient will not knowingly enter into any lower-tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction unless authorized by the agency with which this transaction originated.
6. It is further agreed that by submitting this proposal, the prospective sub-recipient will include Certification of Subcontractor Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion without modification, in all lower-tier covered transactions and in all solicitations for lower-tier covered transactions.

Provide the following information as detailed in the prospective sub-recipient's SAM registration:

Entity Name: City of Buena Park

Address: 8150 Knott Ave.

City: Buena Park State: CA Zip: 90620

Unique Entity ID (UEI): N0K2QVHWF623 Expiration Date: 04/17/2025

Active Exclusions (Select One): ☐ Yes ☒ No

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,  
INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS**

This certification is required by the regulations implementing Executive Orders 12549 and 12689, Debarment and Suspension, and 2 CFR Part 200, Participants' responsibilities.

*(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS BELOW)*

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principles are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**Organization Name:** City of Buena Park

**Address:** 8150 Knott Ave., Buena Park, CA 90620

**Jim Box, Director of Com. Svcs.**

Name and Title of Authorized Representative

Signature

Date

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction", "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant", "person", "primary covered transaction", "principal", "proposal", and "voluntarily excluded", as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Orders 12549 and 12689.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transactions", without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the System for Award Management (SAM).
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

## Buena Park Senior Activity Center

# Senior Transportation (ST\*R) Program Application

### All sensitive information provided is confidential

The Buena Park Senior Transportation and Runabout (ST\*R) Program offers both a non-emergency medical van for doctor visits and a Bus service that transports seniors to and from their residences to the Buena Park Senior Center. The program is open to Buena Park seniors that are over the age of 60.

This program is funded by the following:

- Orange County Transportation Authority (OCTA)
- Office on Aging (OoA)
- Community Development Block Grant (CDBG)
- City of Buena Park.

### Rider Information

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cross Streets: \_\_\_\_\_ and \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you have access to transportation? (i.e. Family, Friends, Relatives) Yes No

### Mobility Status (circle one):

Ambulatory    Manual Wheelchair    Power Wheelchair    Cane    Walker    Oxygen Tank

Scooter    Service Animal    Other Disability (Please list): \_\_\_\_\_

Can the rider be left home alone? (Circle one): Yes No

# Buena Park Senior Activity Center

## Mark the days you wish to be picked-up for transportation

ST*R Program (To Senior Center) 8am-3pm	Non-Emergency (To Appointments) 8am-12pm
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Thursday	

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact Information

**Contact #1**  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ City: \_\_\_\_\_

**Contact #2**  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ City: \_\_\_\_\_

## Primary Physician Information

Physician Name: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_  
Physician Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

## Basic Medical Information

Additional important medical information (Allergies, medical info, existing conditions):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To be filled out by Staff: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Buena Park Senior Activity Center

## Senior Transportation and Runabout

The program is funded by many supportive agencies. The following questions are required to participate in the program, answers will be held confidential. Your name will not be associated with this information. Please fill out to the best of your ability.

Are you the Head of Household (circle one): YES NO

Annual Income (circle one):

Household Size	1	2	3	4	5	6	7	8+
0 - 30% AMI Income Limits	\$33,150	\$37,900	\$42,650	\$47,350	\$51,150	\$54,950	\$58,750	\$62,550
30 - 50% AMI Income Limits	\$55,250	\$63,100	\$71,050	\$78,900	\$85,250	\$91,550	\$97,850	\$104,150
50 - 80% AMI Income Limits	\$88,400	\$101,000	\$113,650	\$126,250	\$136,350	\$146,450	\$156,550	\$166,650

Please answer the following based upon what you consider yourself to be. It may be difficult to choose a single identity if you have a multicultural heritage; nevertheless, to comply with Federal law you must choose only one.

For the purposes of this survey, check only one of the following race/ethnic categories you identify with:

- ☐ **White (not of Hispanic origin):** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ **Black/African American (not of Hispanic origin):** All persons having origins in any of the Black racial groups of Africa.
- ☐ **Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ☐ **Asian:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- ☐ **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ **Native Hawaiian/Pacific Islander:** All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **American Indian/Alaskan Native & White:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition and origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ **Asian & White:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands and origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ **Black/African American & White:** All persons having origins in any of the Black racial groups of Africa and origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ **American Indian/Alaskan Native & Black:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition and origins in any of the Black racial groups of Africa.
- ☐ **Other:** Indicate specific ethnic group or national origin with which you identify.

Please Specify: \_\_\_\_\_

# **Buena Park Senior Activity Center**

## **Release and Waiver of Liability and Indemnity Agreement**

In consideration of my voluntary participation in the Buena Park Senior Center Transportation Program, the undersigned hereby agrees to the following:

The undersigned hereby releases, waives, discharges and covenants not to use the City of Buena Park, its officers and employees (hereinafter referred to as "releases") from all liability to the undersigned for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, caused by the negligence of the releases or a condition of City property, including City vehicles while the undersigned is using the Program.

The undersigned hereby assumes full responsibility and save and hold harmless the releases and each of them from any loss, liability, damage or cost they may incur due to the voluntary participation of the undersigned in the Program.

The undersigned hereby assumes full responsibility for the risk of bodily injury, death or property damage due to the negligence of the releases or condition of City property, including City vehicles while using the Program.

The undersigned further expressly agrees that the foregoing release and waiver of liability and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representation, statements or inducement apart from the foregoing written agreement have been made.

Signature of Participant: \_\_\_\_\_

# Buena Park Senior Activity Center

I, \_\_\_\_\_, agree to the following guidelines in order to be an active participant in the program.

Below is a review of the basic rules of utilizing the Transportation Program, initial each statement:

\_\_\_\_\_ I will call The Senior Center to schedule an appointment for my pick up days to and from The Senior Center and/or medical/non-medical appointments 2 weeks in advance. I understand all pickups and returns are on a first come, first served basis and availability.

\_\_\_\_\_ I understand that when using The Transportation Program for Medical purposes, and need on-going treatment that Transportation Program will "attempt" but not guarantee to accommodate my appointments for a 6-week period. After that period of time, I will need to make other arrangements for transportation.

\_\_\_\_\_ I understand that any cancellation with the ST\*R transportation is my responsibility, and I will contact the Senior Activity Center in a 24hr notice. The Senior Activity Center is open Monday –Friday from 7:30 a.m. – 5:30 p.m.

\_\_\_\_\_ I will provide the transportation Coordinator with name, address and phone number of my doctor, dentist, pharmacy, and emergency contact information. I understand if this information is not provided, my ride will not be accommodated.

\_\_\_\_\_ I understand that the program assists Buena Park residents over the age of 60 who want to come to the senior activity center or for grocery shopping within the city limits, or for non-emergency medical transportation within three road miles (driving) of the city limits, and have no other means of transportation.

\_\_\_\_\_ I understand the non-compliance with these guide lines may jeopardize my continued participation in this program

\_\_\_\_\_ It is my responsibility to be ready for pick up at the arranged time. **Three strike rule – if the driver shows up three times and I am not ready or forgot to inform the senior activity center that I would not be coming – I will be put on probation. A fourth time and I will be off the program for four weeks. If it happens again, I will be out of the program.**

\_\_\_\_\_ There is a large waiting list to utilize the ST\*R program to ride to and from the senior activity center and to doctor appointments. I will be prompt and on time for my pickups. The driver is not allowed to come back "later", if I am not ready at the time agreed.

Thank you for your interest in the Senior Mobility Program. It may take 2 weeks for new riders to be placed on the list.





## Community Development Block Grant Committee Agenda Report

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### F. HOMELESS OUTREACH PROGRAM

Meeting	Agenda Group
Thursday, February 13, 2025, 6:00 PM	COMMUNITY DEVELOPMENT BLOCK GRANT FUNDING PROPOSALS Item: 5F.
Presented By	Approved By
	Matt Foulkes, Director of Community Development

### DISCUSSION

---

Attached is the FY 25-26 CDBG funding proposal for the Homeless Outreach Program for consideration.

### Attachments

[FY 25-26 HOMELESS OUTREACH PROGRAM.pdf](#)

**City of Buena Park  
2025-2026 Community Development Block Grant (CDBG)**

**Funding Proposal Summary Sheet**

*Organization Name:* **City of Buena Park Community Services Department**

*Program Name:* **Homeless Outreach Program**

*Estimated Goal:* **200 Individuals**

*Funding Request:* **\$20,000**

**Organization Purpose:**

The Homeless Outreach program provides services to homeless individuals living in the City of Buena Park. They collaborate with Mercy House, Police Department, and other homeless service providers to assist individuals experiencing homelessness with temporary housing and emergency supplies.

**Description of Request:**

CDBG funds will be used for temporary shelter costs, relocation expenses, transitional housing fees, emergency supplies, local transportation, DMV documentation fees, and program staff training.

**Analysis of Request:**

The Homeless Outreach Program meets the objective of benefitting low- and moderate-income residents in Buena Park. Homelessness continues to be a major concern in the City and this program will help decrease the issue by providing services that will propel homeless individuals into better living situations. This program helps meet the City's goal of continuum of care to assist the homeless population.

**Funding Recommendation:**

Staff recommends funding in the amount of **\$20,000**.

**CITY OF BUENA PARK  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM**

FY 2025-2026 CDBG GRANT APPLICATION

**DUE BY DECEMBER 19, 2024 AT 5:00 PM**

<b>Approximate total funds available for public services: \$116,110</b>
---

Organization Name	City of Buena Park - Community Services		
Activity/Program Name	Homeless Outreach Services		
Address	8150 Knott Ave, Buena Park Ca 90620		
Contact Person/Title	Rosemary Nielsen/ Homeless Services Supervisor		
Email Address	rnielsen@buenapark.com	Phone Number	(714) 236-3876

Estimated individuals **or** households to be served by proposed activity during FY 2025-2026 (including Buena Park residents and non-Buena Park residents):

Estimated Goal: 200      ☒ Individuals    ☐ Households

Estimated Buena Park residents **or** households to be served by proposed activity during FY 2025-2026:

Estimated Goal: 200      ☒ Individuals    ☐ Households

Please indicate the amount of CDBG funds being requested:

Public Service Activities      \$ 20,000.00

Other Eligible Activities      \$ \_\_\_\_\_

  
\_\_\_\_\_  
(Signature of authorized representative)

12/19/24  
Date

Jim Box, Community Services Director  
(Name and Title of authorized representative)

Please answer the following questions completely. If any questions are left unanswered, your application will not be considered. You may attach additional sheets and/or supporting materials as needed.

1	<b>ACTIVITY DESCRIPTION</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]
	<p>Describe the proposed activity, including services to be provided and goals to be accomplished.</p> <ul style="list-style-type: none"><li>• Why is there a need for this activity in the City of Buena Park?</li><li>• Identify the location of the activity and the service area boundaries.</li><li>• Describe specifically the intended use of the CDBG funds.</li></ul> <p>As of the Point in Time count January, 2024 it is estimated that the City of Buena Park has a total of 379 people experiencing homelessness. The Homeless Outreach Team provides services to those who are experiencing homelessness and those at risk of becoming homeless. All CDBG funds will be used to assist clients in connecting to emergency shelter, transitional living, transportation and other critical services. The goal is to eliminate homelessness to functional zero. Homeless Outreach Services are located at Ehlers Event Center, 8150 Knott Ave, Buena Park, Ca 90620. We provide services to those experiencing homelessness from the City of Buena Park. These CDBG funds will be used for the following: Housing Emergency Shelter, Relocation Expenses/Storage Emergency Supplies, Local Transportation/DMV Fee's, Documentation / ID fee's and staff training.</p>
2	<b>TARGET POPULATION</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]
	<p>Describe the target population for this activity and the number of estimated unduplicated Buena Park residents to be served from July 1, 2025 through June 30, 2026.</p> <ul style="list-style-type: none"><li>• How was the estimated number of clients determined?</li><li>• How will you reach your target population?</li><li>• Explain why this activity is needed for this target population.</li></ul> <p>The target population will be 200 unduplicated Buena Park residents to be serves. The number was estimated upon the fieldwork of the homeless outreach team and the current Point In Time Count. The homeless outreach team has part time case managers who are accessible in the field Monday through Friday or via phone (714) 236-3877 or email at <a href="mailto:homelessoutreach@buenapark.com">homelessoutreach@buenapark.com</a>. Residents may also visit the Homeless Outreach at Ehlers Event Center to seek homeless services.</p>

3

**NATIONAL OBJECTIVES**

[24 CFR 570.200(a), 570.201-570.208, 570.503]

Describe in detail how the activity meets at least one of the three CDBG Program national objectives.

Select one:

- ☒ Benefit low- and moderate-income persons in Buena Park;  
☐ Aid in the prevention or elimination of slums or blight in Buena Park;  
☐ Meet a need having a particular urgency in Buena Park.

This program meets the objective to benefit low and moderate income levels. All funds will be used to assist those experiencing homelessness or at risk of experiencing homelessness.

4

**BUDGET**

[24 CFR 570.502-570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circular A-87, A-122, Treasury Circular No. 1075]

Itemize administrative and operational costs for the proposed activity. Cost Category may include: staff salaries and benefits, rent, utilities, etc.

Cost Category	CDBG Funding Request	Other Funding Sources	Total Cost
Motels/Room Rentals	\$ 5000	\$	\$ 5000
Relocation/Storage Expenses	\$ 2000	\$	\$ 2000
Transitional Housing Fees	\$ 2000	\$	\$ 2000
Emergency Supplies/Safety Equipment	\$ 2500	\$	\$ 2500
Transportation	\$ 5500	\$	\$ 5500
DMV/Documentation	\$ 1000	\$	\$ 1000
Staff Training Conference/Edu/Outreach Supplies	\$ 2000	\$	\$ 2000
Salaries/Benefits	\$	\$ 388790.66	\$ 388790.66
Educational Incentive	\$	\$ 4200	\$ 4200
Office Supplies/Special	\$	\$ 1000	\$ 1000
<b>Total</b>	<b>\$ 20000</b>	<b>\$ 393990.66</b>	<b>\$ 413990.66</b>

5	<p style="text-align: center;"><b>ELIGIBILITY DOCUMENTATION</b></p> <p>If the proposed activity is a public service, describe what form of documentation will be collected to demonstrate that at least 70% of persons served are low- and moderate-income, as required by HUD, and a minimum of 20% are Buena Park residents. (Please attach a copy of the activity's client intake/application/registration form)</p> <p>Clients served by the Homeless Outreach Program will be extremely low income and unhoused or at risk of losing their housing. The participants will have significant ties to the City of Buena Park. Documentation consists of intake sheets, hotline logs, drop-in logs and HMIS and Outreach Grid.</p>
6	<p style="text-align: center;"><b>OUTCOME PERFORMANCE MEASUREMENT SYSTEM</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Please indicate the activity's <u>Objective</u>, <u>Outcome</u>, <u>Outcome Statement</u>, <u>Purpose</u>, and indicators that will be used to measure, track and report performance. Refer to the instructions on Page 5 through Page 7 of the RFP.</p> <p><b>A. Select one <u>Objective</u>:</b></p> <p><input checked="" type="checkbox"/> Suitable Living Environment <input type="checkbox"/> Decent Affordable Housing <input type="checkbox"/> Economic Opportunities</p> <p><b>B. Select one <u>Outcome</u>:</b></p> <p><input checked="" type="checkbox"/> Availability/Accessibility <input type="checkbox"/> Affordability <input type="checkbox"/> Sustainability</p> <p><b>C. Using the following formula, provide the activity's Purpose:</b></p> <p style="text-align: center;">Purpose = Output + Outcome Statement + Activity</p> <p>200 individuals will have access to services that can include emergency shelter, transitional shelter, rapid rehousing and permanent supportive housing if this grant with CDBG is funded.</p>

**D. Identify the common, specific, and/or other indicators for the activity**

**a. Common Indicators**

200 individual experiencing homelessness will have access to Outreach Services which can include: case management, detox, rehabilitation, shelter, rapid rehousing and permanent supportive housing.

**b. Specific Indicators**

b. 200 individuals will have access to services that can include: bus passes and Lyft rides. DMV documents, vital records. motel vouchers, room rentals. fee's for detox and rehabilitation

**c. Other Indicators**

## ACKNOWLEDGEMENT REGARDING BIDDER SAM REGISTRATION

Pursuant to 2 CFR Section 5.1004 and the requirement of the U.S. Department of Housing and Urban Development (HUD), contractors procured directly by grantees, sub-grantees, and/or sub-recipients of HUD funds, including CDBG are required to have an active registration in the System of Award Management (SAM). This document shall be completed and submitted as part of the proposal.

1. By submitting this proposal, the prospective sub-recipient certifies that it has an active registration in SAM that is not set to expire within the next 90 days.
2. By submitting this proposal, the prospective sub-recipient certifies neither it, its principals nor affiliates, is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
3. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that an erroneous certification was rendered, in addition to other remedies available to the Federal Government, the Department or agency with which this transaction originated may pursue available remedies.
4. Further, the prospective sub-recipient shall provide immediate written notice to the person to which this proposal is submitted if at any time the Participant learns that this certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. By submitting this proposal, it is agreed that should the proposed covered transaction be entered into, the prospective sub-recipient will not knowingly enter into any lower-tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction unless authorized by the agency with which this transaction originated.
6. It is further agreed that by submitting this proposal, the prospective sub-recipient will include Certification of Subcontractor Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion without modification, in all lower-tier covered transactions and in all solicitations for lower-tier covered transactions.

Provide the following information as detailed in the prospective sub-recipient's SAM registration:

Entity Name: City of Buena Park

Address: 8150 Knott Ave

City: Buena Park State: CA Zip: 90620

Unique Entity ID (UEI): nuk2qvhwf623 Expiration Date: 04/17/2025

Active Exclusions (Select One): ☐ Yes ☒ No



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,  
INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS**

This certification is required by the regulations implementing Executive Orders 12549 and 12689, Debarment and Suspension, and 2 CFR Part 200, Participants' responsibilities.

*(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS BELOW)*

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principles are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**Organization Name:** City of Buena Park - Homeless Outreach Program

**Address:** 8150 Knott Ave., Buena Park, CA 90620

**Jim Box, Community Services Dir.**

Name and Title of Authorized Representative

Signature

Date

12/19/24

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction", "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant", "person", "primary covered transaction", "principal", "proposal", and "voluntarily excluded", as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Orders 12549 and 12689.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transactions", without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the System for Award Management (SAM).
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

# City of Buena Park Client Acknowledgement of Data Collection Form

Candidate / Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

I consent to and authorize the collection of identifying information, medical records, financial information, medical diagnosis, and substance abuse diagnosis by the City of Buena Park for the specific purpose of

☐ further care      ☐ evaluation      ☐ other ( Please specify: \_\_\_\_\_ )

and I consent to and authorize the preparation of records pertaining to the services provided to me by the City of Buena Park.

I understand that I have the right to inspect all records maintained by the City relating to the provision of services to me.

I understand that this release can be revoked by me at any time and this consent terminates automatically one year after exit from the program.

I understand that participation in data collection is optional, and I am able to access shelter and housing services if I choose not to participate in data collection.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## Buena Park Authorization for Release and Exchange of Information

Please read and sign the following statement for permission to give you assistance:

I \_\_\_\_\_ authorize the City of Buena Park, which would include all relevant City of Buena Park departments, to share my personal pertinent information, checked below, to helping professional entities and their volunteers. It will be used for the express purpose in gaining assistance for me and / or my family in the areas of basic needs of life, medical attention and housing stabilization services. I understand that my private personal information will be held in strict security and used only for these purposes.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Diagnosis / test results | <input type="checkbox"/> Discharge / treatment summary      | <input type="checkbox"/> Medical records / hospital records              |
| <input type="checkbox"/> Police / prison results  | <input type="checkbox"/> Financial information              | <input type="checkbox"/> Psychological / psychosocial assessments        |
| <input type="checkbox"/> Housing requirements     | <input type="checkbox"/> Transportation requirements        | <input type="checkbox"/> Substance abuse assessments / evals / history   |
| <input type="checkbox"/> Nutritional requirements | <input type="checkbox"/> Diagnostic impressions / prognosis | <input type="checkbox"/> Psychiatric evals / consultations / medications |
| <input type="checkbox"/> Chart / progress notes   | <input type="checkbox"/> Treatment plan / recommendations   | <input type="checkbox"/> Other _____                                     |

I release the City of Buena Park and any helping professional entities of any legal liability that may arise from the release of the information requested. I understand that this authorization or release of information will expire 1 year after the exit from the program.

I also understand that this release can be revoked by me at any time and that revocation must be signed and dated by me and that the revoking of the release will not affect information released prior to the revoking of the release.

**THIS AUTHORIZATION SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT FOR THE FOLLOWING PERIOD** (Initial one (1) of the following):

\_\_\_\_\_ This authorization expires within one (1) year of the effective date below (may not be longer than five (5) years from the signature date below)

\_\_\_\_\_ This authorization is in effect for five (5) years from the signature date below

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

City of  
**BUENA PARK**  
Center of the Southland

Community Services Department  
**HOMELESS OUTREACH PROGRAM**

**NEW CLIENT INTAKE FORM**

Access ID No. \_\_\_\_\_ Outreach Worker \_\_\_\_\_  
Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

\*Full Name: \_\_\_\_\_

\*Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

\*Race: \_\_\_\_\_ \*Hispanic: \_\_\_\_\_

\*Income Level: \_\_\_\_\_ \*Type (Homeless or Other): \_\_\_\_\_

Place of Origin: \_\_\_\_\_ What brought them to Buena Park? \_\_\_\_\_

Home / Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

ID: Y / N Social Security Card: Y / N Birth Certificate: Y / N Medical Insurance: Y / N

What State? \_\_\_\_\_ What State? \_\_\_\_\_ What Group? \_\_\_\_\_

Do any of these conditions apply to you? Please check. ☐ Disability ☐ Mental Illness ☐ Substance Abuse ☐ Chronic Health Condition  
☐ HIV/AIDs ☐ Provider: \_\_\_\_\_

\*BP Resident: \_\_\_\_\_ \*Verified by: \_\_\_\_\_

Recent Residency (Previous lease, Previous utility service, Written confirmation of residency, School Records):  
\_\_\_\_\_

Proof of Strong Ties: \_\_\_\_\_ PD / Fire Referral / Code Enforcement: \_\_\_\_\_ Name of City Official: \_\_\_\_\_

Medically Compromised / Age 60+ years : \_\_\_\_\_

Veteran: \_\_\_\_\_ Branch of Service: \_\_\_\_\_ DD214: \_\_\_\_\_

☐ High Vuln. ☐ Moderate Vuln. ☐ Low Vuln.

**BP Resident Verification**

I am certifying that the client has been homeless, and I have verified that the client is a *Buena Park Resident*.

\_\_\_\_\_  
Name of Outreach Worker

\_\_\_\_\_  
Signature of Outreach Worker

\_\_\_\_\_  
Date

Notes (Please describe how BP Residency was verified and any interview details)

BUENA PARK SENIOR ACTIVITY CENTER  
8150 Knott Ave, Buena Park, CA 90620  
(714) 236 - 3870  
buenapark.com/seniors



## Community Development Block Grant Committee Agenda Report

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### G. FAIR HOUSING FOUNDATION

Meeting	Agenda Group
Thursday, February 13, 2025, 6:00 PM	COMMUNITY DEVELOPMENT BLOCK GRANT FUNDING PROPOSALS Item: 5G.
Presented By	Approved By
	Matt Foulkes, Director of Community Development

### DISCUSSION

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Attached is the FY 25-26 CDBG funding proposal for Fair Housing Foundation for consideration.

### Attachments

[FY 25-26 FAIR HOUSING FOUNDATION.pdf](#)

**City of Buena Park  
2025-2026 Community Development Block Grant (CDBG)**

**Funding Proposal Summary Sheet**

*Organization Name:*               **Fair Housing Foundation**

*Program Name:*                 **Fair Housing Services**

*Estimated Goal:*                **170 Households**

*Funding Request:*               **\$16,000**

**Organization Purpose:**

Fair Housing Foundation has successfully provided fair housing services to Buena Park residents for over ten (10) years. The program's purpose is to monitor unlawful housing discrimination to protect tenants and landlords from potential State and Federal Civil Rights Law violations. Fair Housing Foundation also provides a variety of other services including landlord/tenant counseling, education, and outreach activities.

**Description of Request:**

CDBG funds will be used for staff salaries, facility rent, communications, travel, consultant fees, insurance costs, and office supplies.

**Analysis of Request:**

The project meets the national objective of benefiting low- and moderate- income individuals. Fair Housing Foundation documents client data through call sheets, and maintains a database containing client's income and demographic information.

Fair Housing Foundation staff have the training and experience to assist Buena Park tenants and landlords regardless of race, gender, language, etc. They provide in-person workshops as well as online assistance to meet residents' fair housing needs.

HUD requires each entitlement city to implement a Fair Housing Program; therefore, it is cost effective to fund Fair Housing Foundation to provide these services.

**Funding Recommendation:**

Staff recommends funding in the amount of **\$16,000**.



Please answer the following questions completely. If any questions are left unanswered, your application will not be considered. You may attach additional sheets and/or supporting materials as needed.

1	<p align="center"><b>ACTIVITY DESCRIPTION</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p>
	<p>Describe the proposed activity, including services to be provided and goals to be accomplished.</p> <ul style="list-style-type: none"> <li>• Why is there a need for this activity in the City of Buena Park?</li> <li>• Identify the location of the activity and the service area boundaries.</li> <li>• Describe specifically the intended use of the CDBG funds.</li> </ul>
	<p>The Fair Housing Foundation (FHF), a non-profit corporation, continuously providing fair housing services to multiple municipalities for 60 years. FHF is dedicated to eliminating discrimination in housing and promoting equal access to housing choices for everyone.</p> <p>FHF's Fair Housing Program exceeds the HUD, CDBG requirement to Affirmatively Further Fair Housing as well as providing a valuable resource for the City and community at large. The Fair Housing Program includes:</p> <ul style="list-style-type: none"> <li>A. Fair Housing Discrimination Complaint Intake, Investigations, and Resolution: Counsel allegations of housing discrimination, intake of bonafide allegations, and testing and investigation to uncover whether or not there is evidence of discrimination. If evidence of discrimination is found to substantiate the allegations, cases are resolved through conciliation, our first choice, an administrative agency referral to the federal Department of Housing and Urban Development (HUD) or Civil Rights Department (CRD) or an outside attorney referral.</li> <li>B. Education and Outreach Activities: To educate tenants, landlords, owners, realtors, and property management companies on fair housing laws and to promote consumer interest. All education and outreach activities are conducted within Buena Park City limits. These include the staffing of booths, conducting Fair Housing Workshops, providing presentations, attending community meetings, and assisting with City services such as training staff.</li> <li>C. Tenant and Landlord Counseling, Mediations, and Assistance: Provide practical and accurate information and guidance to landlords and tenants based on their rights and responsibilities. Provide mediations and provide effective referrals for unresolved complaints.</li> <li>D. Affirmatively Further Fair Housing Activities: Assist cities in reporting their efforts to Affirmatively Further Fair Housing (AFFH), plan and implement activities, conduct audits and programs to address the Analysis of Impediments to Fair Housing Choice.</li> </ul> <p>FHF brings decades of experience to the process of recording and reporting and are committed to providing only high quality, prompt, and courteous service to all. The number of contract cities continuously grows for no other reason than FHF's program and service delivery. FHF currently provides a comprehensive and viable Fair Housing Program to the following 27 cities in Los Angeles and Orange Counties: Aliso Viejo, Bellflower, Carson, Compton, Costa Mesa, Downey, Fullerton, Garden Grove, Gardena, Hawthorne, Huntington Beach, Huntington Park, Irvine, La Habra, Lancaster, Long Beach, Lynwood, Mission Viejo, Newport Beach, Norwalk, Orange, Paramount, Rosemead, San Clemente, South Gate, Tustin, and Westminster. FHF is fully prepared and has the experience to provide fair housing services to the City of Buena Park.</p>



As a contractor with 27 cities, FHF receives multiple annual reviews and monitorings. For the past 30-years, FHF has not received a finding. Our ongoing relationship with City staff continues to excel. FHF is a well-oiled machine that followings policies, procedures, and regulations.

FHF proposes to meet or exceed the following performance Objectives and Goals. Unless otherwise noted the Education and Outreach Services will be performed within the City of Buena Park.

<b>TOTAL UNDUPLICATED HOUSEHOLDS IS 170</b>	
	<b>Proposed</b>
<b>Discrimination Services</b>	
Fair Housing Inquiries	15
<b>Tenant Landlord Services</b>	
Counseling	155
<b>Education &amp; Outreach Services – In City Limits</b>	
Persons Directly Assisted at Activities	400
Advertising:	
PSA's Announcing Activities on City Cable	3
Flyers Announcing Activities (100 each)	4
Booths	2
Community Relations:	
Community Agency Contacts	2
Community Agency Presentations	3
Community Agency Meetings	8
Literature Distribution	6,000
Workshops:	
Fair Housing Workshops (virtual & in-person)	4
Walk-In Clinics	4
<b>Education &amp; Outreach Services – All City</b>	
Poster Contest and Reception	1

FHF does not limit the number of Buena Park clients served although the goal of unduplicated clients is 170 households with direct services and another 400 impacted through outreach activities. The program provides services that benefit households, individuals, seniors, renters, landlords, persons with mental illness and disabilities by addressing general housing and fair housing issues in their living environment to improve services, housing, and/or shelter.

With the average of 10 years of service, FHF maintains a full-time staff of eleven (12) and 4 are HUD Certified. FHF's staff provide services in English, Spanish, Vietnamese, and American Sign Language (ASL). In addition, FHF maintains a contract with Certified Languages International for real time translation and interpreting services in 230+ additional languages. We have a new addition to FHF staff, a full-time receptionist answering all incoming calls, emails, and website instant chat messages.

FHF has two offices, (1) 3605 Long Beach Blvd., #302, Long Beach CA 90807 and (2) 1855 W. Katella Ave. Ste 355, Orange, CA 92867. Both offices are open Monday through Friday, 8:00 am to 5:00 pm excluding holidays and are accessible to persons with disabilities, as well as being directly located on the local bus line stops.



Direct Client Services included in the Fair Housing Program, are free and available through multiple avenues, including:

- Contacting FHF utilizing our toll-free 800-446-3247. All incoming calls are answered directly by staff during normal business hours.
- Walk-in clients receive assistance in accordance with our first come, first serve policy. The exception to this is obviously accommodating those with disabilities, whom received assistance immediately.
- Appointments are available to all those choosing this option as well as being required for all mediations.
- Visiting FHF's website at [www.fhfca.org](http://www.fhfca.org), for research, service request, searching education opportunities, reserving space in trainings, and instant chat to speak to staff.
- In person at any of the education and outreach activities conducted in the City of Buena Park
- We accept email communication using [info@fhfca.org](mailto:info@fhfca.org)
- Virtual appointments are available with staff.

The total proposed cost for the continuation of providing FHF's Fair Housing Program is \$16,000. CDBG funds are allocated based on FHF's Cost Allocation Plan for all assigned personnel and direct costs.

2

### **TARGET POPULATION**

[24 CFR 570.200(a), 570.201-570.208, 570.503]

Describe the target population for this activity and the number of estimated unduplicated Buena Park residents to be served from July 1, 2025 through June 30, 2026.

- How was the estimated number of clients determined?
- How will you reach your target population?
- Explain why this activity is needed for this target population.

This Fair Housing Program provides programs and services which promote and encourage fair housing opportunities, protections, and remedies to all tenants, housing providers, and home-seekers regardless of their protected class including Race, Color National Origin, Disability, Religion, Gender, Familial Status, Marital Status, Source of Income, Sexual Orientation, and Age.

FHF's Fair Housing Program is available to all tenants, home-seekers, home-owners, housing providers, management companies, realtors. As an organization, well over 86% of clients whom receive direct client services of fair housing and tenants and landlords are of extremely low, very low, and low-income households.

FHF specifically targets, promotes, and addresses the needs of specific groups including:

1. Extremely low-and low-income households - 91% of YTD clients
2. Those with physical, mental, and emotional disabilities - 19% of YTD clients
3. Non-English Speaking individuals - 16% of YTD clients
4. Female Headed Households - 44% of YTD Clients
5. Seniors - 20% of YTD Clients

FHF provides a comprehensive, extensive, and viable education and outreach department to reach our target population. The purpose the department is to educate tenants, landlords, owners, realtors, and property management companies on fair housing laws; to promote media and consumer interest; and to secure grass roots involvement within the community. FHF conducts outreach and education activities as a vital part of our practices. FHF has learned to utilize the expertise of all staff in the Education and Outreach department.

To achieve the highest level of participating at each-and-every activity conducted, FHF has a checklist of marketing strategies and requirements to accomplish for each activity. They include developing a flyer, marketing the flyer to City staff, community-based organizations and to our ever-expanding database of tenants, landlords, owners within the city, ensure the activity is announced on the public cable channel and included in the local paper, and lastly added to our website. Additionally, FHF provides all the above with monthly lists of upcoming activities. FHF staff take all necessary steps to ensure that all parties involved and/or interested, obtain this information.

FHF's has an excellent education and outreach team that has expanded and continues to evolve and adapt to stay current with the times. FHF provides now offers a hybrid model to include both virtual and in-person activities within the city limits. FHF offers virtual Fair Housing Workshops using zoom and virtual one-on-one counseling with clients. The FHF website has been upgraded for easy use and provides language translations and instant chat. Additionally, FHF has increased our social media presence and incorporating literature distribution using email lists collected from our clientele and USPS door-to-door mailers targeting low-income zip codes.

FHF believes that building working relationships and collaborations with individuals and groups throughout our service areas provides untapped avenues to reach the entire population in the city. Community organizations we have worked with include Buena Park Library, Boys & Girls Club of Buena Park, Korean Community Services, Giving Children Hope, Meals on Wheels, Walter Ehlers Community Center, Chambers of Commerce, and Buena Park Collaborative.

Based on the above-mentioned data, FHF proposes to provide 170 unduplicated households with direct client services and another 400 individuals receiving assistance through education and outreach services from July 1, 2025 through June 30, 2026.

3

**NATIONAL OBJECTIVES**

[24 CFR 570.200(a), 570.201-570.208, 570.503]

Describe in detail how the activity meets at least one of the three CDBG Program national objectives.

Select one:

- ☒ Benefit low- and moderate-income persons in Buena Park;  
☐ Aid in the prevention or elimination of slums or blight in Buena Park;  
☐ Meet a need having a particular urgency in Buena Park.

FHF's *Fair Housing Program* meets the U.S. Department of Housing and Urban Development requirement that CDBG recipients must Affirmatively Further Fair Housing. This requirement is outline in the following:

- Title VIII of the Civil Rights Act of 1968
- Section 808(e)(5) of the Fair Housing Act
- Section 104(b)(2) of the Housing and Community Development Act of 1974
- Section 105(b)(3) of the National Affordable Housing Action of 1990

As reported in a 2009 HUD monitoring, FHF is a bonafide Fair Housing Organization qualified to meet the fair housing need to Affirmatively Further Fair Housing.

FHF's *Fair Housing Program* meets the National Objective to benefit low and moderate-income persons, area wide, throughout the entire city limits of Buena Park. The program specifically provides for the provision of public and community services for very low and low-income persons and persons with special needs. Historically, FHF provides direct client services to 86% low and very low-income persons. The program provides services that benefit households, individuals, seniors, renters, landlords, persons with mental illness and disabilities by addressing general housing and fair housing issues in their living environment to improve services, housing, and/or shelter.

4

**BUDGET**

[24 CFR 570.502-570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circular A-87, A-122, Treasury Circular No. 1075]

Itemize administrative and operational costs for the proposed activity. Cost Category may include: staff salaries and benefits, rent, utilities, etc.

Column A Budget Item	Column B CDBG Amount Requested	Column C Name of other funding source	Column D Amount of other funding committed	Column E Total Amount
Overhead (list job titles below)	Salaries			
Executive Director	\$ 1,561	CDBG-Other Municipals	\$ 56,436	\$ 57,997
Community Engagement Liaison	\$ 1,328	CDBG-Other Municipals	\$ 48,042	\$ 49,371
Program Manager	\$ 1,057	CDBG-Other Municipals	\$ 38,228	\$ 39,285
Outreach Coordinator	\$ 640	CDBG-Other Municipals	\$ 23,144	\$ 23,784
Outreach Coordinator	\$ 906	CDBG-Other Municipals	\$ 32,759	\$ 33,665
Fair Housing Analyst	\$ 135	CDBG-Other Municipals	\$ 4,874	\$ 5,009

Case Analyst	\$ 83	CDBG-Other Municipals	\$ 2,988	\$ 3,070
Housing Counselor	\$ 1,036	CDBG-Other Municipals	\$ 37,453	\$ 38,489
Housing Counselor	\$ 1,101	CDBG-Other Municipals	\$ 39,824	\$ 40,926
Housing Counselor	\$ 927	CDBG-Other Municipals	\$ 33,537	\$ 4,465
Housing Counselor	\$ 931	CDBG-Other Municipals	\$ 33,660	\$ 34,591
Receptionist	\$ 288	CDBG-Other Municipals	\$ 10,405	\$ 10,693
Testers	\$ 108	CDBG-Other Municipals	\$ 3,892	\$ 4,000
Fringe Benefits	\$ 1,212	CDBG-Other Municipals	\$ 43,836	\$ 45,048
*Contract Services:				
<b>TOTAL PERSONNEL BUDGET:</b>	<b>\$ 11,312</b>		<b>\$ 409,081</b>	<b>\$ 420,393</b>
Rent/Lease:	\$ 1,957	CDBG-Other Municipals	\$ 70,757	\$ 72,714
Communications:	\$ 396	CDBG-Other Municipals	\$ 14,319	\$ 14,715
Mileage & Travel:	\$ 275	CDBG-Other Municipals	\$ 9,959	\$ 10,234
Consultants:	\$ 483	CDBG-Other Municipals	\$ 17,465	\$ 17,948
Insurance:	\$ 508	CDBG-Other Municipals	\$ 18,376	\$ 18,884
Supplies:	\$ 1,069	CDBG-Other Municipals	\$ 38,662	\$ 39,732
Other:				
<b>TOTAL NON-PERSONNEL BUDGET:</b>	<b>\$ 4,688</b>		<b>\$ 169,539</b>	<b>\$ 174,227</b>
<b>TOTAL PROJECT BUDGET FOR:</b>	<b>Column B</b>		<b>Column D</b>	<b>Column E</b>
	<b>\$ 16,000</b>		<b>\$ 578,620</b>	<b>\$ 594,620</b>

5

**ELIGIBILITY DOCUMENTATION**

If the proposed activity is a public service, describe what form of documentation will be collected to demonstrate that at least 70% of persons served are low- and moderate-income, as required by HUD, and a minimum of 20% are Buena Park residents. (Please attach a copy of the activity's client intake/application/registration form)

All services provided within the Fair Housing Program are available to all residents, home-seekers, and housing providers in the City of Buena Park.

However, FHF does receive and verify income as required. For Landlord/Tenant direct client services, this information is required and maintained in our Case Management database, including household size, income amount, and income level. The annual HUD income standards are changed on the back end of the database every year. For every bonafide fair housing case opened, a narrative of the income information provided by the client is included in the Complaint Narrative. The Complaint Narrative is a declaration of the alleged discrimination as well as the income information provided. The client is required to review and sign the Complaint Narrative as complete and accurate. If required, FHF will request and provide supporting documents.

For tenant landlord inquiries, this above information is requested from every client and taken as factual. For fair housing cases, this information, as well as the additional required information for the City, is included in the Complaint Narrative. The Complaint Narrative is a declaration of the alleged discrimination and income statement. Once the intake is completed, the Complaint Narrative is printed, mailed to the clients, signed, returned to our office, and inserted into the file.

Therefore, the data provided to the City will illustrate that a minimum of 75%, although in 2023-2024 the actual represented 96% of those provided with direct client services were extremely-low, very-low, and low-income households.

6

**OUTCOME PERFORMANCE MEASUREMENT SYSTEM**

[24 CFR 570.200(a), 570.201-570.208, 570.503]

Please indicate the activity's Objective, Outcome, Outcome Statement, Purpose, and indicators that will be used to measure, track and report performance. Refer to the instructions on Page 5 through Page 7 of the RFP.

**A. Select one Objective:**

- ☒ Suitable Living Environment  
☐ Decent Affordable Housing  
☐ Economic Opportunities

**B. Select one Outcome:**

- ☐ Availability/Accessibility  
☐ Affordability  
☒ Sustainability

**C. Using the following formula, provide the activity's Purpose:**

Purpose = Output + Outcome Statement + Activity

One hundred and ninety (155) households will have access to general housing counseling, unlawful detainer assistance and mediations for the purpose of creating a suitable living environment.

Ten (15) households will have access to fair housing discrimination counseling, bonafide case intake, and resolution for the purpose of creating a suitable living environment.

Three Hundred (400) individuals will have access to general housing and housing discrimination education through the activities conducted in the City for the purpose of creating a suitable living environment.

**D. Identify the common, specific, and/or other indicators for the activity**

**a. Common Indicators**

FHF will report on the number of households assisted, income levels, racial/ethnic and disability categories on a monthly, quarterly, and annual basis.

**b. Specific Indicators**

FHF will report on the number of persons assisted with new and or improved access to FHF's Fair Housing Program.

**c. Other Indicators**

FHF utilizes four (4) main forms to ensure outcomes and objectives are specific and measurable. All forms are used on an ongoing basis to evaluate the effectiveness of our programs and to ensure that the outcomes and objectives are achieved.

The first is an extensive Fair Housing Case Management database. This database captures everything pertaining to a client including dates, addresses, contact information, household size, source of income, amount of income, gender, race, and female head of household. Every client is entered into this database and generates reports specific to each city enabling accurate reporting to HUD. The reports generated by this application are both in statistical and narrative formats. This database provides monthly reports used at the monthly achievements and requirements staff meeting to ensure contract compliance and achievement of outcomes.

The second is the Education and Outreach database. It captures the date, time, staff, list of attendees, address, and a narrative of each and every education and outreach activity conducted. The number of persons in attendance, and the pieces of literature distributed. The reports generated are in the narrative format. This database provides monthly reports used at the monthly achievements and requirements staff meeting to ensure contract compliance, achievement of outcomes, as well as reports on future scheduled activities.

The third in 2010 FHF developed a Program Outcome Based Analysis Reporting Tool (POBART). POBART is tool put into place to assist FHF to track and monitor activities, inputs, and outputs. The POBART is used annually within each department to review the effectiveness of each type of education and outreach activity. The result may include revising the activity to increase attendance or effectiveness or even revamping the entire activity to meet a need not currently being addressed.

The fourth is our relationship and communication with City staff. The open communication between City staff and consultants with FHF staff in general but primarily directly with the Executive Director ensures the success of FHF's Fair Housing Program for the City. It is only with this level of communication that FHF can be kept abreast of the needs and expectations of the City. Because FHF brings our services to the City, we are in the exceptional position of not just working for the City but working with the City.

All four forms are used continuously to adapt, improve, and increase the effectiveness of our entire Fair Housing Program

## ACKNOWLEDGEMENT REGARDING BIDDER SAM REGISTRATION

Pursuant to 2 CFR Section 5.1004 and the requirement of the U.S. Department of Housing and Urban Development (HUD), contractors procured directly by grantees, sub-grantees, and/or sub-recipients of HUD funds, including CDBG are required to have an active registration in the System of Award Management (SAM). This document shall be completed and submitted as part of the proposal.

1. By submitting this proposal, the prospective sub-recipient certifies that it has an active registration in SAM that is not set to expire within the next 90 days.
2. By submitting this proposal, the prospective sub-recipient certifies neither it, its principals nor affiliates, is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
3. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that an erroneous certification was rendered, in addition to other remedies available to the Federal Government, the Department or agency with which this transaction originated may pursue available remedies.
4. Further, the prospective sub-recipient shall provide immediate written notice to the person to which this proposal is submitted if at any time the Participant learns that this certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. By submitting this proposal, it is agreed that should the proposed covered transaction be entered into, the prospective sub-recipient will not knowingly enter into any lower-tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction unless authorized by the agency with which this transaction originated.
6. It is further agreed that by submitting this proposal, the prospective sub-recipient will include Certification of Subcontractor Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion without modification, in all lower-tier covered transactions and in all solicitations for lower-tier covered transactions.

Provide the following information as detailed in the prospective sub-recipient's SAM registration:

Entity Name: Fair Housing Foundation

Address: 3605 Long Beach Blvd. Ste 302

City: Long Beach State: CA Zip: 90807

Unique Entity ID (UEI): UPWKXNY53BL Expiration Date: 02/26/2025

Active Exclusions (Select One): ☐ Yes ☒ No



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,  
INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS**

This certification is required by the regulations implementing Executive Orders 12549 and 12689, Debarment and Suspension, and 2 CFR Part 200, Participants' responsibilities.

*(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS BELOW)*

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principles are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**Organization Name:** Fair Housing Foundation

**Address:** 3605 Long Beach Blvd. Ste 302, Long Beach, CA 90807

**Stella Verdeja, Executive Director**

Name and Title of Authorized Representative

  
Signature

12/17/2024

Date

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction", "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant", "person", "primary covered transaction", "principal", "proposal", and "voluntarily excluded", as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Orders 12549 and 12689.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transactions", without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the System for Award Management (SAM).
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

## FHF Client Intake Form

Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. P.M. Interviewer: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: ☐ Female ☐ Male ☐ Unknown ☐ Contract City Name: \_\_\_\_\_

Race: ☐ Am Ind/ Alsk ☐ Am Ind/Alsk & Black ☐ Am Ind/Alsk & White ☐ Asian ☐ Asian & White ☐ Blk/ Afr  
Am ☐ Blk/Afr Am & White ☐ Pacific Islander ☐ White ☐ Other \_\_\_\_\_

Ethnicity: ☐ Latino ☐ Non Latino National Origin: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Language Spoken: ☐ Armenian ☐ Cambodian ☐ English ☐ Indonesian ☐ Khmer ☐ Mandarin ☐ Russian  
☐ Spanish ☐ Vietnamese ☐ Other \_\_\_\_\_

Type of Visit: ☐ Email ☐ Office ☐ Telephone ☐ Website ☐ Other \_\_\_\_\_

Type of Caller: ☐ Homebuyer ☐ In-place Tenant ☐ Landlord/Manager ☐ Management Company  
☐ Realtor ☐ Property Owner ☐ Rental Home-seeker ☐ Other \_\_\_\_\_

Referral: ☐ City Hall ☐ CBO ☐ FH Council ☐ FHF Activity ☐ Friend ☐ Newsprint ☐ Radio ☐ Television  
☐ Other \_\_\_\_\_

Council District: \_\_\_\_\_ Source of Income: \_\_\_\_\_ Income Level: ☐ High ☐ Medium ☐ Low ☐ Very Low  
Income Amnt: \_\_\_\_\_ No. of people in household \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Comments: \_\_\_\_\_

Female Head: ☐ Yes ☐ No Rent Control: ☐ Yes ☐ No Disabled: ☐ Yes ☐ No Senior Citizen: ☐ Yes ☐ No

### General Housing Issue

<input type="checkbox"/> Eviction	<input type="checkbox"/> G.H. Issue	<input type="checkbox"/> Harassment	<input type="checkbox"/> Illegal Entry	<input type="checkbox"/> Late Fees	<input type="checkbox"/> Lease Terms	<input type="checkbox"/> Lockout
<input type="checkbox"/> Notices	<input type="checkbox"/> Parking	<input type="checkbox"/> Pets	<input type="checkbox"/> Ref. to Rent	<input type="checkbox"/> Ref. to Sell	<input type="checkbox"/> Rent Control	<input type="checkbox"/> Rent Increase
<input type="checkbox"/> Section 8	<input type="checkbox"/> Sec. Deposit	<input type="checkbox"/> Habitability	<input type="checkbox"/> Utilities	<input type="checkbox"/> Other: _____		

### General Housing Action

<input type="checkbox"/> Ref. to Attorney	<input type="checkbox"/> Building and Safety	<input type="checkbox"/> Code Enforcement	<input type="checkbox"/> Consumer Affairs
<input type="checkbox"/> Correspondence	<input type="checkbox"/> County Assessor	<input type="checkbox"/> Discrimination Department	<input type="checkbox"/> Health Department
<input type="checkbox"/> Housing Authority	<input type="checkbox"/> Legal Aid	<input type="checkbox"/> Mediation	<input type="checkbox"/> Other FH Group
<input type="checkbox"/> Resolved	<input type="checkbox"/> Rent Stabilization	<input type="checkbox"/> Small Claims Court	<input type="checkbox"/> U.D. Assistance
<input type="checkbox"/> Habitability Coordinator	<input type="checkbox"/> Other: _____		

Interviewer: \_\_\_\_\_ Time Spent: \_\_\_\_\_

### Discrimination

<input type="checkbox"/> Age	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Color	<input type="checkbox"/> Familial Status	<input type="checkbox"/> Gender
<input type="checkbox"/> Harassment	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Mental Disability	<input type="checkbox"/> National Origin	<input type="checkbox"/> Physical Disability
<input type="checkbox"/> Race	<input type="checkbox"/> Religion	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Source of Income	<input type="checkbox"/> Arbitrary: _____

### Discrimination Action

☐ Resolved ☐ Other (Pending an action) ☐ Case Opened: Case # \_\_\_\_\_

Interviewer: \_\_\_\_\_ Time Spent: \_\_\_\_\_

**Internal Revenue Service**

**Department of the Treasury**

**P. O. Box 2508  
Cincinnati, OH 45201**

**Date:** December 20, 2000

**Person to Contact:**  
Michael Dutcher 31-07421  
Customer Service Specialist  
**Toll Free Telephone Number:**

8:00 a.m. to 9:30 p.m. EST

877-829-5500

**Fax Number:**  
513-263-3756

**Federal Identification Number:**  
95-6122678

Fair Housing Foundation  
200 Pine Ave Ste 240  
Long Beach, CA 90802-3037

Dear Sir or Madam:

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on June 22, 2000. We have updated our records to reflect those changes and revised your name as indicated above.

Our records indicate that a determination letter issued in December 1965 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(2).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

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

Fair Housing Foundation  
95-6122678

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

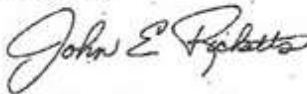
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

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

This letter affirms your organization's exempt status.

Sincerely,



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





STATE OF CALIFORNIA  
**FRANCHISE TAX BOARD**  
PO BOX 942857  
SACRAMENTO CA 94257-0540

## Entity Status Letter

Date: 1/13/2025

ESL ID: 4783837975

### Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 0483197

Entity Name: FAIR HOUSING FOUNDATION

- ☒ 1. The entity is in good standing with the Franchise Tax Board.
- ☐ 2. The entity is **not** in good standing with the Franchise Tax Board.
- ☒ 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
- ☐ 4. We do not have current information about the entity.
- ☐ 5. The entity was administratively dissolved/cancelled on \_\_\_\_\_ through the Franchise Tax Board Administrative Dissolution process.

### Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

### Connect With Us

Web: **ftb.ca.gov**  
Phone: 800-852-5711 from 7 a.m. to 5 p.m. weekdays, except state holidays  
916-845-6500 from outside the United States

California

Relay Service: 711 or 800-735-2929 (For persons with hearing or speech impairments)



## Community Development Block Grant Committee Agenda Report

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### H. BOYS AND GIRLS CLUB OF BUENA PARK

Meeting	Agenda Group
Thursday, February 13, 2025, 6:00 PM	COMMUNITY DEVELOPMENT BLOCK GRANT FUNDING PROPOSALS Item: 5H.
Presented By	Approved By
	Matt Foulkes, Director of Community Development

### DISCUSSION

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Attached is the FY 25-26 CDBG funding proposal for the Boys & Girls Club of Buena Park for consideration.

### Attachments

[FY 25-26 BOYS AND GIRLS CLUB.pdf](#)

**City of Buena Park  
2025-2026 Community Development Block Grant (CDBG)**

**Funding Proposal Summary Sheet**

*Organization Name:* **Boys & Girls Club of Buena Park**

*Program Name:* **BGCBP**

*Estimated Goal:* **3,200 Individuals**

*Funding Request:* **\$47,397**

**Organization Purpose:**

The purpose of the Boys & Girls Club is to improve the quality of life of Buena Park's youth through a variety of social and recreational programs addressing character and leadership development, arts, education, and career development, health and life skills, sports, and fitness and recreation. In addition to these services, the program also provides low cost dental treatment to children who qualify.

**Description of Request:**

CDBG funds will be used to reimburse utility costs including electricity, telephone, and internet services at their facility, 7758 Knott Ave., Buena Park, CA 90620.

**Analysis of Request:**

The project meets the national objective of benefiting low- and moderate- income individuals. Club members are required to submit a membership form, which includes their ethnicity, household size, household income, and other demographic information. The Boys and Girls Club serves over 1,000 children, ages 4-18, at their on-site facility and participating school campuses.

**Funding Recommendation:**

Staff recommends funding in the amount of **\$10,000**.

**CITY OF BUENA PARK  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM**

FY 2025-2026 CDBG GRANT APPLICATION

**DUE BY DECEMBER 19, 2024 AT 5:00 PM**

**Approximate total funds available for public services: \$116,110**

<b>Organization Name</b>	Boys & Girls Club of Buena Park		
<b>Activity/Program Name</b>	BGCBP		
<b>Address</b>	7758 Knott Ave. Buena Park CA 90620		
<b>Contact Person/Title</b>	Todd Trout CEO		
<b>Email Address</b>	tdtrout@theplaceforki	<b>Phone Number</b>	714-522-7259

Estimated individuals or households to be served by proposed activity during FY 2025-2026  
(Including Buena Park residents and non-Buena Park residents):

Estimated Goal: 4,000    ☒ Individuals    ☐ Households

Estimated Buena Park residents or households to be served by proposed activity during  
FY 2025-2026:

Estimated Goal: 3,200    ☒ Individuals    ☐ Households


Please indicate the amount of CDBG funds being requested:

Public Service Activities

\$ 47,397  
\$ 54,490 *TM*

Other Eligible Activities

\$ \_\_\_\_\_

  
(Signature of authorized representative)

12/17/2024  
Date

TODD TROUT CEO  
(Name and Title of authorized representative)



Organization Name: Boys & Girls Club of Buena Park

Program Name: BGCBP

Please answer the following questions completely. If any questions are left unanswered, your application will not be considered. You may attach additional sheets and/or supporting materials as needed.

1	<p style="text-align: center;"><b>ACTIVITY DESCRIPTION</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Describe the proposed activity, including services to be provided and goals to be accomplished.</p> <ul style="list-style-type: none"><li>• Why is there a need for this activity in the City of Buena Park?</li><li>• Identify the location of the activity and the service area boundaries.</li><li>• Describe specifically the intended use of the CDBG funds.</li></ul> <p>The Boys &amp; Girls Club of Buena Park is the only facility-based agency in the entire City of Buena Park providing after-school educational and recreational programs for youth ages 4 – 18. Boys &amp; Girls Club's program focus is broken down into five key Core Areas: The Arts; Character and Leadership Development; Education and Career Development; Health and Life Skills; Sports, Fitness and Recreation.</p> <p>In cooperation with the Boys &amp; Girls Club, St. Jude Medical Center manages the St. Jude Medical Center Dental Clinic as well as youth sports programs and other yearly activities. An estimated 1,000 youth and teens participate annually.</p> <p>The funds being requested will be used for a portion of the utility costs for the Boys &amp; Girls Club main facility, and the St. Jude Medical Center Dental Clinic (located on the Boys &amp; Girls Club property).</p>
2	<p style="text-align: center;"><b>TARGET POPULATION</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Describe the target population for this activity and the number of estimated unduplicated Buena Park residents to be served from July 1, 2025 through June 30, 2026.</p> <ul style="list-style-type: none"><li>• How was the estimated number of clients determined?</li><li>• How will you reach your target population?</li><li>• Explain why this activity is needed for this target population.</li></ul> <p>Our Target population is youth and teens ages 4-18 years old. With the youth served through the dental clinic onsite along with our monthly/yearly membership and community outreach activities (Sports leagues/tournaments, service clubs/projects) we continue to serve a steady number of families coming out of previous pandemic restrictions. Through the pandemic we have transitioned to include services to families and not just limited to youth and teens. We recognize our members are better served when their family's needs are met in ways the Club can be of assistance.</p>

Organization Name: Boys & Girls Club of Buena Park

Program Name: BGCBP

<b>3</b>	<p style="text-align: center;"><b>NATIONAL OBJECTIVES</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Describe in detail how the activity meets at least one of the three CDBG Program national objectives. Select one:</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Benefit low- and moderate-income persons in Buena Park;  <input type="checkbox"/> Aid in the prevention or elimination of slums or blight in Buena Park;  <input type="checkbox"/> Meet a need having a particular urgency in Buena Park.         </p> <p>The Boys &amp; Girls Club of Buena Park continues to provide services to youth from low-and-moderate income households. Over 80% of the members live in households that fall within that targeted economic range and are in need of after school services, summer program services, mental and physical health services (provided through community partnerships i.e: ST. Jude, BP Police Department). Our Education, Health and Fitness, Leadership and Community Service, as well as Fine Arts along with the mentorship our Staff provide in the crucial years of development, play a huge role in bettering individual and families lives. We help prepare youth and teens for the challenges which lead to so many pitfalls these days in so many lives. We help guide youth and teens to successful pathways that help navigate the pitfalls and help create strong citizens that create a positive force in our communities.</p>																																																
<b>4</b>	<p style="text-align: center;"><b>BUDGET</b> [24 CFR 570.502-570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circular A-87, A-122, Treasury Circular No. 1075]</p> <p>Itemize administrative and operational costs for the proposed activity. Cost Category may include: staff salaries and benefits, rent, utilities, etc.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0f0ff;"> <th style="text-align: center;">Cost Category</th><th style="text-align: center;">CDBG Funding Request</th><th style="text-align: center;">Other Funding Sources</th><th style="text-align: center;">Total Cost</th></tr> </thead> <tbody> <tr> <td>Phones</td><td style="text-align: right;">\$ 7299</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$ 7299</td></tr> <tr> <td>Internet</td><td style="text-align: right;">\$ 4427</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$ 4427</td></tr> <tr> <td>Electricity</td><td style="text-align: right;">\$ 25000</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$ 25000</td></tr> <tr> <td>Alarm</td><td style="text-align: right;">\$ 2534</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$ 2534</td></tr> <tr> <td>Vision &amp; Neon Tracking System</td><td style="text-align: right;">\$ 7093</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$ 7093</td></tr> <tr> <td>IT Services</td><td style="text-align: right;">\$ 8137</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$ 8137</td></tr> <tr> <td><del>Vision &amp; Neon Tracking System</del></td><td style="text-align: right;"><del>\$ 7093</del></td><td style="text-align: right;"><del>\$</del></td><td style="text-align: right;"><del>\$ 7093</del></td></tr> <tr> <td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr> <td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr> <td> </td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> <tr> <td style="text-align: right;"><b>Total</b></td><td style="text-align: right;"><b>\$ <del>54490</del></b></td><td style="text-align: right;"><b>\$</b></td><td style="text-align: right;"><b>\$ <del>54490</del></b></td></tr> </tbody> </table>	Cost Category	CDBG Funding Request	Other Funding Sources	Total Cost	Phones	\$ 7299	\$	\$ 7299	Internet	\$ 4427	\$	\$ 4427	Electricity	\$ 25000	\$	\$ 25000	Alarm	\$ 2534	\$	\$ 2534	Vision & Neon Tracking System	\$ 7093	\$	\$ 7093	IT Services	\$ 8137	\$	\$ 8137	<del>Vision &amp; Neon Tracking System</del>	<del>\$ 7093</del>	<del>\$</del>	<del>\$ 7093</del>		\$	\$	\$		\$	\$	\$		\$	\$	\$	<b>Total</b>	<b>\$ <del>54490</del></b>	<b>\$</b>	<b>\$ <del>54490</del></b>
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47,397

47,397

Organization Name: Boys & Girls Club of Buena Park

Program Name: BGCBP

5	<p align="center"><b>ELIGIBILITY DOCUMENTATION</b></p> <p>If the proposed activity is a public service, describe what form of documentation will be collected to demonstrate that at least 70% of persons served are low- and moderate-income, as required by HUD, and a minimum of 20% are Buena Park residents. (Please attach a copy of the activity's client intake/application/registration form)</p> <p>Each member of the Boys &amp; Girls Club is required to complete a membership form which includes the following information: Ethnicity; Household Size and Annual Income; Place of Residence and Employment; and Head of Household. The membership Application has been designed to reflect the required information desired by HUD.</p> <p>The financial breakdown of the Household Income is taken directly from the "CDBG Income Limits" documents distributed by the City of Buena Park.</p>
6	<p align="center"><b>OUTCOME PERFORMANCE MEASUREMENT SYSTEM</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Please indicate the activity's <u>Objective</u>, <u>Outcome</u>, <u>Outcome Statement</u>, <u>Purpose</u>, and indicators that will be used to measure, track and report performance. Refer to the Instructions on Page 5 through Page 7 of the RFP.</p> <p><b>A. Select one <u>Objective</u>:</b></p> <p><input type="checkbox"/> Suitable Living Environment  <input type="checkbox"/> Decent Affordable Housing  <input type="checkbox"/> Economic Opportunities</p> <p><b>B. Select one <u>Outcome</u>:</b></p> <p><input type="checkbox"/> Availability/Accessibility  <input type="checkbox"/> Affordability  <input type="checkbox"/> Sustainability</p> <p><b>C. Using the following formula, provide the activity's Purpose:</b></p> <p align="center">Purpose = Output + Outcome Statement + Activity</p> <p>We estimate over 3,000 youth and teens have access to positive mentorship, educational guidance and tutoring, in a daily program enriched in leadership and character development program that operates year-round, as well as other forms of participation throughout the year. These youth and teens have access to low-cost dental services and other mental and physical wellness programs, sporting activities as well as social mentorship activities.</p>

Organization Name: Boys & Girls Club of Buena Park

Program Name: BGCBP

**D. Identify the common, specific, and/or other indicators for the activity**

**a. Common Indicators**

Over 500 families benefit and receive weekly mentorship in our in person programs. The Club is a "second home" to many of our families in need. With the expansion of youth development programs (sporting activities, leagues, teen leadership programs BIG 6, Tri City Pod Cast, Dream it be it, Junior Staff) the youth and teens served have multiple layers of support by dedicated adult interaction in positive self esteem enhancement and other forms of care.

**b. Specific Indicators**

Over 75% have gained knowledge in our pre/post testing through our Leadership programs (SMART Moves, SMART Girls, MAN Cave, Torch Club, Keystone Club). 85% have shown improvement in reading/writing and math skills in our Power Hour Program.

**c. Other Indicators**

Over 50% have shown improvement in physical fitness assessments and participation in daily exercise and movement activities along with the growing belief and positive self-esteem enhancement in oneself.

## ACKNOWLEDGEMENT REGARDING BIDDER SAM REGISTRATION

Pursuant to 2 CFR Section 5.1004 and the requirement of the U.S. Department of Housing and Urban Development (HUD), contractors procured directly by grantees, sub-grantees, and/or sub-recipients of HUD funds, including CDBG are required to have an active registration in the System of Award Management (SAM). This document shall be completed and submitted as part of the proposal.

1. By submitting this proposal, the prospective sub-recipient certifies that it has an active registration in SAM that is not set to expire within the next 90 days.
2. By submitting this proposal, the prospective sub-recipient certifies neither it, its principals nor affiliates, is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
3. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that an erroneous certification was rendered, in addition to other remedies available to the Federal Government, the Department or agency with which this transaction originated may pursue available remedies.
4. Further, the prospective sub-recipient shall provide immediate written notice to the person to which this proposal is submitted if at any time the Participant learns that this certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. By submitting this proposal, it is agreed that should the proposed covered transaction be entered into, the prospective sub-recipient will not knowingly enter into any lower-tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction unless authorized by the agency with which this transaction originated.
6. It is further agreed that by submitting this proposal, the prospective sub-recipient will include Certification of Subcontractor Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion without modification, in all lower-tier covered transactions and in all solicitations for lower-tier covered transactions.

Provide the following information as detailed in the prospective sub-recipient's SAM registration:

Entity Name: Boys & Girls Club Buena Park

Address: 7758 Knott Ave.

City: Buena Park State: ca Zip: 90620

Unique Entity ID (UEI): npq1rmnbzv9 Expiration Date: 02/25/2025

Active Exclusions (Select One): ☐ Yes ☒ No

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,  
INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS**

This certification is required by the regulations implementing Executive Orders 12549 and 12689, Debarment and Suspension, and 2 CFR Part 200, Participants' responsibilities.

*(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS BELOW)*

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principles are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**Organization Name:** Boys & Girls Club Buena Park

**Address:** 7758 Knott Ave. Buena Park CA 90620

**Todd Trout CEO**

Name and Title of Authorized Representative

Signature

12/17/2024

Date

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction", "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant", "person", "primary covered transaction", "principal", "proposal", and "voluntarily excluded", as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Orders 12549 and 12689.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transactions", without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the System for Award Management (SAM).
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**CITY OF BUENA PARK  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM  
2025-2025 REQUEST FOR PROPOSALS (RFP)**

**ZONING/LAND USE APPROVAL**

This form shall only be used in City determination of eligibility for CDBG Grants and shall not constitute separate review for any other purpose.

\_\_\_\_\_  
Name of organization

\_\_\_\_\_  
Address of organization

\_\_\_\_\_  
Applicant name and title

\_\_\_\_\_  
Phone Number/Email

Describe business operation, including services provided and activities performed in sufficient detail to allow determination of eligibility to operate at property (use a separate page for additional information)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

To be completed by the City of Buena Park Planning Department

\_\_\_\_\_  
Use classification

\_\_\_\_\_  
Zoning

☐ Permitted Use

☐ Conditional Use Permit Required

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Planning Department Representative

\_\_\_\_\_  
Date



# 2024 BOYS & GIRLS CLUB OF BUENA PARK MEMBERSHIP

\*\*\*\*\*

## MEMBER INFORMATION

1. Member's Name First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Gender: M / F Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_ NEW MEMBER Y / N

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Health Issues/Allergies: YES / NO If yes, List \_\_\_\_\_ Medications: \_\_\_\_\_

2. Member's Name First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Gender: M / F Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_ NEW MEMBER Y / N

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Health Issues/Allergies: YES / NO If yes, List \_\_\_\_\_ Medications: \_\_\_\_\_

3. Member's Name First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Gender: M / F Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_ NEW MEMBER Y / N

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Health Issues/Allergies: YES / NO If yes, List \_\_\_\_\_ Medications: \_\_\_\_\_

### ETHNICITY (need to mark yes or no)

Hispanic/ Latino: \_\_\_\_ NO \_\_\_\_ YES, ( if marked yes please circle one of the following)

*Mexican / Chicano, Puerto Rican, Cuban, Other Hispanic/Latino*

### RACE (need to circle one)

*(White/Caucasian) (Black/African American) (Black/ African American & White) (Asian) (Asian & White)*

*( American Indian/ Alaskan Native) (American Indian/ Alaskan Native & Black/ African American)*

*(American Indian/ Alaskan Native & White) (Native Hawaiian/Other Pacific Islander) (Other Multicultural)*

### Mother/Guardian Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Home # \_\_\_\_\_

Cell # \_\_\_\_\_

Work # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### Father/Guardian Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Home # \_\_\_\_\_

Cell # \_\_\_\_\_

Work # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### Emergency Contact (other than parent/guardian):

Name: \_\_\_\_\_

Cell # \_\_\_\_\_

Work # \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

### Emergency Contact (other than parent/guardian):

Name: \_\_\_\_\_

Cell # \_\_\_\_\_

Work # \_\_\_\_\_

Relationship to Member: \_\_\_\_\_



***The information that follows is necessary for our records and the funds that our organization receives. Information given to us is confidential. Cooperation in giving us this information is appreciated and necessary.***

Annual Household Income (including any child support): \$ \_\_\_\_\_ Occupants in Household: \_\_\_\_\_

Housing status: Own \_\_\_\_\_ Renting \_\_\_\_\_ Homeless \_\_\_\_\_ Other: \_\_\_\_\_

Does this member live with their: \_\_\_ Mom \_\_\_ Step Mom \_\_\_ Dad \_\_\_ Step Dad \_\_\_ Grandparent \_\_\_ Other: \_\_\_\_\_

Current Head of Household: Male / Female / Both

Number of Brothers: \_\_\_\_\_ Ages: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_ Ages: \_\_\_\_\_

**MEMBERSHIP WILL NOT BE PROCESSED UNTIL PARENT/GUARDIAN HAS SIGNED THIS PORTION:**

1. I have read the completed application, understand the rules of the Boys & Girls Club of Buena Park and request that my child be admitted into membership.
2. I understand my child's membership standing is based on their ability to obey the rules of the Club. Membership may be suspended or canceled at any time for safety concerns or failure to follow the Club's rules, policies, and procedures.
3. The Boys & Girls Club of Buena Park is for youth ages 6-18. A birth certificate must be provided for all new members that are age 6. Members that are 18 years of age must be currently enrolled in high school to attend the Club.
4. I understand that the Boys & Girls Club of Buena Park has a weekly fee during the school year for all members not in the Transportation Program. The Summer Program is a different rate, please refer to summer paperwork. Unpaid balances will result in a suspension of membership until balance has been paid in full.
5. I understand that the Boys & Girls Clubs of Buena Park has an "OPEN DOOR POLICY." This means that members are free to enter and leave the club. It is the parent's or legal guardian's responsibility to note on membership application whether or not their child can leave the Club.
6. Custody issues/payment responsibilities: The Club holds the parent that enrolls their child in our program responsible for any and all fees, regardless of "split or shared" costs involving custody issues.
7. I understand that my child must be picked up on or before closing time. The Boys & Girls Club of Buena Park closes at 6 p.m. Being late will not be tolerated and will result in membership being canceled.
8. The Boys & Girls Club of Buena Park has my consent to administer any treatment (including but not limited to: x-ray, examination, anesthetic, medical, surgical or dental diagnosis and any hospital care) that are considered necessary in the best judgment of the attending medical or emergency personnel. This consent is given prior to any such medical treatment, but is given to provide authority and power on the part of the Boys & Girls Club of Buena Park in the exercise of their best judgment upon the advice of any such medical or emergency personnel. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Boys & Girls Club of Buena Park to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any x-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.
9. I knowingly waive any claim against, or right to sue, the Boys & Girls Club of Buena Park, its agents, officers, employees, and Boys & Girls Clubs of America for any injury, accident, illness, or death occurring during or by reason of your child's participation in our program, and further waive any possible allegation or claim of liability of the Boys & Girls Club of Buena Park. I have carefully read this form and fully understand its contents, and by signing below, agree to this full and complete release of liability.

**Parent's Signature:** \_\_\_\_\_

Staff: \_\_\_\_\_ Date: \_\_\_\_\_

# PARENT AGREEMENT

Please read the following and initial each one when finished.

PARENT'S  
INITIALS

1) The Boys & Girls Club of Buena Park closes at 6pm. Being late will not be tolerated and will be cause for removal from the program without a refund.	<input type="checkbox"/>
2) All balances must be paid in full at the beginning of the week in order for your child's membership to remain active. In addition, there is a \$25 fee for all returned checks/ late Transportation fees, \$10 late fee for weekly payments that can't be processed on due date **Fees are subject to change at any time**	<input type="checkbox"/>
3) Parents must come into the Club to sign out their children. Members may not wait in the parking lot. When picking up members, parents must check in at the front desk. For safety reasons parents are not allowed into the program areas to look for their child.	<input type="checkbox"/>
4) Toys & electronic devices of any kind are not allowed at the Club. The Boys & Girls Club of Buena Park is not responsible for lost, stolen, or damaged items brought to the Club.	<input type="checkbox"/>
5) The Boys & Girls Club of Buena Park has a ZERO TOLERANCE policy concerning any form of fighting or any verbal "Bullying". This includes all forms of physical contact. These actions will result in an immediate suspension along with possible removal from the program.	<input type="checkbox"/>
6) Any equipment found to be damaged or broken through negligence of a Club member must be paid for by the parent before the child can return to the program.	<input type="checkbox"/>
7) Any changes to your membership/payment information falls on the parents responsibility and must be updated as soon as possible.	<input type="checkbox"/>
8) There is a separate registration fee when signing up for our Summer Program.	<input type="checkbox"/>

I GIVE MY CHILD PERMISSION TO LEAVE THE BOYS & GIRLS CLUB OF BUENA PARK ON THEIR OWN FOR LUNCH OR ANY OTHER REASON KNOWING THAT THE CLUB IS NO LONGER RESPONSIBLE FOR THEM ONCE THEY HAVE LEFT THE BUILDING.	YES/NO
I GIVE MY CHILD PERMISSION TO USE THE INTERNET AT THE BOYS & GIRLS CLUB OF BUENA PARK. CLUB STAFF USE STRICT GUIDELINES REGARDING WHAT SITES CAN BE VIEWED.	YES/NO
I hereby grant to the Boys & Girls Club of Buena Park the right to photograph my dependent and use the photo and or other digital reproduction of him/her for publication processes, whether by print or electronic publishing via the Internet.	YES/NO

**Parents are expected to set a positive and professional example in their behavior while at the Club. The following rules of conduct need to be adhered to while in the building or on Club property:**

1. Parents will show respect and courtesy to Staff, members, and other parents at all times.
2. Parents are not to approach or address any child other than their own. If there is an issue involving another child, the parent needs to bring the matter to the Unit Director's attention to be handled appropriately.
3. Parents will not create any type of negative disturbance in front of members. All matters of concern will be taken care of behind closed doors.
4. There will be no foul or derogatory language of any kind.
5. Parents will use caution when entering and exiting the parking lot.

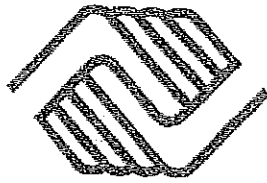
Any behavior unbecoming of a Parent will result in the permanent removal from the Club's property and if need be, reported to the Buena Park Police Department.

Please make sure you have read the above in detail. Sign and date below stating you understand the above rules and policies.

\_\_\_\_\_  
**Parent's Name**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**



**BOYS & GIRLS CLUB**  
OF BUENA PARK

**COVID-19 Warning and Assumption of Risk**

**-WARNING-**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Boys & Girls Club of Buena Park has put in place preventative measures to reduce the spread of COVID-19. However, the Club cannot guarantee you or your child will not become infected with COVID-19. Further, attending the Club could increase your risk and your child's risk of contracting COVID-19.

**Please Partner With Us**

- Member and Staff safety is our top priority. Under no circumstances shall any of our program requirements and best practices be compromised.
- Safety is non-negotiable regardless of any lax legal requirements, personal/political views, or liability exemptions.
- Failure to adhere to Club and/or Safety policies will result in removal from the program.

---

Parent Signature

---

Date



Dear Parent/Guardian,

We have taken part in several SAFETY and BEST PRACTICE trainings over the past year as we continue to build one of the top programs in Orange County. In accordance to best practices in child safety, we want to be clear in our rules and expectations for our members and families participating in our program.

**Please take a few minutes to review with your child/teen to ensure their highest level of success and what is expected, while attending the Club:**

- The Boys & Girls Club of Buena Park (BGCBP) has a **ZERO TOLERANCE** policy when it comes to **Bullying** and **Verbal or Written Threats** of any kind. This behavior can cause for removal from our program and possible disqualification of membership privileges.
- The BGCBP has **ZERO TOLERANCE** to any form of **Racial Intolerance**. Derogatory and/or demeaning forms or prejudicial language will not be tolerated.
- **Physical Contact**- Hitting, Pushing/Shoving, Kicking, Biting are not acceptable behavior and can result in an instant suspension regardless of a members age or relationship status *i.e. brothers can not hit each other.*
- **Inappropriate language is not acceptable.** This includes cursing, offensive language as well as put downs *i.e. "You suck, you're a loser, your mom is a so and so, etc."* Respect and courtesy are expected at all times. You may not be friends with everyone, you may not like someone, but you need to be nice to everyone.
- **Listening to simple Staff instruction is a must.** For Staff to safely and adequately run hourly programs, members must be able to listen and follow basic instruction. For safety reasons, members who consistently fail to do so can be disqualified from membership privileges.
- **Suspension and/or Disqualification of Membership**- Our goal is to avoid removing members from the program. However, if a members behavior warrants a suspension or forfeiture of membership, that decision will be made on an individual basis.  
*Suspensions can range from 1-14 days, possibly more if warranted, depending on the severity of the situation.*

With so many great programs happening daily, we continue to stress a positive approach to behavior and Club rules/expectations. We know responsibility and growth include consequences whether positive or negative to one's actions. We hope you will partner with us and sit down and review these simple rules and expectations with your loved ones.

*If you are in need of discussing a situation or concern, please feel free to reach out to our Unit Director Malia Hays @ 714-522-7259. Thank you for your continued belief in our Mission and helping make our program one of the top programs in Orange County.*



**Buena Park  
Pediatric Dental Clinic**

Monday, Wednesday & Friday

8:00 AM - 4:30 PM

Tuesday & Thursday

10:30 AM - 7:00 PM

**For appointments and information  
please call:**

714-522-8723

7758 Knott Ave.  
Buena Park, CA 90620

**Services provided for children with Medi-Cal  
or without Dental Insurance.**

## ***Low-Cost Dental Care***

**PARENTS:** *Did you know that your children may qualify for Low-Cost Dental Care?*

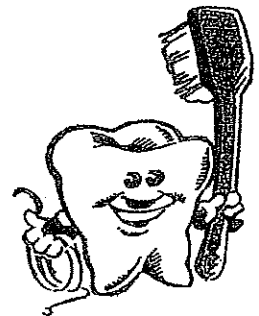
**We accept:**  
Medi-Cal

**If your children live in our service areas, they may qualify to be treated at our facility. Eligibility is based on income and fees are based on a sliding scale.**

**Our service areas include:**

Anaheim zip codes 92801-92806  
Buena Park  
Cypress  
Fullerton  
La Habra  
La Palma

Los Alamitos  
Placentia  
Stanton  
Brea



***For information and  
appointments call:***

***714-522-8723***

***St. Jude Dental Center***

***7758 Knott Ave***

***Buena Park, CA 90620***

***Hours: Tuesday – Friday***

***8:00 a.m. – 4:30 p.m.***

**Services Include:**

Exam  
X-rays  
Fluoride treatment  
Fillings  
Sealants  
Extractions  
Cleanings  
Crowns  
Space maintainers  
Oral hygiene education  
Root canal treatment

## *Atencion dental a bajo costo*

**PADRES DE FAMILIA:** *Sabian ustedes que ahora sus hijos pueden calificar para recibir atencion dental a bajo costo?*

**Aceptamos:**

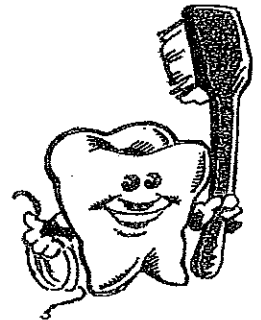
Medi-cal

Si su niño /niña viven en una de las ciudades indicadas en este folleto, pueden calificar para servicios dental. La elegibilidad se determina de acuerdo al ingreso y el costo de los servicios se establecen de acuerdo a una escala de ingresos de la familia.

**Las areas de servicio incluyen:**

Anaheim zona postal 92801-92806  
Buena Park  
Cypress  
Fullerton  
La Habra

La Palma  
Los Alamitos  
Placentia  
Stanton  
Brea



**Los servicios incluidos son:**

- Examen dental
- Radiografias
- Limpieza de dientes
- Tratamiento de Floruro
- Rellenos
- Coronas
- Tratamiento de nervio
- Educacion de Higiene Oral
- Mantenedor de espacio
- Selladores
- Extracciones

**Para informacion y citas, por  
favor llame:**

**(714) 522-8723**

**St. Jude Dental Center**  
7758 Knott Ave  
Buena Park, CA 90620

**Martes a Viernes**  
**8:00 a.m. - 4:30 p.m.**



Internal Revenue Service

Department of the Treasury

District  
Director

P.O. Box 2350 Los Angeles, Calif. 90053

BOYS CLUB OF BUENA PARK  
7758 KNOTT AVENUE  
BUENA PARK, CA 90620-2420

Person to Contact:  
L BARRAGAN

Telephone Number:  
(213) 894-2336

Refer Reply to:  
EO(0803)95

Date:  
AUGUST 11, 1995

EIN: 95-1808525

Dear Taxpayer:

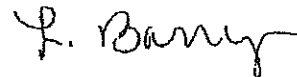
This letter is in response to your request for a copy of the determination letter for the above named organization.

Our records indicate that this organization was recognized to be exempt from Federal income tax in MARCH 1955 as described in Internal Revenue Code Section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in Section 509(a) of the Code, because it is an organization described in Section 170(b)(1)(A)(vi).

The exempt status for the determination letter issued in MARCH 1955 continues to be in effect.

If you need further assistance, please contact our office at the above address or telephone number.

Sincerely,



Disclosure Assistant

GREAT FUTURES START **HERE.**



BOYS & GIRLS CLUB  
OF BUENA PARK

2024-2025 School Year  
TRANSPORTATION Program

*Monthly Fee*

**Dysinger, Raymond Temple, Buena Terra**

- \$175 per member
- \$90 second sibling
- \$45 third sibling

*Please note sibling discount only applies to same household, must be brother or sister, does not apply to cousins etc.*

**Walker Junior High, Kennedy High School**

- \$60 per member

*Payments are due on the 10<sup>th</sup> of each month and must be made in advance. Payments must be paid in full to ensure program participation.*

Please see Front Counter for paperwork.

M-W, F: \_\_\_\_\_  
THUR: \_\_\_\_\_  
MASTER: \_\_\_\_\_



**BOYS & GIRLS CLUB**  
OF BUENA PARK

## **2024-2025 SCHOOL YEAR TRANSPORTATION PROGRAM** **PERMISSION SLIP**

I give my child permission to ride the Youth Bus to the Boys & Girls Club of Buena Park from school. I understand this is a one-way shuttle and I will pick up my child at the Boys & Girls Club of Buena Park by 6:00p.m. I hereby authorize the Club to carry out any measure deemed necessary should an emergency occur, including securing, at the expense of the undersigned, appropriate medical care for the participant. I hereby release the Boys & Girls Club of Buena Park, its employees, officers, agents, and board members from any and all liability claims arising out of the member's participation in this program.

**Please note: This contract is valid for the 2024-2025 school year and will expire June 2025. Due to the insurance regulations this contract does not automatically renew and spots do not carry over to the following school year.**

Member's Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Member's Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Member's Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Member's School: \_\_\_\_\_

Days for Pick Up from School: M T W Th F

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**BOYS & GIRLS CLUB**  
OF BUENA PARK

## Transportation Payment Information

A credit card must be kept on file to complete your child's transportation registration. Your account will automatically be charged the 10th of every month. Your first payment will be processed upon completing registration. Your final payment for 2024 will be processed on Friday, May 9th, 2025.

Transportation payments declined on their due date will automatically acquire a \$15 late fee. Unfortunately, fees not paid in full by 6pm will result in transportation services being suspended until accounts are made current.

**Please note, if your credit card information has changed it is your responsibility to update your information before payments are processed.**

---

I \_\_\_\_\_ grant the Boys & Girls Club of Buena Park permission to charge my credit card ending in numbers \_\_\_\_\_ every 10th of the month.

Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Amount: \_\_\_\_\_ Staff: \_\_\_\_\_

Receipt Type: Email, Text, Print? \_\_\_\_\_

Member(s) \_\_\_\_\_



STATE OF CALIFORNIA  
**FRANCHISE TAX BOARD**  
PO BOX 942857  
SACRAMENTO CA 94257-0540

## Entity Status Letter

Date: 1/9/2025

ESL ID: 2323365299

### Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 0266138

Entity Name: BOYS CLUB OF BUENA PARK

- ☒ 1. The entity is in good standing with the Franchise Tax Board.
- ☐ 2. The entity is **not** in good standing with the Franchise Tax Board.
- ☒ 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
- ☐ 4. We do not have current information about the entity.
- ☐ 5. The entity was administratively dissolved/cancelled on \_\_\_\_\_ through the Franchise Tax Board Administrative Dissolution process.

### Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

### Connect With Us

Web: **ftb.ca.gov**  
Phone: 800-852-5711 from 7 a.m. to 5 p.m. weekdays, except state holidays  
916-845-6500 from outside the United States

California

Relay Service: 711 or 800-735-2929 (For persons with hearing or speech impairments)



## Community Development Block Grant Committee Agenda Report

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### I. MERCY HOUSE LIVING CENTERS

Meeting	Agenda Group
Thursday, February 13, 2025, 6:00 PM	COMMUNITY DEVELOPMENT BLOCK GRANT FUNDING PROPOSALS Item: 5I.
Presented By	Approved By
	Matt Foulkes, Director of Community Development

### DISCUSSION

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Attached is the FY 25-26 CDBG funding proposal for Mercy House Living Centers for consideration.

### Attachments

[FY 25-26 MERCY HOUSE.pdf](#)

**City of Buena Park  
2025-2026 Community Development Block Grant (CDBG)**

**Funding Proposal Summary Sheet**

*Organization Name:*               **Mercy House Living Centers**

*Program Name:*               **Buena Park Navigation Center**

*Estimated Goal:*               **130 Individuals**

*Funding Request:*               **\$30,000**

**Organization Purpose:**

Mercy House Living Centers administers the homeless services provided at the Buena Park Navigation Center. The program provides year-round shelter, hygiene facilities, meals, and intensive supportive services to homeless adults.

**Description of Request:**

The program offers a safe environment for homeless individuals accessing emergency housing at the Buena Park Navigation Center. Services include housing navigation, enrichment activities, health care resources, drug and alcohol treatment referrals, employment placement referrals, and much more.

CDBG funds will be used to cover a portion of the cost to provide meals to individuals living in the shelter. The shelter provides three meals per day including breakfast, lunch and dinner. The meals are prepared by an outside vendor and distributed by staff and volunteers at their on-site kitchen.

**Analysis of Request:**

This program is designed to benefit low-and moderate-income persons by providing shelter and supportive services to the most vulnerable homeless men and women living within City limits. Homelessness is a major concern in the City and this program provides services needed to assist in addressing these issues.

**Funding Recommendation:**

Staff recommends funding in the amount of **\$27,600**.





# Buena Park CDBG

2025-2026 Public Service Funding

Buena Park, California

## MERCYHOUSE

RECEIVED

DEC 18 2024

ECONOMIC DEVELOPMENT





**CITY OF BUENA PARK  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM**

**FY 2025-2026 CDBG GRANT APPLICATION**

**DUE BY DECEMBER 19, 2024 AT 5:00 PM**

<b>Approximate total funds available for public services: \$116,110</b>
---

<b>Organization Name</b>	Mercy House Living Centers		
<b>Program Name</b>	Buena Park Navigation Center		
<b>Address</b>	P.O. Box 1905, Santa Ana, CA 92702		
<b>Contact Person/Title</b>	Cayman Beeman, Grants Specialist		
<b>Email Address</b>	caymanb@mercyhouse.net	<b>Phone Number</b>	714-836-7188 ext 364

Estimated individuals **or** households to be served by proposed program during fiscal year 2025-2026 (including Buena Park residents and non-Buena Park residents):

Estimated Goal: 300      ☒ Individuals    ☐ Households

Estimated Buena Park residents **or** households to be served by proposed program during fiscal year 2025-2026:

Estimated Goal: 130      ☒ Individuals    ☐ Households


Please indicate the amount of CDBG funds being requested:

Public Service Activities

\$ 30,000.00

Other Eligible Activities

\$ \_\_\_\_\_

  
\_\_\_\_\_  
(Signature of authorized representative)

12/16/24  
\_\_\_\_\_  
Date

Larry Haynes, Chief Executive Officer

\_\_\_\_\_  
(Name and Title of authorized representative)

Please answer the following questions completely. If any questions are left unanswered, your application will not be considered. You may attach additional sheets and/or supporting materials as needed.

1	<p align="center"><b>PROJECT DESCRIPTION</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p>
	<p>Describe the proposed project, including services to be provided and goals to be accomplished.</p> <ul style="list-style-type: none"> <li>• Why is there a need for this program in the City of Buena Park?</li> <li>• Identify the location of the project and the service area boundaries.</li> <li>• Describe specifically the intended use of the CDBG funds.</li> </ul>
	<p>The 2024 Homeless Point in Time Count found that as many as 7,322 people are homeless in Orange County. 3,227 of the homeless are in the North Service Planning Area, which includes the City of Buena Park. The City of Buena Park has an estimated 379 homeless people within the city, 186 are unsheltered and on the streets. The city saw a more than 42% increase in homelessness between 2022 and 2024. Furthermore, in comparing the 2022 PIT to 2024, the North Service Planning Area saw more than a 118% increase in the unsheltered homeless population and an increase of more than 6% in the sheltered population. As more people on the streets turn to our emergency shelters and navigation centers as reliable support networks on their way back to housing, initiatives like the Buena Park Navigation Center have played a crucial role in this additional support for the increased homeless population.</p> <p>The Buena Park Navigation Center, located at 6494 Caballero Boulevard in Buena Park, provides homeless adults and couples with 149-beds of year-round shelter, access to showers and hygiene facilities, warm nutritious meals, and intensive supportive services focusing on housing search and placement to literally homeless adults living on the streets of and/or connected to Orange County's North Service Planning Area, including those on the streets of Buena Park. Clients of the Navigation Center have 24-hour access to shelter and ongoing supportive services. To reduce the impact on the surrounding communities, the Buena Park Navigation Center only allows entry into the program through a reservation system. The North Orange County Public Safety Task Force's Outreach Grid, an app that matches the efforts of designated street outreach teams and police departments in the North Orange County region to real-time bed vacancies at the shelter, is used to secure all reservations.</p> <p>Mercy House addresses the needs and goals identified in the housing plan through the provision of the following services:</p> <ul style="list-style-type: none"> <li>✓ <b>Housing Navigation</b> - Housing Navigators conduct CES assessments to connect shelter guests to housing resources available through the Orange County Coordinated Entry System (CES); Shelter guests are helped obtain necessary documents. Crisis intervention services focus on enhancing the guests' ability to independently problem solve, utilize effective coping skills, and manage and self-coordinate own care.</li> <li>✓ <b>Enrichment Activities</b> - Life Skills classes and workshops as well as indoor and outdoor recreational activities are provided to shelter guests to improve their quality of life and encourage them to remain onsite during the day to take advantage of all services available to them.</li> <li>✓ <b>Health Care Resources</b> – Shelter guests are connected to on and off-site health resources through KCS Health Center and various departments of the County of Orange.</li> <li>✓ <b>Crisis Evaluation/Mental Health Resources</b> - Shelter guests are connected to on and off-site</li> </ul>

health resources through KCS Health Center and various departments of the County of Orange.

- ✓ **Drug and Alcohol Treatment Referrals** - Shelter guests are connected to on and off-site health resources through KCS Health Center and various departments of the County of Orange.
- ✓ **Employment/Job Placement Referrals** - Shelter guests are connected to on-site and off-site employment and job service partners providing job skills training, coaching and mentoring, financial assistance programs, and job placement services. Mercy House has partnerships with a number of employment specialist agencies including Chrysalis.
- ✓ **Benefits Enrollment** – Shelter guests are connected to Social Services, VA and Cal Optima to support benefits enrollment services. Mercy House has certified SOAR specialists who support Buena Park Navigation Center guests through the SSI and SSDI application process.
- ✓ **Rapid Rehousing Resources** - We have secured Rapid Rehousing and housing barrier resources specifically targeted to those in the North SPA area. Shelter clients may also have potential access to other Mercy House housing programs available through connection to the Coordinated Entry System.

Housing Navigators work with clients no less than weekly to check in on progress toward their plans. Upon entry into the program, every resident is supported to be placed on to the county- wide coordinated entry system which refers clients to housing programs based on need and availability.

Outside of the Housing Navigation and supportive services offered by Mercy House, the Navigation Center is also host to a number of County and non-profit agencies who provide regular on-site services at the shelter. Mercy House has partnered with KCS Health Center, based in Buena Park, to provide on-site primary care, behavioral/mental health, dental and drug and alcohol treatment on-site. Other providers provide employment skills and job coaching, benefits acquisition, veteran services, legal support, housing, and other supportive services. All of these valuable services are provided at no additional cost to the shelter. Despite COVID-19, we have still been able to actively coordinate with a number of on-site service providers to offer on-site services at our shelter or have developed ways to also offer teleservices as needed for health, housing and employment supports.

While the health and safety of shelter clients has been a priority, we still remain focused on the ultimate goal of the shelter to exit people successfully to housing.

During the 2023-2024 Fiscal Year, the shelter served 479 homeless individuals, including 236 with ties to the City of Buena Park. We exited 42 to permanent housing, and another 12 to temporary housing from the shelter. Of those that exited successfully, 59% were connected to a housing subsidy program through access to the Coordinated Entry System they gained while in the program. The other 41% self-resolved their homelessness. Self-resolved homelessness is another direct byproduct of the Housing Navigation case management we provide to program participants including establishing housing and employment goals, connections to benefits and assessing strengths and resources that the program participant may have to overcome their homelessness including reunification with family members.

During FY2024-2025 we anticipate serving at least 300 clients, 130 with ties to the City of Buena Park which includes those who are currently homeless within the city boundaries or once help permanent residence within the City. If awarded, CDBG funds will be used for the provision of client meals at the shelter. The shelter provides (3) meals a day including a warm dinner, light breakfasts and lunches provided by an outside vendor and snack items purchased from retailers such as Costco. Food is served from a commercial kitchen on site. Staff or volunteers serve the food to clients in the dining area during designated mealtimes. We serve 600 meals at the site on any given day. The total budget for this line item is \$308,172.00.

	<p style="text-align: center;"><b>TARGET POPULATION</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p>
2	<p>Describe the target population for this program and the number of estimated unduplicated Buena Park residents to be served from July 1, 2025, through June 30, 2026.</p> <ul style="list-style-type: none"> <li>• How was the estimated number of clients determined?</li> <li>• How will you reach your target population?</li> <li>• Explain why this program is needed for this target population.</li> </ul> <p>The project serves homeless adults and it is estimated that 300 individuals will be served during the contract period, with 130 having ties to the City of Buena Park either through prior residency in the city or homeless in the City prior to entry into the shelter. The number of clients anticipated to be served is based on historical data since beginning operations in July 2020.</p> <p>Referrals to the program are provided by partner agencies including the Buena Park City Outreach Team, all North SPA police departments and the County of Orange's Outreach and Engagement Team.</p> <p>The project is necessary to protect the homeless of our community from morbidity on the streets. Emergency shelters, including those such as the Buena Park Navigation Center that allow for the provision of on-site health services contribute to an overall reduction in both emergency room visits and hospital readmissions by homeless people.</p> <p>Furthermore, emergency shelters offer advantages over other housing navigation service models that are solely based on street outreach or mobile services for homeless individuals. With the basic needs of shelter, food and hygiene met, homeless individuals can more easily focus on the goals identified in their housing support plans. Engagement in Care Coordination can more readily take place when transient populations are able to maintain consistency in their location. Regular availability and visibility of on-site health and supportive service providers reduces the barriers of connecting to services and reduces lengthy delays connecting to services.</p> <p>Local and national data suggest that outreach programs on their own leave homeless people on the streets longer and have a lower rate of positive housing outcomes than programs that have a shelter component. Outside of the benefits for program participants, the community at large benefits from this program model. Businesses, parks, recreational and residential spaces are less impacted by homeless encampments.</p>

3

**NATIONAL OBJECTIVES**

[24 CFR 570.200(a), 570.201-570.208, 570.503]

Describe in detail how the project meets at least one of the three CDBG program national objectives.

Select at least one:

- ☒ Benefit low- and moderate-income persons in Buena Park;
- ☐ Aid in the prevention or elimination of slums or blight in Buena Park;
- ☒ Meet a need having a particular urgency in Buena Park.

**Benefit low- and moderate-income persons in Buena Park:**

The Buena Park Navigation Center program is designed to benefit extremely low to moderate- income persons by providing shelter and supportive services to the most vulnerable homeless men and women living on the streets of the Northern Service Planning Area (SPA), which includes the City of Buena Park. No walk-ups to the shelter are permitted. Referrals to the shelter will be made by the homeless liaison officers in the Police Department or the street outreach team led by personnel with City and the County of Orange's Outreach and Engagement Team. Outreach workers will verify homeless status at entry using a referral form that is kept in the client case file. (Please reference Attachment A: Intake Documentation to review referral form).

**Meet a need having a particular urgency in Buena Park:**

"Providing a continuum of supportive and housing services for the homeless and households at risk of homeless" continues to be a top 5 identified goal for the City of Buena Park in its 2020-2025 Consolidated Plan. The Buena Park Navigation Center is an integral investment that the City has been to support its goals in this area.



**BUDGET**

[24 CFR 570.502-570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85,  
and OMB Circular A-87, A-122, Treasury Circular No. 1075]

Itemize administrative and operational costs for the proposed project. Cost Category may include: staff salaries and benefits, rent, utilities, advertising, office supplies, etc.

Cost Category	CDBG Funding Request	Other Funding Sources	Total Cost
<b>Staffing</b>			
Salaries + Benefits	\$	\$2,336,897.00	\$2,336,897.00
<b>Admin</b>			
Audit Fees	\$	\$5,500.00	\$5,500.00
IT Agency Expenses/ Computer Consultants	\$	\$1,000.00	\$1,000.00
Payroll Services	\$	\$17,000.00	\$17,000.00
Communications	\$	\$5,300.00	\$5,300.00
Office rent	\$	\$4,500.00	\$4,500.00
<b>Admin-Program</b>			
Mileage	\$	\$1,000.00	\$1,000.00
Insurance Policies	\$	\$60,000.00	\$60,000.00
Computer Supplies & IT & Internet	\$	\$10,000.00	\$10,000.00
Office Supplies	\$	\$5,000.00	\$5,000.00
Equipment Leases & rentals	\$	\$1,500.00	\$1,500.00
<b>Facility Expenses</b>			
Security (Guards)	\$	\$473,040.00	\$473,040.00
Utilities/Disposal	\$	\$102,000.00	\$102,000.00
Repairs/maintenance	\$	\$30,000.00	\$30,000.00
Laundry Rental	\$	\$2,976.00	\$2,976.00
<b>Program Operation/Services</b>			
Client services/Barrier Fund	\$	\$8,000.00	\$8,000.00
Animals/Veterinary	\$	\$24,000.00	\$24,000.00
Fuel and Maintenance	\$	\$84,900.00	\$84,900.00
Client Food and Snacks	\$30,000.00	\$278,172.00	\$308,172.00
Supplies	\$	\$95,000.00	\$95,000.00
Transportation Assist	\$	\$84,900.00	\$2,000.00
HMIS	\$	\$500.00	\$500.00
Volunteer Expenses	\$	\$1,000.00	\$1,000.00
<b>TOTAL</b>	<b>\$30,000.00</b>	<b>\$3,579,285</b>	<b>\$3,579,285</b>

5

**ELIGIBILITY DOCUMENTATION**

If the proposed project is a public service, describe what form of documentation will be collected to demonstrate that at least 70% of persons served are low- and moderate-income, as required by HUD, and a minimum of 20% are Buena Park residents. (Please attach a copy of the activity's client intake/application/registration form)

The clients served at the Buena Park Navigation Center are considered a CDBG "presumed beneficiary" due to their homeless status. At entry a referral form is completed by the referring partner agency that verifies where the client was living (place not meant for human habitation, park, shelter, etc.) prior to referral. Additionally, a Declaration of Homelessness is completed and placed in the client's case file attesting to their homelessness.

Mercy House uses a standardized intake form that captures all CDBG required demographic information, homelessness information as well as self-certified income information. Residency information is also collected on the intake form. Homeless individuals who are considered "residents of Buena Park" include those who self-report prior residency in the City of Buena Park or who spent the last night prior to shelter entry in the City of Buena Park.

Data from these intake forms (as well as forms completed at exit from the program) is inputted by a dedicated Data Specialist into a secure Homeless Management Information System (HMIS) database. Standard and ad hoc reporting capabilities from the system enable us to complete all required quarterly CDBG reports as well as additional outcome reports.

Please reference **Attachment E: Intake Form and Intake Documents** to review documents described in this section.

**OUTCOME PERFORMANCE MEASUREMENT SYSTEM**

[24 CFR 570.200(a), 570.201-570.208, 570.503]

Please indicate the activity's Objective, Outcome, Outcome Statement, Purpose, and indicators that will be used to measure, track and report performance. Refer to the instructions on Page 5 through Page 7 of the RFP.

**A. Select one Objective**

- ☒ Suitable Living Environment
- ☐ Decent Affordable Housing
- ☐ Economic Opportunities

Mercy House is seeking CDBG funding from the City of Buena Park to provide a *suitable living environment* to the homeless men and women living on the streets of Buena Park or having connections to cities in the Northern Service Planning Areas.

**B. Select one Outcome**

- ☒ Availability/Accessibility
- ☐ Affordability
- ☐ Sustainability

Through this funding, the Buena Park Navigation Center will increase availability and accessibility to shelter and housing for homeless adults living on the streets of or having connections to cities in the North Service Planning Areas. Participants will have access to showers and hygiene facilities, meals, laundry facilities, medical clinic, multi-service center and Housing Navigation services to connect them to housing through the coordinated entry system.

**C. Using the following formula, provide the program specific purpose/objective:**

Purpose = Output + Outcome Statement + Activity

At least 300 people will have increased access to emergency shelter and services at the Buena Park Navigation Center for the purpose of providing decent housing.



**D. Identify the common, specific, and/or other indicators for the activity**

**a. Common Indicators**

At least 300 homeless individuals will be assisted with emergency shelter and services. At least 130 of these individuals will have former residency or were on the streets of Buena Park prior to entry.

**b. Specific Indicators**

30% of clients who exit to a known destination will exit to housing destinations.

**c. Other Indicators**

90% of clients who stay in the shelter for 30 days or more will be assisted to connect to the Orange County Coordinated Entry System to gain access to housing resources they may qualify for.

## ACKNOWLEDGEMENT REGARDING BIDDER SAM REGISTRATION

Pursuant to 2 CFR Section 5.1004 and the requirement of the U.S. Department of Housing and Urban Development (HUD), contractors procured directly by grantees, sub-grantees, and/or sub-recipients of HUD funds, including CDBG are required to have an active registration in the System of Award Management (SAM). This document shall be completed and submitted as part of the proposal.

1. By submitting this proposal, the prospective sub-recipient certifies that it has an active registration in SAM that is not set to expire within the next 90 days.
2. By submitting this proposal, the prospective sub-recipient certifies neither it, its principals nor affiliates, is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
3. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that an erroneous certification was rendered, in addition to other remedies available to the Federal Government, the Department or agency with which this transaction originated may pursue available remedies.
4. Further, the prospective sub-recipient shall provide immediate written notice to the person to which this proposal is submitted if at any time the Participant learns that this certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. By submitting this proposal, it is agreed that should the proposed covered transaction be entered into, the prospective sub-recipient will not knowingly enter into any lower-tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction unless authorized by the agency with which this transaction originated.
6. It is further agreed that by submitting this proposal, the prospective sub-recipient will include Certification of Subcontractor Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion without modification, in all lower-tier covered transactions and in all solicitations for lower-tier covered transactions.

Provide the following information as detailed in the prospective sub-recipient's SAM registration:

Entity Name: Mercy House Living Centers

Address: 6494 Caballero Blvd.

City: Buena Park State: CA Zip: 90620

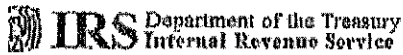
Unique Entity ID (UEI): DVJ5XQ7BMQ88 Expiration Date: 10/24/2025

Active Exclusions (Select One): ☐ Yes ☒ No

---

# MERCY HOUSE

## ATTACHMENT A NONPROFIT STATUS



P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 02  
Aug. 18, 2011 LTR 416  
33-0315864 000000 00

BODC

MERCY HOUSE LIVING CENTERS  
PO BOX 1905  
SANTA ANA CA 92702-1905

Employer Identification Number: 33-0315864  
Person to Contact: Tonya Morris  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Aug. 09, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in April 1989.

Our records also indicate that you are not a private foundation because of the meaning of section 509(a) of the Code because you are described in section(s) 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 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.

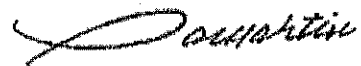
Please refer to our website [www.irs.gov/efo](http://www.irs.gov/efo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

Aug. 18, 2011 LTR 4  
33-0315864 000000

MERCY HOUSE LIVING CENTERS  
PO BOX 1905  
SANTA ANA CA 92702-1905

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

Sincerely yours,



S. A. Martin, Operations &  
Accounts Management Operat



# Secretary of State

## Certificate of Status

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

**Entity Name:** MERCY HOUSE LIVING CENTERS  
**Entity No.:** 1439992  
**Registration Date:** 06/29/1988  
**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 June 27, 2024.

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

**Certificate No.:** 224054023

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](https://bizfileOnline.sos.ca.gov).

---

# MERCY HOUSE

## **ATTACHMENT B SAMS REGISTRATION**



## MERCY HOUSE LIVING CENTERS

Unique Entity ID <b>DVJ5XQ7BMQ88</b>	CAGE / NCAGE <b>49VY8</b>	Purpose of Registration <b>All Awards</b>
Registration Status <b>Active Registration</b>	Expiration Date <b>Oct 24, 2025</b>	
Physical Address <b>807 N Garfield ST Santa Ana, California 92701-3821 United States</b>	Mailing Address <b>P.O. Box 1905 Santa Ana, California 92702-1905 United States</b>	

## Business Information

Doing Business as <b>(blank)</b>	Division Name <b>(blank)</b>	Division Number <b>(blank)</b>
Congressional District <b>California 46</b>	State / Country of Incorporation <b>California / United States</b>	URL <b>(blank)</b>

## Registration Dates

Activation Date <b>Oct 28, 2024</b>	Submission Date <b>Oct 24, 2024</b>	Initial Registration Date <b>Jan 26, 2006</b>
--	--	--

## Entity Dates

Entity Start Date <b>Jun 29, 1988</b>	Fiscal Year End Close Date <b>Jun 30</b>
--	---

## Immediate Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
------------------------	---------------------------------------

## Highest Level Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
------------------------	---------------------------------------

## Executive Compensation

In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) receive both of the following: 1. 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements and 2. \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

**No**

Does the public have access to information about the compensation of the senior executives in your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

**Not Selected**

## Proceedings Questions

Is your business or organization, as represented by the Unique Entity ID on this entity registration, responding to a Federal procurement opportunity that contains the provision at FAR 52.209-7, subject to the clause in FAR 52.209-9 in a current Federal contract, or applying for a Federal grant opportunity which contains the award term and condition described in 2 C.F.R. 200 Appendix XII?

**No**

Does your business or organization, as represented by the Unique Entity ID on this specific SAM record, have current active Federal contracts and/or grants with total value (including any exercised/unexercised options) greater than \$10,000,000?

**Not Selected**

Within the last five years, had the business or organization (represented by the Unique Entity ID on this specific SAM record) and/or any of its principals, in connection with the award to or performance by the business or organization of a Federal contract or grant, been the subject of a Federal or State (1) criminal proceeding resulting in a conviction or other acknowledgment of fault; (2) civil proceeding resulting in a finding of fault with a monetary fine, penalty, reimbursement, restitution, and/or damages greater than \$5,000, or other acknowledgment of fault; and/or (3) administrative proceeding resulting in a finding of fault with either a monetary fine or penalty greater than \$5,000 or reimbursement, restitution, or damages greater than \$100,000, or other acknowledgment of fault?

**Not Selected**

No

#### SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

#### Entity Types

##### Business Types

Entity Structure

Corporate Entity (Tax Exempt)

Entity Type

Business or Organization

Organization Factors

(blank)

Profit Structure

Non-Profit Organization

##### Socio-Economic Types

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

#### Financial Information

Accepts Credit Card Payments

Yes

Debt Subject To Offset

No

EFT Indicator

0000

CAGE Code

49VY8

##### Electronic Funds Transfer

Account Type

Checking

Routing Number

\*\*\*\*\*47

Lock Box Number

(blank)

Financial Institution

WELLS FARGO BANK NA

Account Number

\*\*\*\*\*04

##### Automated Clearing House

Phone (U.S.)

9497567749

Email

(blank)

Phone (non-U.S.)

(blank)

Fax

(blank)

##### Remittance Address

MERCY HOUSE

P.O. Box 1905

Santa Ana, California 92702

United States

#### Taxpayer Information

EIN

\*\*\*\*\*5864

Type of Tax

Applicable Federal Tax

Taxpayer Name

MERCY HOUSE LIVING CENTERS

Tax Year (Most Recent Tax Year)

2023

Name/Title of Individual Executing Consent

Chief Strategy And Compliance Officer

TIN Consent Date

Oct 24, 2024

Address

807 N. Garfield ST.

Santa Ana, California 92701

Signature

Allison Davenport

#### Points of Contact

##### Accounts Receivable POC

2

Mary Ellen Gross, Ms.

maryelleng@mercyhouse.net

7148367188

♀  
Patti Long, Mrs.  
PattiL@mercyhouse.net  
7148367188

P.O. Box 1905  
Santa Ana, California 92702  
United States

Allison Davenport, Mrs.  
AllisonD@Mercyhouse.net  
7148367188

P.O. Box 1905  
Santa Ana, California 92702  
United States

---

#### Government Business

♀  
Larry Haynes, Mr.  
LarryH@Mercyhouse.net  
7148367188

P.O. Box 1905  
Santa Ana, California 92702  
United States

Patti Long, Mrs.  
PattiL@Mercyhouse.net  
7148367188

P.O. Box 1905  
Santa Ana, California 92702  
United States

---

#### Past Performance

♀  
Allison Davenport, Mrs.  
allisonD@mercyhouse.net  
7148367188

PO Box 1905  
Santa Ana, California 92702  
United States

Patti Long, Mrs.  
pattil@mercyhouse.net  
7148367188

PO Box 1905  
Santa Ana, California 92702  
United States

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#### Service Classifications

##### NAICS Codes

Primary	NAICS Codes	NAICS Title
Yes	813410	Civic And Social Organizations

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#### Size Metrics

##### IGT Size Metrics

Annual Revenue (from all IGTs)  
(blank)

---

##### Worldwide

Annual Receipts (in accordance with 13 CFR 121)	Number of Employees (in accordance with 13 CFR 121)
\$64,000,000.00	705

---

##### Location

Annual Receipts (in accordance with 13 CFR 121)	Number of Employees (in accordance with 13 CFR 121)
(blank)	(blank)

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##### Industry-Specific

Barrels Capacity	Megawatt Hours	Total Assets
(blank)	(blank)	(blank)

---

#### Electronic Data Interchange (EDI) Information

This entity did not enter the EDI information

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#### Disaster Response

This entity does not appear in the disaster response registry.

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# MERCY HOUSE

## **ATTACHMENT C CERTIFICATION REGARDING DEBARMENT AND SUSPENSION**



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,  
INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS**

This certification is required by the regulations implementing Executive Orders 12549 and 12689, Debarment and Suspension, and 2 CFR Part 200, Participants' responsibilities.

*(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS BELOW)*

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principles are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**Organization Name:** Mercy House Living Centers

**Address:** 6494 Caballero Blvd., Buena Park, CA 90620

**Chief Executive Officer**

Name and Title of Authorized Representative

Signature

Date

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction", "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant", "person", "primary covered transaction", "principal", "proposal", and "voluntarily excluded", as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Orders 12549 and 12689.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transactions", without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the System for Award Management (SAM).
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

---

# MERCY HOUSE

## **ATTACHMENT E INTAKE FORM & INTAKE DOCUMENTS**

# MERCYHOUSE

## DIVERSION QUESTIONNAIRE

Entry Date: \_\_\_\_\_

Participants Name: \_\_\_\_\_ Staff's Name: \_\_\_\_\_

Program Name: Buena Park Navigation Center

The goal at this point of your stay is to learn more about your specific current situation and what you need so that together we can identify the best possible way to find you safe permanent housing. This might mean staying in this shelter for a few days or longer, but we want to connect you with housing resources as quickly as possible. We will work with you to find a more stable alternative if we can.

1. **Where did you sleep last night?** Name of City? \_\_\_\_\_

- ☐ Place not meant for habitation (e.g., cars, park, bus station)
- ☐ Emergency shelter or safe haven
- ☐ Transitional housing program for homeless persons
- ☐ Permanent housing program for formerly homeless persons
- ☐ Hospital (non-psychiatric)
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ Substance abuse treatment facility or detox center
- ☐ Jail, prison, or juvenile detention facility
- ☐ Foster care home or foster care group home
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Staying or living in a friend's room, apartment, or house
- ☐ Staying or living in a family member's room, apartment, or house
- ☐ Room, apartment, or house that you rent
- ☐ Apartment or house that you own
- ☐ Other - Please explain: \_\_\_\_\_

2. **If you were staying with someone is it possible or safe for you to continue staying there?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how long can you stay? \_\_\_\_\_ Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months

3. **What other housing options do you have for the next few days/weeks?**

---

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**4. What are some issues that exist in your current housing situation that we can try to help you resolve?**

- ☐ Family/friends asked to leave
- ☐ No family/friends to stay with
- ☐ No/lack of employment or income
- ☐ No potential for increased income
- ☐ Drug/alcohol problem
- ☐ Disabled
- ☐ Fleeing from domestic violence/abuse
- ☐ Victim of human trafficking
- ☐ Just moved to the area
- ☐ Other – Please explain: \_\_\_\_\_

For Mercy House Staff Use only:

\_\_\_\_\_ The participant is ELIGIBLE to stay at this shelter while working toward housing plan.

\_\_\_\_\_ The participant is INELIGIBLE for diversion assistance (note reason below).

Staff Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Staff's Signature

## COORDINATED ENTRY SYSTEM (CES)

### AUTHORIZATION TO USE & DISCLOSE PROTECTED HEALTH INFORMATION



The Coordinated Entry System (CES) is designed to connect people at-risk of or experiencing homelessness with housing and supportive services. Your authorization will allow CES participating entities to have access to you and your care. Your authorization is required to enroll into CES. For more information about CES, please visit: [ceo.ocgov.com/care-coordination/homeless-services/coordinated-entry-system](http://ceo.ocgov.com/care-coordination/homeless-services/coordinated-entry-system).

#### PART 1: CLIENT/PATIENT INFORMATION

Client/Patient Last Name		Client/Patient First Name		Middle Initial	Date of Birth
Email	CIN#	MRN	Telephone Number with Area Code		
Address		City	State	Zip	

#### PART 2: PARTICIPATING ENTITIES WHO WILL DISCLOSE THIS INFORMATION

Participating Entities within Coordinated Entry System (CES)			Address 601 N. Ross St., 5 <sup>th</sup> Floor		
City Santa Ana	State CA	Zip 92701	Telephone Number with area code (714) 834-5000		

#### PART 3: PARTICIPATING ENTITIES WHO WILL RECEIVE THIS INFORMATION

Participating Entities within Coordinated Entry System (CES)			Address 601 N. Ross St., 5 <sup>th</sup> Floor		
City Santa Ana	State CA	Zip 92701	Telephone Number with area code (714) 834-5000		

#### PART 4: PURPOSE OF THIS AUTHORIZATION

Coordination of care with and between the Coordinated Entry System participating entities.

#### PART 5: INFORMATION THAT CAN BE RELEASED

**A.** The minimum amount of information to coordinate care between the Coordinated Entry System participating entities. This includes but is not limited to your history of homelessness, disabling conditions, housing preferences and other eligibility criteria.

#### PART 6: DATE YOUR AUTHORIZATION EXPIRES

Unless otherwise revoked in writing, this authorization expires upon termination of program, Orange County Coordinated Entry System.

#### FOR YOUR REVIEW

I have read the contents of this form. I understand, agree, and allow the Coordinated Entry System (CES) to use and release my information as I have stated above. I have the right to revoke this authorization at any time in writing by sending a notice to the CES Program Administrator. The revocation will not affect disclosures the CES participating entities have already made in reliance on the authorization. Information disclosed pursuant to this authorization may be re-disclosed by the recipient and no longer be protected by federal privacy law (HIPAA). Applicable State or other federal law may require the recipient to obtain your written authorization before re-disclosure unless otherwise permitted by such laws. I am entitled to a copy of this form. Fees may apply to certain requests. A copy of the original authorization is valid.

#### PART 7: SIGNATURE - PARTICIPANT OR DESIGNATED PERSONAL REPRESENTATIVE/GUARDIAN

#### PART 8: DATE

X

Personal Representative (Print full name)	Personal Relationship to Client / Patient (e.g. conservator, parent, etc.)		
Personal Representative Street Address	City	State	Zip

Disclosures pursuant to this authorization are allowable only among Coordinated Entry System participating entities  
All numbered items must be completed for authorization to be valid





# North Orange County Outreach Grid Network: Release of Information Waiver

This agency participates in the NOC Outreach Grid Network. Because this Network may be made up of many service providers across the city, by signing this release of information waiver, you can share your information with other service providers from which you might be seeking services. This may reduce the time spent answering basic questions regarding your situation, and allow that agency to focus on meeting your service needs. The computer program used for this purpose has industry standard security protocols, and is updated regularly to meet these security standards. The information you provide will be shared with this agency and any other agency in the network you designate. Information collected is housed in a secure server located in Oregon. Limited staff persons of Appledore, Inc. have access to this server and the data housed there – for performing analysis, generating reports, customer and network support and maintenance purposes. Please note: If you do decide to share information at this time and later change your mind, you can revoke this permission in writing at any time and security protections to prevent your information from being viewed by any other service provider will be put into place. Participating agencies and their information privileges may also change without notice. My name and signature indicate my permission to have my service information shared with the current agencies in the network, according to the information privileges listed. North Orange County Public Safety Task Force is a group of cities and nonprofit agencies who work to end street-level homelessness in a city or region through the coordination of community efforts and activities. In order to better serve you, we may need to share information with several other agencies working together to assist your move toward self-sufficiency. This will be done through conferencing and/or via database sharing. Your signature on this form allows information to be shared only for the purpose of helping you in the following areas:

- Assisting individuals and families to complete their targeted goals successfully
- Providing supportive services to the individuals of Outreach Grid and/or agencies involved in the NOC Outreach Grid Network
- Release of photographs for internal and external agency use

Collaborating with other support and assistance agencies to better serve

Providing referrals to other service providers who may better serve the needs

Information may be shared only with Outreach Grid staff and/or representatives of the following agencies who may be providing services and support to you.

- North Orange County Public Safety Task Force
- Illumination Foundation
- Mercy House
- The Midnight Mission
- McKinney Vento Liaisons
- Orange County Social Services Agency
- Serving People in Need (SPIN)
- Project Hope Alliance
- Pathways of Hope
- His House
- Grandma/Grandpa's House of Hope
- Potential Landlords
- Public Law Center

- Legal Aid
- Family Promise of Orange County
- Volunteers of America (VOA)
- Regional Center
- Social Security Administration
- Other

The sharing of some information is important to the success to obtain the necessary services from participating agencies, avoid duplication of services, as well as help develop a comprehensive program that will better support you.

By signing, I give authorization for mine and my dependents listed above Protected Personal and relevant information to be entered into Outreach Grid.

Name:

Date:

Signature:

Orange County Continuum of Care  
Homeless Management Information System Client Consent form

Welcome to the Orange County Continuum of Care (CoC).

You are currently accessing services from a service provider/organization participating in the Orange County Homeless Management Information System (HMIS). HMIS is the secure database used to collect and store information about clients served through this service provider/organization. It also allows the sharing of information among HMIS participating service providers/organizations to streamline access to services and help them understand a client's history of homelessness or housing instability. HMIS is managed and operated by Orange County United Way's 2-1-1 Orange County (211OC).

In Orange County, all service providers/organizations that participate in HMIS share data with each other to coordinate care and improve program outcomes. If you agree to participate in HMIS, this means you allow information gathered by a participating service provider/organization to be entered into HMIS and allow all other participating service providers/organizations to view and use your data to provide services to you. Additionally, the service provider/organization will also be able to see what kind of services in Orange County you have received in the past.

A complete list of all service providers/organizations that participate in the HMIS is maintained at <http://ochmis.org/about-hmis/contributing-agencies/>. You can also ask the service provider/organization you are receiving services from for a list of HMIS participating service provider/organization. Please note that the list of service providers/organizations contributing data to HMIS can change frequently and without notice, and therefore the website should be consulted for the most recent list.

HMIS contains sensitive health and personal data. The Orange County CoC and HMIS participating service providers/organizations take your privacy very seriously and have implemented **the following protections to safeguard your data:**

- Individual client data is only viewable by trained staff at each participating service provider/organization.
- In order to participate in the HMIS, leaders at each agency must sign an Agency Agreement that includes a commitment to protecting client data and maintaining confidentiality.
- In order to use HMIS, service provider/organization staff must complete multiple trainings that examines privacy laws and the importance of client privacy.
- The HMIS is hosted on a secure server and data is encrypted.

**What information is shared in the HMIS database?**

We share Protected Personal Information (PPI), Protected Health Information (PHI), and general information obtained during your intake, assessment, and enrollment in the program. This may include, without limitation, the following:

- Your name and your contact information
- Your social security number and date of birth
- Your basic demographic information such as gender, race and ethnicity
- Your history of homelessness and housing (including your current housing status, and where and when you have accessed services)
- Your medical history and disabling conditions, including mental and physical health concerns, substance abuse history, and HIV/AIDS status
- Your case notes and services
- Your income sources and amounts
- Your non-cash benefits
- Your veteran status, service history and discharge status
- Information about other members of your household
- Your self-reported history of domestic violence
- Verification of history of homelessness and/or disabling conditions (including third-party verifications and/or self-attestations)
- Your photo (optional)

**By signing this form, you understand the following:**

- You have the right to receive services even if you do not sign this consent form. Providers may not refuse to provide you with services based on your refusal to sign this form.
- You have the right to receive a copy of this consent form for your records.
- Your consent permits your data be entered in HMIS and allows any participating service providers/organizations to view your history of homelessness and service utilization, add to or update your information in HMIS without asking you to sign another consent form. This consent form expires seven (7) years after the signature or at any time you choose to revoke your consent. Please note, the Orange County CoC is required to retain all data stored in HMIS for seven (7) years after the data was created or last changed. However, stored data will not be further shared upon the expiration of your consent.
- You may revoke your consent to share your information with other HMIS participating service providers/organizations at any time. Your revocation must be provided either in writing or by completing the Revocation of Consent form. The service provider/organization you are receiving services from must make this form available to you if you ask, and it should be out and available for you to take from the office or facility you receive services from. Upon receipt of your revocation, 211OC will remove your PPI and PHI from the shared HMIS database and prevent further PPI and PHI from being added. However, the PPI and PHI that you previously authorized to be shared cannot be entirely removed from the HMIS database. This information, as described previously, will remain accessible to the service providers/organizations that provided you with direct services.
- Participating agencies are required to post a Privacy Notice at each location where intakes are completed. The Privacy Notice contains more detailed information about how your information may be used and disclosed and should be readily available to you and conspicuously posted at all participating service provider/organization locations. You have the right to receive a copy of this notice for your records.
- You have the right to request, in writing, the following pieces of information. This information is to be provided to you within five (5) business days of your request.
  - A correction of inaccurate or incomplete PPI and/or PHI
  - A copy of your consent form
  - A copy of your HMIS record (agency staff must review this information with you if you request such a review so that you can fully understand the information presented to you and how it is used)
- Aggregate or statistical data that is released from the HMIS database will not disclose any of your PPI or PHI
- You are not waiving any rights protected under Federal and/or California law.

**SIGNATURE AND ACKNOWLEDGEMENT**

Your signature indicates that you have read (or been read) this consent form, have received answers to your questions, and you freely consent to have your information, and that of your minor children (if applicable and/or if you choose to include them), entered into the HMIS database. You also consent to share your information with other participating organizations as described in this consent form.

Client Name: \_\_\_\_\_ Date Of Birth (DOB): \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Minor Children (if applicable and/or if you choose to include them):**

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_      Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_      Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Agency Staff Signature:**

Agency Staff Name: \_\_\_\_\_ Agency Staff Signature: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## BUENA PARK NAVIGATION CENTER HMIS SUPPLEMENTAL ENTRY FORM

*Effective Date: October 22, 2024*

### **City participant lived in prior to becoming homeless (PRIOR CITY)**

- |                                    |   |
|------------------------------------|---|
| <input type="radio"/> Brea         | <input type="radio"/> Placentia                       |
| <input type="radio"/> Buena Park   | <input type="radio"/> Stanton                         |
| <input type="radio"/> Cypress      | <input type="radio"/> Villa Park                      |
| <input type="radio"/> Fullerton    | <input type="radio"/> Yorba Linda                     |
| <input type="radio"/> Garden Grove | <input type="radio"/> Anaheim                         |
| <input type="radio"/> La Habra     | <input type="radio"/> Orange County-outside the NSPA  |
| <input type="radio"/> La Palma     | <input type="radio"/> Other County in California      |
| <input type="radio"/> Los Alamitos | <input type="radio"/> Outside the State of California |
| <input type="radio"/> Orange       | <input type="radio"/> Outside the United States       |

### **Type of setting participant lived in before becoming homeless?**

- |   |   |
|---|---|
| <input type="radio"/> Homeowner           | <input type="radio"/> Hotel                     |
| <input type="radio"/> Renting             | <input type="radio"/> Incarcerated              |
| <input type="radio"/> Living with Family  | <input type="radio"/> Substance Abuse Treatment |
| <input type="radio"/> Living with Friends | <input type="radio"/> Facility or Detox Center  |
| <input type="radio"/> Mobile Home         | <input type="radio"/> Other                     |
| <input type="radio"/> Foster Home         |   |

### **Between the ages of 5-18, what city did the participant live the longest?**

- |                                    |   |
|------------------------------------|---|
| <input type="radio"/> Brea         | <input type="radio"/> Placentia                       |
| <input type="radio"/> Buena Park   | <input type="radio"/> Stanton                         |
| <input type="radio"/> Cypress      | <input type="radio"/> Villa Park                      |
| <input type="radio"/> Fullerton    | <input type="radio"/> Yorba Linda                     |
| <input type="radio"/> Garden Grove | <input type="radio"/> Anaheim                         |
| <input type="radio"/> La Habra     | <input type="radio"/> Orange County-outside the NSPA  |
| <input type="radio"/> La Palma     | <input type="radio"/> Other County in California      |
| <input type="radio"/> Los Alamitos | <input type="radio"/> Outside the State of California |
| <input type="radio"/> Orange       | <input type="radio"/> Outside the United States       |
|                                    | <input type="radio"/> Client prefers not to answer    |



**City where participant attended high school:**

- Brea
- Buena Park
- Cypress
- Fullerton
- Garden Grove
- La Habra
- La Palma
- Los Alamitos
- Orange
- Placentia
- Stanton
- Villa Park
- Yorba Linda
- Anaheim
- Orange County-outside the NSPA
- Other County in California
- Outside the State of California
- Outside the United States
- Client prefers not to answer

# FY 2024 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

## CLIENT PROFILE

<b>SOCIAL SECURITY NUMBER (SSN)</b>										<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>														
<b>QUALITY OF SSN - Only required to collect the last four digits of the SSN, though are not prohibited from collecting all nine digits for new client records.</b>																								
<input type="checkbox"/> Full SSN reported					<input type="checkbox"/> Approximate or partial SSN reported					<input type="checkbox"/> Client doesn't know					<input type="checkbox"/> Client prefers not to answer					<input type="checkbox"/> Data not collected				

<b>CLIENT'S NAME</b>																		<b>N/A</b>	
<b>Last</b>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<input type="checkbox"/>    	
<b>First</b>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>			
<b>Middle</b>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>			
<b>Suffix</b>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>			

<b>QUALITY OF NAME</b>																								
<input type="checkbox"/> Full name reported					<input type="checkbox"/> Partial, street name, or code name reported					<input type="checkbox"/> Client doesn't know					<input type="checkbox"/> Client prefers not to answer					<input type="checkbox"/> Data not collected				

<b>DATE OF BIRTH</b>										<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>									
										<div style="border: 1px solid black; display: flex; align-items: center;"> <span style="margin-right: 5px;">Age:</span> <div style="flex-grow: 1; border: 1px solid black;"></div> </div>									

<b>QUALITY OF DOB</b>																								
<input type="checkbox"/> Full DOB reported					<input type="checkbox"/> Approximate or partial DOB reported					<input type="checkbox"/> Client doesn't know					<input type="checkbox"/> Client prefers not to answer					<input type="checkbox"/> Data not collected				

**GENDER** (Select all that apply)

<input type="checkbox"/> Woman (Girl if child) <input type="checkbox"/> Man (Boy if child) <input type="checkbox"/> Non-Binary	<input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) <input type="checkbox"/> Different Identity	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
--	---	--

<b>If 'Different Identity' Please Specify</b>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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**RACE AND ETHNICITY** (Select all that apply)

<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African	<input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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**VETERAN STATUS**

<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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<b>If 'YES' to Veteran Status</b>	
Year entered military service (year)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

# FY 2024 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

Year separated from military service (year)		
<b>Theater of Operations: World War II</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	
<b>Theater of Operations: Korean War</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	
<b>Theater of Operations: Vietnam War</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	
<b>Theater of Operations: Persian Gulf War</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	
<b>Theater of Operations: Afghanistan</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	
<b>Theater of Operations: Iraq (Operation Iraqi Freedom)</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	
<b>Theater of Operations: Iraq (Operation New Dawn)</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	
<b>Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	
<b>Branch of the Military</b>		
<input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy	<input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> Space Force	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
<b>Discharge Status</b>		
<input type="checkbox"/> Honorable <input type="checkbox"/> General under honorable conditions <input type="checkbox"/> Other than honorable conditions (OTH)	<input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Uncharacterized	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
<b>OC OPTIONAL QUESTIONS</b>		
<b>Alias</b>		
<b>Pronouns(s)</b>	<input type="checkbox"/> She/Her/Hers <input type="checkbox"/> He/Him/His	<input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Other: _____



# FY 2024 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

## PROJECT ENROLLMENT

### TRANSLATION ASSISTANCE NEEDED

<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
---	--

### Preferred Language

<input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Korean <input type="checkbox"/> Persian	<input type="checkbox"/> Farsi <input type="checkbox"/> Arabic <input type="checkbox"/> Russian <input type="checkbox"/> French <input type="checkbox"/> Ukrainian <input type="checkbox"/> Different Preferred Language	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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### If Different Preferred Language

Please Specify	_____
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### RELATIONSHIP TO HEAD OF HOUSEHOLD

<input type="checkbox"/> Self (head of household) <input type="checkbox"/> Head of household's child <input type="checkbox"/> Head of household's spouse or partner	<input type="checkbox"/> Head of household's other relation member <input type="checkbox"/> Other: non-relation member
---	---

PROJECT NAME	Buena Park Navigation Center
PROJECT START DATE	<div> <div></div> <div></div> <div>-</div> <div></div> <div></div> <div>-</div> <div></div> <div></div> <div></div> <div></div> </div>
HOUSING MOVE-IN DATE <i>(For PSH, PH with no disability requirement, and RRH Projects: Record the date a client or household moves into a permanent housing unit)</i>	<div> <div></div> <div></div> <div>-</div> <div></div> <div></div> <div>-</div> <div></div> <div></div> <div></div> <div></div> </div>

### PRIOR LIVING SITUATION for *Street Outreach, Emergency Shelter, or Safe Haven* project types

<b>Type of Residence 3.917A</b> <i>(Type of living arrangement on the night before entering this project)</i>	
<b>HOMELESS SITUATION</b>	
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter <input type="checkbox"/> Safe Haven	
<b>INSTITUTIONAL SITUATION</b>	
<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center
<b>TRANSITIONAL HOUSING SITUATION</b>	

# FY 2024 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Host Home (non-crisis)	<input type="checkbox"/> Staying or living in a friend's room, apartment, or house <input type="checkbox"/> Staying or living in a family member's room, apartment, or house
---	---

## PERMANENT HOUSING SITUATION

<input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
--	--

### Rental Subsidy Type if Rental by client, with ongoing housing subsidy

<input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public housing unit	<input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Housing Stability Voucher <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons
---	---

### Length of Stay in Prior Living Situation (How long ago did the client start staying in that Type of Residence)

<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
--	--	--

### If Client's Type of Residence is any of the Institutional Situation options:

<b>Length of Stay Less than 90 days?</b> (Indicate if the stay in the institutional setting they lived in immediately prior to project entry was less than 90 days)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
--	-----------------------------	------------------------------

### If 'Length of Stay Less than 90 days' is YES

<b>On the night before – stayed on streets, ES or Safe Haven?</b> (On the night before the client's stay of less than 90 days in an institutional setting were they on the streets, in an Emergency Shelter, or in a Safe Haven?)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
--	-----------------------------	------------------------------

<b>Approximate Date Homelessness Started</b> (Approximate date the client's <b>current</b> episode of homelessness began)
---

____ / ____ / ____
--------------------

<b>Number of times the client has been on the streets, in ES, or Save Haven in the past three years including today</b> (Regardless of where they stayed last night)
---

<input type="checkbox"/> One time <input type="checkbox"/> Two times	<input type="checkbox"/> Three times <input type="checkbox"/> Four or more times	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
---	---	--

<b>Total number of months homeless on the streets, in ES, or SH in the past three years</b>
---

<input type="checkbox"/> One month (this time is the first month) <input type="checkbox"/> Two Months <input type="checkbox"/> Three Months <input type="checkbox"/> Four Months <input type="checkbox"/> Five Months	<input type="checkbox"/> Six Months <input type="checkbox"/> Seven Months <input type="checkbox"/> Eight Months <input type="checkbox"/> Nine Months <input type="checkbox"/> Ten Months	<input type="checkbox"/> Eleven Months <input type="checkbox"/> Twelve Months <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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# FY 2024 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

PRIOR LIVING SITUATION for project types other than Street Outreach, Emergency Shelter, or Safe Haven

<b>Type of Residence 3.917B</b> (Type of living arrangement on the night before the entry into the project)		
<b>HOMELESS SITUATION</b>		
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter <input type="checkbox"/> Safe Haven		
<b>INSTITUTIONAL SITUATION</b>		
<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility		
<input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center		
<b>TRANSITIONAL HOUSING SITUATION</b>		
<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Host Home (non-crisis)		
<input type="checkbox"/> Staying or living in a friend's room, apartment, or house <input type="checkbox"/> Staying or living in a family member's room, apartment, or house		
<b>PERMANENT HOUSING SITUATION</b>		
<input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy		
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected		
<b>Rental Subsidy Type if Rental by client, with ongoing housing subsidy</b>		
<input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public housing unit		
<input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Housing Stability Voucher <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons		
<b>Length of Stay in Prior Living Situation</b> (How long ago did the client start staying in that Type of Residence)		
<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month		
<input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer		
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected		
<b>If Client's Type of Residence is any of the <u>Homeless Situation</u> options:</b>		
<b>Approximate Date Homelessness Started</b> (Approximate date the client's <b>current</b> episode of homelessness began)		
____/____/____		
<b>Number of times the client has been on the streets, in ES, or Save Haven in the past three years including today</b> (Regardless of where they stayed last night)		
<input type="checkbox"/> One time <input type="checkbox"/> Two times		
<input type="checkbox"/> Three times <input type="checkbox"/> Four or more times		
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected		
<b>Total number of months homeless on the streets, in ES, or SH in the past three years</b>		



# FY 2024 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

<input type="checkbox"/> One month (this time is the first month)	<input type="checkbox"/> Six Months	<input type="checkbox"/> Eleven Months
<input type="checkbox"/> Two Months	<input type="checkbox"/> Seven Months	<input type="checkbox"/> Twelve Months
<input type="checkbox"/> Three Months	<input type="checkbox"/> Eight Months	<input type="checkbox"/> More than 12 months
<input type="checkbox"/> Four Months	<input type="checkbox"/> Nine Months	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Five Months	<input type="checkbox"/> Ten Months	<input type="checkbox"/> Client prefers not to answer
		<input type="checkbox"/> Data not collected

If Client's Type of Residence is any of the Institutional Situation options:

<b>Length of Stay Less than 90 days?</b> (Indicate if the stay in the institutional setting they lived in immediately prior to project entry was less than 90 days)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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If Client's Type of Residence is any of the Transitional and Permanent Housing Situation options:

<b>Length of Stay Less than 7 nights?</b> (Indicate if the stay in the transitional or permanent housing setting they lived in immediately prior to project entry was less than 7 nights)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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If 'Length of Stay Less than 90 days' is YES—OR— If 'Length of Stay Less than 7 nights' is YES

<b>On the night before – stayed on streets, ES or Safe Haven?</b> (On the night before the client's stay of less than 90 days in an institutional setting, or less than 7 nights in a transitional/permanent housing setting, were they on the streets, in an Emergency Shelter, or in a Safe Haven?)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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If 'On the night before – stayed on streets, ES, or Safe Haven' is YES

<b>Approximate Date Homelessness Started</b> (Approximate date the client's <b>current</b> episode of homelessness began)
____/____/____

<b>Number of times the client has been on the streets, in ES, or Save Haven in the past three years including today</b> (Regardless of where they stayed last night)		
<input type="checkbox"/> One time	<input type="checkbox"/> Three times	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Two times	<input type="checkbox"/> Four or more times	<input type="checkbox"/> Client prefers not to answer
		<input type="checkbox"/> Data not collected

<b>Total number of months homeless on the streets, in ES, or SH in the past three years</b>		
<input type="checkbox"/> One month (this time is the first month)	<input type="checkbox"/> Six Months	<input type="checkbox"/> Eleven Months
<input type="checkbox"/> Two Months	<input type="checkbox"/> Seven Months	<input type="checkbox"/> Twelve Months
<input type="checkbox"/> Three Months	<input type="checkbox"/> Eight Months	<input type="checkbox"/> More than 12 months
<input type="checkbox"/> Four Months	<input type="checkbox"/> Nine Months	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Five Months	<input type="checkbox"/> Ten Months	<input type="checkbox"/> Client prefers not to answer
		<input type="checkbox"/> Data not collected

## DISABLING CONDITIONS AND BARRIERS

Do you have a disabling condition?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected

Do you have a physical disability?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected
<b>If yes for Physical Disability,</b>	<input type="checkbox"/> No
	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Client prefers not to answer



# FY 2024 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="checkbox"/> Yes	<input type="checkbox"/> Data not collected
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Do you have a developmental disability?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected

Do you have a chronic health condition?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected
If yes for Chronic Health Condition, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected

Have you been diagnosed with AIDS or have you tested positive for HIV?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected

Do you have a mental health problem?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected
If yes for Mental Health Problem, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected

Do you have a substance abuse problem?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Both Alcohol and Drug	
If you have any Substance Abuse Problem, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected

Are you a survivor of domestic or intimate partner violence?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected
If Yes for survivor of domestic or intimate partner violence	
When did this experience occur?	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago (excluding six months exactly) <input type="checkbox"/> From six to twelve months ago (excluding one year exactly) <input type="checkbox"/> More than a year ago
	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
Are you currently fleeing?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected

# FY 2024 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

## MONTHLY INCOME AND SOURCES

Income from Any Source	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
<b>IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY</b>		
<b>Income Source (Check all that apply)</b>	<b>Monthly Amount</b>	
<input type="checkbox"/> Earned Income		
<input type="checkbox"/> Unemployment Insurance		
<input type="checkbox"/> Worker's Compensation		
<input type="checkbox"/> Private Disability Insurance		
<input type="checkbox"/> VA Service-Connected Disability Compensation		
<input type="checkbox"/> Social Security Disability Income (SSDI)		
<input type="checkbox"/> Supplemental Security Income (SSI)		
<input type="checkbox"/> Retirement Income from Social Security		
<input type="checkbox"/> VA Non-Service-Connected Disability Pension		
<input type="checkbox"/> Pension or retirement income from a former job		
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)		
<input type="checkbox"/> General Assistance (GA)		
<input type="checkbox"/> Alimony or other spousal support		
<input type="checkbox"/> Child Support		
<input type="checkbox"/> Other Cash Income (Specify: _____)		

## NON-CASH BENEFITS

Receiving Non-Cash Benefits?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
<b>IF "YES" TO RECEIVING NON-CASH BENEFITS– INDICATE ALL SOURCES THAT APPLY</b>		
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> TANF Transportation Services	
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> Other TANF-funded services	
<input type="checkbox"/> TANF Childcare Services	<input type="checkbox"/> Other Non-Cash Benefits (Specify Source): _____	

## HEALTH INSURANCE

Covered by Health Insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
<b>IF "YES" TO COVERED BY HEALTH INSURANCE– INDICATE ALL SOURCES THAT APPLY</b>		
<input type="checkbox"/> MEDICAID	<input type="checkbox"/> Insurance Obtained through COBRA	
<input type="checkbox"/> MEDICARE	<input type="checkbox"/> Private Pay Health Insurance	
<input type="checkbox"/> State Children's Health Insurance Program	<input type="checkbox"/> State Health Insurance for Adults	
<input type="checkbox"/> Veteran's Health Administration (VHA)	<input type="checkbox"/> Indian Health Services Program	
<input type="checkbox"/> Employer-provided Health Insurance	<input type="checkbox"/> Other Health Insurance (Specify Source): _____	

# FY 2024 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

## LAST PERMANENT ADDRESS

### Prior City

*The last city in which the client was permanently housed prior to entry into this project*

\_\_\_\_\_

## ADDITIONAL INFORMATION

### Sexual Orientation

☐ Heterosexual

☐ Gay

☐ Lesbian

☐ Bisexual

☐ Questioning/Unsure

☐ Other

☐ Client doesn't know

☐ Client prefers not to answer

☐ Data not collected

### If Other

Please Specify

\_\_\_\_\_

## OC CUSTOM QUESTIONS

### What city were you in immediately prior to entry into this project?

*The city in which the client spent the night prior to entry into this project*

☐ Aliso Viejo

☐ Anaheim

☐ Brea

☐ Buena Park

☐ Costa Mesa

☐ Cypress

☐ Dana Point

☐ El Modena

☐ Fountain Valley

☐ Fullerton

☐ Garden Grove

☐ Huntington Beach

☐ Irvine

☐ La Habra

☐ La Palma

☐ Laguna Beach

☐ Laguna Hills

☐ Laguna Niguel

☐ Laguna Woods

☐ Lake Forest

☐ Los Alamitos

☐ Mission Viejo

☐ Newport Beach

☐ Orange

☐ Placentia

☐ Rancho Santa Margarita

☐ San Clemente

☐ San Juan Capistrano

☐ Santa Ana

☐ Seal Beach

☐ Stanton

☐ Tustin

☐ Villa Park

☐ Westminster

☐ Yorba Linda

☐ Unincorporated Orange County

☐ Outside Orange County, but in California

☐ Outside of California

☐ Client doesn't know

☐ Client prefers not to answer

☐ Data not collected

Phone Number (Optional)

Email Address (Optional)

### What state were you born in?

☐ AL - Alabama

☐ AL- Alaska

☐ AZ - Arizona

☐ AR- Arkansas

☐ CA - California

☐ CO - Colorado

☐ CT- Connecticut

☐ DE - Delaware

☐ DC - District of Columbia

☐ GA - Georgia

☐ HI - Hawaii

☐ ID - Idaho

☐ IL - Illinois

☐ IN - Indiana

☐ IA - Iowa

☐ KS - Kansas

☐ KY - Kentucky

☐ LA - Louisiana

☐ ME - Maine

☐ MA - Massachusetts

☐ MI - Michigan

☐ MN - Minnesota

☐ MS - Mississippi

☐ MO - Missouri

☐ MT - Montana

☐ NE - Nebraska

☐ NV - Nevada

☐ NH - New Hampshire

☐ Hampshire

☐ NM - New Mexico

☐ NY - New York

☐ NC - North Carolina

☐ ND - North Dakota

☐ OH - Ohio

☐ OK - Oklahoma

☐ OR - Oregon

☐ PA - Pennsylvania

☐ RI - Rhode Island

☐ SC - South Carolina

☐ TN - Tennessee

☐ TX - Texas

☐ UT - Utah

☐ VT - Vermont

☐ VA - Virginia

☐ WA - Washington

☐ WV - West Virginia

☐ WI - Wisconsin

☐ WY - Wyoming

☐ Client doesn't know



# FY 2024 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

<input type="checkbox"/> FL - Florida	<input type="checkbox"/> MD - Maryland	<input type="checkbox"/> NJ - New Jersey	<input type="checkbox"/> SD - South Dakota	<input type="checkbox"/> Client prefers not to answer
				<input type="checkbox"/> Other
If 'Other' for State you were born, Which country were you born in?				
Employment Status	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Client doesn't know	
	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Disabled	<input type="checkbox"/> Client prefers not to answer	
	<input type="checkbox"/> Seasonal/Temporary Work	<input type="checkbox"/> Retired	<input type="checkbox"/> Data not collected	

## CFCOC ENTRY QUESTIONS

Is this client receiving services funded by the Children and Families Commission Orange County?	<input type="checkbox"/> No <input type="checkbox"/> Yes
CFCOC Bed Night Start Date <i>The client's first bed night funded by CFCOC</i>	____/____/____
CFCOC Bed Night End Date <i>The client's last bed night funded by CFCOC</i>	____/____/____

I certify that the information above is correct to the best of my knowledge.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Staff Signature

\_\_\_\_\_  
Date

### DO NOT ANSWER QUESTIONS BELOW – DATA ENTRY PERSONNEL ONLY (Optional):

Date entered into HMIS: \_\_\_\_/\_\_\_\_/\_\_\_\_

Question	Answer	Comments
Was the hard copy intake form completely filled out correctly?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Staff Name (verifying completion of Data Entry): \_\_\_\_\_

## CURRENT LIVING SITUATION

For Head of Households and Adults in CoC, ESG, RHY, or PATH funded Street Outreach; PATH funded Services Only, ESG funded Night-by-Night Emergency Shelters, and Coordinated Entry Projects.

**Street Outreach, Services Only, and Coordinated Entry:** Record every contact made with each client by recording their Current Living Situation, including when the Project Start Date, Prior Living Situation or Date of Engagement is recorded on the same day. There may or may not be a contact made at project exit.

**Night-by-Night Shelters:** Only record a Current Living Situation if the interaction between the shelter personnel and the client goes beyond the basic provision of shelter services. A Current Living Situation for emergency shelter does not include activities of daily sheltering (e.g. bed registration, request for personal care items, dinner sign-up, meals, etc.)

<b>PROJECT NAME</b>											
<b>CLIENT NAME</b>											
<b>CURRENT LIVING SITUATION DATE</b>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>										

Current Living Situation (PATH funded projects are limited to the response options with an asterisk *)	
<b>HOMELESS SITUATION</b>	
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)* <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter* <input type="checkbox"/> Safe Haven*	
<b>INSTITUTIONAL SITUATION</b>	
<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center
<b>TRANSITIONAL HOUSING SITUATION</b>	
<input type="checkbox"/> Transitional housing for homeless persons (including Homeless Youth) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a family member's room, apartment, or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house
<b>PERMANENT HOUSING SITUATION</b>	
<input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Worker unable to determine* <input type="checkbox"/> Other* : _____	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
<b>Rental Subsidy Type</b> if Rental by client, with ongoing housing subsidy is selected	

**FY2024 OC HMIS: CURRENT LIVING SITUATION ASSESSMENT FORM**

<input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public housing unit <input type="checkbox"/> Rental by client, with other ongoing housing subsidy	<input type="checkbox"/> Housing Stability Voucher <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons
<b>(Only for Coordinated Entry System Projects)</b> <b>Living Situation Verified by:</b> (Agency/Project that verified living situation information)	

<i>If the client's Current Living Situation is any of the non-homeless situation responses:</i>  <b>Is client going to have to leave their current living situation within 14 days?</b>	<input type="checkbox"/> No  <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
<i>If the client has to leave their current living situation within 14 days:</i>  <b>Has a subsequent residence been identified?</b>	<input type="checkbox"/> No  <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
<i>If the client has to leave their current living situation within 14 days:</i>  <b>Does individual or family have resources or support networks to obtain other permanent housing?</b>	<input type="checkbox"/> No  <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
<i>If the client has to leave their current living situation within 14 days,</i>  <b>Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?</b>	<input type="checkbox"/> No  <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
<i>If the client has to leave their current living situation within 14 days,</i>  <b>Has the client moved 2 or more times in the last 60 days?</b>	<input type="checkbox"/> No  <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
<b>Location Details</b>		

I certify that the information above is correct to the best of my knowledge.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Staff Signature

\_\_\_\_\_  
Date

**DO NOT WRITE IN BOX BELOW – DATA ENTRY PERSONNEL ONLY (Optional):**

Date entered into HMIS: \_\_\_\_/\_\_\_\_/\_\_\_\_

Question	Answer	Comments
<b>Was the current living situation assessment form completely and correctly filled out</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Staff Name (verifying completion of Data Entry): \_\_\_\_\_



## FY24-25 CDBG Program Statistical Information and Income Self-Certification Form

Federally funded Community Development Block Program (CDBG) participants must disclose statistical information in order to participate. The information on this application is necessary for federal reporting purposes. Please print and answer all questions completely.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address (residence) \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender: ☐ Male ☐ Female Did you participate in the program last year: ☐ YES ☐ NO

**Ethnicity (must check one):**

☐ Hispanic ☐ Non-Hispanic

**Disabled (must check one):**

☐ Yes ☐ No

**Race (must check one):**

☐ White

☐ Black/African American

☐ Asian

☐ American Indian/Alaskan Native

☐ Nat. Hawaiian/Other Pacific Islander

☐ American Indian/Alaskan Nat & White

☐ Asian & White

☐ Black/African American & White

☐ Amer. Ind./Alaskan Nat. & Black

☐ Other Multi-Racial

**FAMILY INCOME:**

Income includes wages, salaries, tips; self-employment or business income, unemployment & disability income, retirement & insurance income, public assistance, interest & dividend income, alimony, child support, gift income, armed forces income for all family members 18 years of age and older.

**FAMILY INCOME TABLE\* (BELOW):**

1. FIRST circle the number of persons in your household
2. THEN go across and circle your household annual Income Category

Household Size	Very Low Income 30% of Median Income	Low Income 50% of Median Income	Moderate Income 80% of Median Income
1 Person	\$33,150	\$55,250	\$88,400
2 Persons	\$37,900	\$63,100	\$101,000
3 Persons	\$42,650	\$72,050	\$113,650
4 Persons	\$47,350	\$78,900	\$126,250
5 Persons	\$51,150	\$85,250	\$136,350
6 Persons	\$54,950	\$91,550	\$146,450
7 Persons	\$58,750	\$97,850	\$156,550
8 or More	\$62,550	\$104,150	\$166,650

\* Income limits effective 4/1/24

**Female Head of Household:** ☐ YES ☐ NO

**Family Size Total:** \_\_\_\_\_ = Children (0-17 years of age): \_\_\_\_\_ + Adults (18+ years of age): \_\_\_\_\_

**CERTIFICATION: (Please read before signing)**

This organization is supported with Federal funding. According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statement to any department of the United States Government. By signing this Document, I certify under penalty of perjury, that all the information on this application is correct to the best of my knowledge and belief, and I acknowledge that such information is subject to verification. I also acknowledge that my failure to provide necessary documents within a reasonable period of time or falsification of this information shall be grounds for my termination from the program. I authorize the release of said information to local, State and/or Federal agencies within five years of this date.

Print Name (applicant) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name (parent/guardian if applicant is a minor) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Staff Reviewer \_\_\_\_\_

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION  
AND PARTICIPATION IN SHELTER, HOUSING & RELATED SUPPORT**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Aliases, Nicknames and Street Names: \_\_\_\_\_

**Initial or X in each box on the left to demonstrate your consent to participate in services and or share information:**

\_\_\_\_\_ *I am requesting a bed and housing assistance services, and agree to work the housing plan that will be created with me by my housing navigator. I also understand that this is not a permanent living situation, and that the purpose of this shelter is to help me become stably housed, and I will work both independently and with staff in achieving this outcome as rapidly as I am capable.*

\_\_\_\_\_ *I agree to abide by all shelter expectations as they exist today and any amended expectations to come.*

\_\_\_\_\_ *I agree that all staff may be involved in the shelter, housing and support process, and I understand that all staff may have access to information about me for this purpose.*

\_\_\_\_\_ *I have had the grievance policy explained to me, and I understand that I am free to express my concerns about shelter, housing, and support services without negative impacts relating to my participation. I know that the Grievance Procedures and forms are freely available to me and are located in a binder at the service desk.*

\_\_\_\_\_ *I understand the reasons why my participation in the shelter may be terminated, and that these reasons may be voluntary or involuntary. I understand that I have a right to appeal a termination decision if I feel I have been wrongfully terminated from the program and that I can find the appeal forms in the grievance binder.*

\_\_\_\_\_ *I understand that participation in all shelter, housing, and supportive services is voluntary, and I may revoke my agreement to participate at any time of my choosing, in writing. I further understand that any revocation will not apply to information that has already been released in response to this authorization.*

\_\_\_\_\_ *I know that information about me and my shelter, housing and support history may be shared and gathered by Mercy House with any other entity with the intent to help end my homelessness and ensure I am able to remain in stable housing. I hereby authorize the exchange of information between Mercy House and other agencies (public and non-profit agencies) such as shelters, medical providers, schools, landlords and Rapid Re-Housing Programs or other service providers, etc.*

\_\_\_\_\_ *I understand that Mercy House seeking or disclosing my information is solely for my benefit and will be kept confidential. I also understand that once I leave the program, this disclosure consent becomes invalid.*

\_\_\_\_\_ *I certify under the penalty of perjury that all information I provide will be true and correct, and I have given my permission for verification.*

**By signing on the line below, I am authorizing Mercy House to collect, store, and share information related to shelter, housing and support services, and to participate in housing and support services.**

Guest: \_\_\_\_\_

*Signature*

Staff Witness: \_\_\_\_\_

*Signature*

# MERCYHOUSE

## Guest Expectations

Welcome to our shelter program. We hope your stay with us allows you to begin your path to ending your homelessness. To ensure that all guests are able to comfortably work toward that goal, the following expectations need to be followed while on the shelter property, on any program shuttle, as well as the immediate vicinity of the shelter or drop-off location.

All guests are asked to read and initial each of the following sections as an acknowledgement that they understand what is expected of them while enrolled in the program:

1. Demonstrate responsibility for yourself, your actions, and your housing plan. \_\_\_\_\_
2. Guests are expected to actively work on their housing plan. By signing these expectations, you understand that you are not guaranteed housing by enrolling in this program. The goal is to get you connected to housing resources as quickly as possible. You will be scheduled to meet regularly with your Housing Navigator to discuss your housing plans. Part of your Housing Plan will be for you to identify tasks that you need to complete in order to achieve your goal of securing housing. Your progress will be reviewed at 30-day increments, with formal extension requests required after 6 months. \_\_\_\_\_
3. Follow all health and safety policies. These policies include, but are not limited to:
  - When a new guest enters the program, they are required to shower and submit any clothing/bedding items to be laundered or heat treated. \_\_\_\_\_
  - Guests are expected to maintain their hygiene (including changing into clean clothes when possible), laundry once a week and showering at least twice a week. \_\_\_\_\_
  - All guests are expected to wear masks if observed as having any symptoms of illness and must agree to temperature checks if asked. Social distancing protocols may also be enforced that all guests must follow. \_\_\_\_\_
  - Every guest will be assigned a laundry day. Guests will be expected to bag their dirty clothes and bundle their bedding on this day to help streamline laundry services. Laundry should be submitted to staff for cleaning by 9:00 AM on this day. \_\_\_\_\_
  - Guests are expected to maintain the safety of the sleeping area by straightening their beds when not in use. Personal items at the bed must be able to fit in the supplied indoor storage. In addition, each guest will be permitted to keep 1-2 pairs of shoes under the bed. No additional personal items may be kept behind, under or in the aisles next to your bed. No barriers of any kind may be raised without explicit permission from the management team. Water is allowed in the dorms, but no open or perishable food or other liquid drinks may be brought to the bed area at any time. \_\_\_\_\_

- All prescription medication must be recorded with Staff at Intake and stored in your indoor bin in its original labeled container. Pills or medication NOT matching the original labeled container may be confiscated. No marijuana will be allowed beyond the security check point at any time. Medical marijuana may only be stored in your outdoor bin with a valid Medicinal Use Card and must be 8 oz. or less. \_\_\_\_\_
  - Every guest is supplied with 2 indoor under-the-bed bins (or equivalent) and 1 outdoor bin. Outdoor bins are accessible during the posted times. Trash and recycling may not be brought onto the property. Guests may only use the bins that were assigned to them by staff. All bins must be able to properly close and latch, and indoor bins must be placed on top of the beds when the bed is not in use, with all bedding made neatly without touching the ground, so staff can properly sweep and mop underneath each day. \_\_\_\_\_
4. Current guests of the program may use this location as a mailing address. Please note, however, that after a guest exits, it becomes their responsibility to fill out a change of address form with the post office. Any mail that is delivered to the site after a guest has left the program will be sent back to the post office as "Return to Sender." Mail will be kept at the front desk, along with important program notices or messages from staff. Upon signing in each day, the guest's name will have a mark next to it signifying that there is unclaimed mail or messages. \_\_\_\_\_
  5. For your comfort and safety, all guests are expected to abstain from behavior that is disruptive and unacceptable to others. Examples include verbal harassment, physical harassment, excessive profanity, possessing weapons or sharp items, possession of drugs or alcohol, theft, etc. More critical offenses may include possession of weapons or hard narcotics, use of racial slurs, sexual harassment including nudity or obscene/sexual behavior, setting fires, threats or violent behavior, and any other inappropriate physical contact. Serious violations may result in an immediate exit from the shelter. If you are asked to leave, you must leave without incident in order to be eligible for a return to the program in the future. If a driver is available, you may be transported to an approved drop off location if it is deemed safe to do so. \_\_\_\_\_
  6. If a guest's behavior is extremely disruptive and staff or security asks you to step outside or remove yourself from an area so you may calm down, you are expected to comply with this request. This is for your benefit, and you may be able to rejoin the group when your behavior is no longer a disruption to the other shelter guests. If you are unable to deescalate peacefully when addressed, staff may need to exit you from the program for the safety of all other participants. \_\_\_\_\_
  7. Guests are expected to return each night before the posted curfew unless allowed special consideration by management (e.g., late entry to accommodate work, school, disability-related considerations, or other reasonably extenuating circumstances). Guests are not allowed to miss two consecutive nights or 3 nights in any calendar month without clearing the absence with their Housing Navigator. Guests are expected to sign-in daily and may

not sign or hold beds for others. The program manager may grant excused nights out of the shelter upon request if deemed necessary and appropriate. \_\_\_\_\_

8. Photo IDs are required of all registered guests for safety purposes. If you do not have a California State ID, staff will assist you in acquiring an ID within the first few days after enrollment. Mercy House may take photos and thumbprints to produce program IDs for guests if necessary, and staff may also take photos of vehicles, bicycles, and other property for safety purposes. By entering this program, you give your consent to this. A photo ID of some sort is also required to receive a bath towel and is also used when waiting in the dinner line (a loaner ID may be created for you in the interim if you do not yet have one). \_\_\_\_\_
9. Out of respect for, and to protect the privacy of our staff and guests, no audio/videorecording or taking of photos is permitted on premises, except by the expressed permission from Management \_\_\_\_\_
10. For your safety, this site may incorporate closed-circuit surveillance cameras as part of its security system. No cameras are installed in any restrooms or showers. Any footage captured is used only for safety purposes and may be shared with law enforcement as part of an active investigation. No footage will be shared with the general public. \_\_\_\_\_
11. Smoking and vaping are permitted in the designated outdoor smoking area only. No drugs, paraphernalia, alcohol, or marijuana (recreational or medicinal) will be permitted in or around the shelter. Anything containing THC (with or without a prescription) will not be allowed. \_\_\_\_\_
12. Guests are expected to attend resident meetings and contribute to the community. This includes mandatory participation in all fire and safety drills. \_\_\_\_\_
13. All guests are expected to be Good Neighbors of the community in which they are served and have an obligation to comply with all state and local laws and ordinances and always behave in a courteous manner, including while traveling to and from the property. Complaints from residents, business owners, or public officials may result in expulsion from Mercy House Programs. \_\_\_\_\_
14. In order to remain Good Neighbors, all guests are expected to use the provided shuttles for transportation on to and from the property, unless they have a personal vehicle or utilize a rideshare/taxi service. We practice a strict no-walk-up/no-bike-up policy. Guests are expected to remain on the property at all times unless when leaving for the day. Violation of this expectation may result in an immediate exit. \_\_\_\_\_
15. Guest vehicles may be parked on shelter property at the owner's risk and liability, only in designated areas once the vehicle is registered with the program. A valid license, registration, and insurance are required in the name of the guest. RVs (Recreational Vehicles) are not permitted on-site. Guests with bicycles must use the bicycle racks on the shuttle buses and allow Mercy House drivers to secure them on the rack. Guests are only allowed one bike per person and are not allowed to store spare bike parts unless

they fit in the outdoor bin or personal vehicle. All bicycles brought onto the property must be registered and photographed. All vehicles, including bicycles, must be operable. Abandoned or inoperable vehicles will be subject to tow at the owner's expense. \_\_\_\_\_

16. Several areas on site are restricted to staff and security only. Guests are not allowed to enter any areas other than the common areas, dorms, and restrooms without an appointment or explicit permission from the management team. If signage is posted designating an area as "Staff Only," guests are expected to respect the boundary. \_\_\_\_\_
17. There may be areas specific to men, women, non-binary guests, couples, or families with children. Please respect the privacy of others. Children must be attended to by an adult family member at all times. Guests are not allowed to enter any dorm other than the one they were assigned at intake. \_\_\_\_\_
18. Guests are expected to respect the rest and sleep of their neighbors. When lights are off, indoor voices should be used to limit distractions and not disturb their rest. Likewise, guests are not allowed to use bright lights or play music/watch videos with sound in the dorms after lights out. \_\_\_\_\_
19. Although we respect everyone's right to privacy, we reserve the right to pat down and search all persons as a precaution against any potential security risks. In addition, staff may search outdoor bins, with or without the owner's presence. Guests will be informed of items not allowed at the shelter. If those items are found on site, they may be confiscated and destroyed. Guests must agree to be searched any time they access their outside bins, bikes, vehicles, or any area deemed "unsearched." Refusing a search will amount to forfeiting your enrollment. \_\_\_\_\_
20. Approved pets, Service Animals and ESAs must be registered and cleared ahead of time with program management. Clients are limited to no-more-than one animal (with the possible exception of service animals), and the animal must be present with the client at the time of intake. All pet owners must agree to and follow the guidelines provided in the Animal Expectations, which is a separate document that will be given upon entry of the animal into the shelter. \_\_\_\_\_
21. Neither Mercy House nor any of its vendors are in any way responsible or liable for lost, stolen, or damaged items that guests bring onto the premises. Guests are encouraged to keep valuable items close and guarded and are asked to turn in any found items to the front desk. We recommend that those who use the supplied charging stations have their electronics clearly marked or customized for easy identification. \_\_\_\_\_
22. Cash is never to be given to Staff, Volunteers, or Interns at ANY time. \_\_\_\_\_
23. It is our desire to never deny shelter or services to our guests, however, in the case that behavior becomes a health or safety risk, Shelter Management can expel or prevent any guests from staying at the shelter. Any conflicts between guests should be brought to the attention of the staff immediately. \_\_\_\_\_



24. At the time of your exit from the program, all shelter property (such as bedding, towels, pillows, laundry bags, locks, bins etc.) must be returned. As a courtesy, staff will temporarily hold your personal belongings for up to a maximum of 90 days. Any property not retrieved by then will be disposed of. No additional items can be brought back to the site to be stored. Guests must call in to schedule a pickup. \_\_\_\_\_
25. We wish to keep open communication between Mercy House and our guests. Each shelter has a grievance binder at the front desk which contains our Grievance Policies and forms. We ask that any issues be brought to our attention first through informal processes, so that we can address them quickly as they occur. For this reason, every site also has a suggestions box for you to leave comments or complaints. If any part of the program, staff or services is lacking, please do not hesitate to notify management immediately by speaking to the on-duty site leader or manager. If appropriate, you may also choose to complete a "Request for Consideration" form, to describe issues that you would like to see resolved. If after speaking to staff and completing a "Request for Consideration" form, you feel the matter has not been resolved, you will find a copy of the formal Grievance Form in this binder. \_\_\_\_\_
26. Any guest that does not follow these expectations is jeopardizing their ability to accomplish their housing plan and may be exited from the shelter. Because everyone can make a mistake, when an expectation is not met the staff will clarify any misunderstanding of the expectation and discuss ways that each guest can avoid further violations. If the violations continue, staff will meet with the guest to create an Action Plan in support of the client getting back on-track with their housing goals and meeting the program expectations. If management offers the guest an opportunity to enter into a Behavioral Contract, the guest will be required to abide by the terms of the contract to continue their enrollment. \_\_\_\_\_

As a result of initialing these expectations and signing this form, I understand that expectations, health, and safety policies may change as necessary and that I will be informed of these changes, and I am required to abide by any amended policies.

I have read the above and agree to follow the Shelter Expectations.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Understanding of Rights and Responsibilities

As a willing program participant, I understand that I have the following rights:

- The right to be treated with dignity and respect
- The right to be treated with cultural responsiveness
- The right to privacy within the constrictions of the shelter environment
- The right to self-determination in identifying and setting goals
- The right to reasonable accommodation and modifications based on a disability or limited English proficiency
- The right to confidentiality and information about when confidential information will be disclosed, to whom and for what purpose, as well as the right to deny disclosure, unless disclosure is required by law
- The right to reasonable access to any shared or provided records concerning my involvement in the program (ex: does not include access to case notes or incident reports).

In addition, I understand that each guest is responsible for the outcome of their program enrollment.

To help ensure a positive program outcome, I understand that my responsibilities include:

- Supporting an environment that promotes safety, toward staff, the community, and other guests
- The adherence to all expectations provided and reviewed at my intake, as well as any amendments or addendums formalized after my date of enrollment
- Participation and being active in my own care, to the degree possible, in developing and achieving mutually agreed upon housing goals
- Providing, to the extent possible, accurate information that may be needed by Mercy House staff providing services to ensure thorough assessment, service planning, appropriate linkages, and referrals
- Maintaining confidentiality and privacy of others' circumstances and situations, just as my own privacy must be maintained.

*I acknowledge that a copy of my Rights and Responsibilities has been provided to me for my own records. Furthermore, I know that staff will inform me, in language I can understand, about the purpose of the services being delivered to me. Lastly, I agree that services will be provided to me only in the context of a professional service provider-client relationship based on valid, informed, and mutual consent.*

Guest (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Guest (Signed): \_\_\_\_\_ Program: \_\_\_\_\_

☐ Guest Refused or Unable to Sign      Staff Witness (Printed): \_\_\_\_\_

# MERCYHOUSE

## Activities of Daily Living (ADL) Agreement

Program: Buena Park Navigation Center Client: \_\_\_\_\_

A person measures their ability to function independently by looking at how well they manage their ADLs, or Activities of Daily Living. All persons requesting a bed at this facility are required to be able to handle their ADLs, which include (but may not be limited to) the activities listed below.

By writing my initials next to each line below, I am indicating that I understand these activities and am confirming my ability to perform them unassisted:

### **Personal hygiene**

\_\_\_\_\_ A person's ability to bathe and groom themselves (including oral, nail and hair care)

### **Toileting**

\_\_\_\_\_ A person's mental and physical ability to properly use the bathroom and clean themselves after

### **Dressing**

\_\_\_\_\_ A person's ability to select, get into and wear the proper clothes for different occasions

### **Feeding**

\_\_\_\_\_ A person's ability to appropriately feed themselves food and drink

### **Transferring**

\_\_\_\_\_ A person's ability to change from one position to the other (especially from bed to chair or vice versa)

### **Ambulating**

\_\_\_\_\_ A person's ability to change from one position to the other and to walk or wheelchair independently

**Breathing**

—— A person's ability to breathe on their own without major life-assistance machines.

*(Exceptions would include Portable Oxygen Tanks or CPAP Machines)*

*By signing below I acknowledge these ADLs were reviewed with me and I agree that I can manage my own, unassisted. I further acknowledge that in event I am unable to meet the terms of this agreement; my enrollment in this program may be ended for safety reasons.*

**Client**

---

Client Signature

---

Date

**Staff**

---

Staff Signature

---

Date



STATE OF CALIFORNIA  
**FRANCHISE TAX BOARD**  
PO BOX 942857  
SACRAMENTO CA 94257-0540

## Entity Status Letter

Date: 1/13/2025

ESL ID: 5285094192

### Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 1439992

Entity Name: MERCY HOUSE LIVING CENTERS

- ☒ 1. The entity is in good standing with the Franchise Tax Board.
- ☐ 2. The entity is **not** in good standing with the Franchise Tax Board.
- ☒ 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
- ☐ 4. We do not have current information about the entity.
- ☐ 5. The entity was administratively dissolved/cancelled on \_\_\_\_\_ through the Franchise Tax Board Administrative Dissolution process.

### Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

### Connect With Us

Web: **ftb.ca.gov**  
Phone: 800-852-5711 from 7 a.m. to 5 p.m. weekdays, except state holidays  
916-845-6500 from outside the United States

California

Relay Service: 711 or 800-735-2929 (For persons with hearing or speech impairments)



## Community Development Block Grant Committee Agenda Report

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### J. FRIENDLY CENTER

Meeting	Agenda Group
Thursday, February 13, 2025, 6:00 PM	COMMUNITY DEVELOPMENT BLOCK GRANT FUNDING PROPOSALS Item: 5J.
Presented By	Approved By
	Matt Foulkes, Director of Community Development

### DISCUSSION

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Attached is the FY 25-26 CDBG funding proposal for the Friendly Center for consideration.

### **Attachments**

[FY 25-26 FRIENDLY CENTER.pdf](#)



**City of Buena Park  
2025-2026 Community Development Block Grant (CDBG)**

**Funding Proposal Summary Sheet**

*Organization Name:*               **Friendly Center, Inc.**

*Program Name:*               **Community Resource Center**

*Estimated Goal:*               **812 Individuals**

*Funding Request:*               **\$23,000**

**Organization Purpose:**

The Friendly Center offers free resources and support to low-income residents. They offer stability programs, food distribution, case management, mental health counseling, utility and rental assistance, and other referral services. Additionally, they offer skill-building programs such as after-school tutoring, job development assistance, and financial literacy workshops.

**Description of Request:**

CDBG funds will be used to fund a portion of Friendly Center's staff salaries and benefits, culturally relevant food supplies, and other program related operational costs for their Buena Park location.

**Analysis of Request:**

The project meets the national objective of benefiting low- and moderate- income individuals. The Friendly Center offers assistance that improves many residents' quality of life. Friendly Center is a well-recognized resource center receiving many low-income resident referrals from Orange County Social Services, local schools, 2-1-1 Orange County, and other non-profit organizations, which demonstrates their experience and ability to provide the needed services to the community.

**Funding Recommendation:**

Staff recommends funding in the amount of **\$13,700**.



Please answer the following questions completely. If any questions are left unanswered, your application will not be considered. You may attach additional sheets and/or supporting materials as needed.

1	<p style="text-align: center;"><b>ACTIVITY DESCRIPTION</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Describe the proposed activity, including services to be provided and goals to be accomplished.</p> <ul style="list-style-type: none"><li>• Why is there a need for this activity in the City of Buena Park?</li><li>• Identify the location of the activity and the service area boundaries.</li><li>• Describe specifically the intended use of the CDBG funds.</li></ul> <p>Please see attached document.</p>
2	<p style="text-align: center;"><b>TARGET POPULATION</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Describe the target population for this activity and the number of estimated unduplicated Buena Park residents to be served from July 1, 2025 through June 30, 2026.</p> <ul style="list-style-type: none"><li>• How was the estimated number of clients determined?</li><li>• How will you reach your target population?</li><li>• Explain why this activity is needed for this target population.</li></ul> <p>Please see attached document.</p>

3

**NATIONAL OBJECTIVES**

[24 CFR 570.200(a), 570.201-570.208, 570.503]

Describe in detail how the activity meets at least one of the three CDBG Program national objectives.

Select one:

- ☒ Benefit low- and moderate-income persons in Buena Park;  
☐ Aid in the prevention or elimination of slums or blight in Buena Park;  
☐ Meet a need having a particular urgency in Buena Park.

Please see attached document.

4

**BUDGET**

[24 CFR 570.502-570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circular A-87, A-122, Treasury Circular No. 1075]

Itemize administrative and operational costs for the proposed activity. Cost Category may include: staff salaries and benefits, rent, utilities, etc.

Cost Category	CDBG Funding Request	Other Funding Sources	Total Cost
Program Assist. Spec. (salary)	\$ 15,000.00	\$ 15,000.00	\$ 30,000.00
Food Assistant (salary)	\$ 5,000.00	\$ 18,000.00	\$ 23,000.00
Benefits (salary)	\$ 1,000.00	\$ 4,300.00	\$ 5,300.00
Program Exp. (non-salary)	\$ 1,500.00	\$ 20,000.00	\$ 21,500.00
Operating Exp. (non-salary)	\$ 500.00	\$ 20,000.00	\$ 20,500.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Total</b>	<b>\$ 23,000.</b>	<b>\$ 77,300.00</b>	<b>\$ 100,300.00</b>

5	<p align="center"><b>ELIGIBILITY DOCUMENTATION</b></p> <p>If the proposed activity is a public service, describe what form of documentation will be collected to demonstrate that at least 70% of persons served are low- and moderate-income, as required by HUD, and a minimum of 20% are Buena Park residents. (Please attach a copy of the activity's client intake/application/registration form)</p> <p>Included with this submission is the required registration form that is completed by any client participating in programs at Friendly Center's Community Resource Center in Buena Park. On this form, clients state their name, address, household size, gross annual income, and ethnicity/race. Cumulative data from this form can be used to report the unduplicated number served during a specific time period and prove that at least 70% of persons served are low- and moderate-income and a minimum of 20% are Buena Park residents.</p>
6	<p align="center"><b>OUTCOME PERFORMANCE MEASUREMENT SYSTEM</b> [24 CFR 570.200(a), 570.201-570.208, 570.503]</p> <p>Please indicate the activity's <u>Objective</u>, <u>Outcome</u>, <u>Outcome Statement</u>, <u>Purpose</u>, and indicators that will be used to measure, track and report performance. Refer to the instructions on Page 5 through Page 7 of the RFP.</p> <p><b>A. Select one <u>Objective</u>:</b></p> <p><input checked="" type="checkbox"/> Suitable Living Environment  <input type="checkbox"/> Decent Affordable Housing  <input type="checkbox"/> Economic Opportunities</p> <p><b>B. Select one <u>Outcome</u>:</b></p> <p><input checked="" type="checkbox"/> Availability/Accessibility  <input type="checkbox"/> Affordability  <input type="checkbox"/> Sustainability</p> <p><b>C. Using the following formula, provide the activity's Purpose:</b></p> <p align="center">Purpose = Output + Outcome Statement + Activity</p> <p>The Community Resource Center in Buena Park will provide free, high-impact supportive programs for 812 low- and moderate-income Buena Park residents for the purpose of creating a safe and suitable living environment.</p>

**D. Identify the common, specific, and/or other indicators for the activity**

**a. Common Indicators**

- 1,625 unduplicated low- and moderate income individuals assisted, 812 (50%) of whom are Buena Park residents.
- Up to 66% of households served by the Community Resource Center have an annual household income that is less than 30% of Area Median Income.

**b. Specific Indicators**

812 unduplicated Buena Park residents assisted with new access to Community Resource Center programs.

**c. Other Indicators**



## ACKNOWLEDGEMENT REGARDING BIDDER SAM REGISTRATION

Pursuant to 2 CFR Section 5.1004 and the requirement of the U.S. Department of Housing and Urban Development (HUD), contractors procured directly by grantees, sub-grantees, and/or sub-recipients of HUD funds, including CDBG are required to have an active registration in the System of Award Management (SAM). This document shall be completed and submitted as part of the proposal.

1. By submitting this proposal, the prospective sub-recipient certifies that it has an active registration in SAM that is not set to expire within the next 90 days.
2. By submitting this proposal, the prospective sub-recipient certifies neither it, its principals nor affiliates, is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
3. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that an erroneous certification was rendered, in addition to other remedies available to the Federal Government, the Department or agency with which this transaction originated may pursue available remedies.
4. Further, the prospective sub-recipient shall provide immediate written notice to the person to which this proposal is submitted if at any time the Participant learns that this certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. By submitting this proposal, it is agreed that should the proposed covered transaction be entered into, the prospective sub-recipient will not knowingly enter into any lower-tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction unless authorized by the agency with which this transaction originated.
6. It is further agreed that by submitting this proposal, the prospective sub-recipient will include Certification of Subcontractor Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion without modification, in all lower-tier covered transactions and in all solicitations for lower-tier covered transactions.

Provide the following information as detailed in the prospective sub-recipient's SAM registration:

Entity Name: Friendly Center, Inc.

Address: 2200 W. Orangewood Ave., Ste 240

City: Orange State: CA Zip: 92868

Unique Entity ID (UEI): J7UWNTG1TW1 Expiration Date: 07/25/2025

Active Exclusions (Select One): ☐ Yes ☒ No

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,  
INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS**

This certification is required by the regulations implementing Executive Orders 12549 and 12689, Debarment and Suspension, and 2 CFR Part 200, Participants' responsibilities.

*(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS BELOW)*

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principles are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**Organization Name:** Friendly Center, Inc

**Address:** 2200 W. Orangewood Ave, Ste 240, Orange, CA 92868

**Kenia Cueto, PhD, President?CEI**

Kenia Cueto, Ph.D.

12/14/2024

Name and Title of Authorized Representative

Signature

Date

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction", "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant", "person", "primary covered transaction", "principal", "proposal", and "voluntarily excluded", as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Orders 12549 and 12689.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transactions", without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the System for Award Management (SAM).
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**City of Buena Park**  
**Community Development Blog Grant (CDBG) Program**  
**FY 2025-2026 CDBG Grant Application (attachment)**  
**FRIENDLY CENTER, INC**

**1. Describe the proposed activity, including services to be provided and goals to be accomplished.**

- **Why is there a need for this activity in the City of Buena Park?**
- **Identify the location of the activity and the service area boundaries.**
- **Describe specifically the intended use of the CDBG funds.**

Friendly Center seeks to expand its food distribution program to address growing food insecurity in Buena Park. The program will provide added nutritious food to underserved families, particularly low-income residents and K-12 students during and after class. Over 10.6% of children are living below poverty level in Buena Park. By addressing immediate hunger needs the program aims to support long-term stability, enabling families to focus on education, work, and self-sufficiency.

The program will be managed at the Buena Park Community Resource Center, utilizing Friendly Center's one-stop-shop model to deliver free, comprehensive support under two pillars: **Food & Basic Needs** and **Education & Workforce Development**. Services include large-scale food distributions, emergency basic needs assistance, and wrap-around programs to build resilience.

**Need for This Activity in Buena Park:**

Food insecurity is a critical issue in Buena Park, where many low-income families struggle to afford nutritious meals. Without proper nourishment, children's education and development are hindered, and adults face challenges in maintaining employment or progressing toward self-sufficiency. The growing demand for food, especially among families participating in Friendly Center programs, underscores the urgent need for expanded distribution efforts to stabilize households and improve community outcomes.

**Location and Service Area Boundaries:**

The activity will be conducted at Friendly Center's Buena Park Community Resource Center, which serves as a central hub for low-income residents of Buena Park and surrounding North Orange County communities.

**Intended Use of CDBG Funds:**

During the 2025-2026 CDBG program year, Friendly Center Estimates its Community Resource Center in Buena park will serve 1625 unduplicated Buena Park Residents providing them with accessible, wraparound requested \$23,000 in Buena Park CDBG funding would support a portion of the cost to operate Friendly Center's Community Resource Center in Buena Park, which is located at 6688 Beach Blvd and serves any resident seeking assistance.

The funds will help expand Friendly Center's bi-monthly food distribution efforts in Buena Park, specifically supporting the procurement of nutritious, culturally relevant food supplies, and salary of a part-time Food Distribution Coordinator. This role will oversee program logistics, coordinate food deliveries for underserved families, and ensure the students participating in educational programs also have access to meals during and or after class. By addressing immediate hunger needs, and providing them with accessible, wraparound support this funding will lay the foundation for broader community stability, growth, and long-term self-sufficiency.

**2. Describe the target population for this activity and the number of estimated unduplicated Buena Park residents to be served from July 1, 2025, through June 30, 2026.**

- **How was the estimated number of clients determined?**
- **How will you reach your target population?**
- **Explain why this activity is needed for this target population.**

**Target Population and Estimated Clients Served:**

The target population for the Buena Park Community Resource Center includes low-income families and individuals in Orange County, with a primary focus on Buena Park residents. Services are open to all Orange County residents in need, regardless of age. From July 1, 2025, to June 30, 2026, we estimate serving 1625 unduplicated Buena Park residents, based on historical service data from our long-standing Community Resource Center in Orange and adjusted projections reflecting program growth.

**How the Estimate Was Determined:**

The estimated number of clients is derived from ongoing, detailed service data collected for grant reporting and program planning. With the implementation of new programs, such as our Emergency Rental Assistance Program funded by District 4, and strengthened connections with local schools, we anticipate an increase in the number of families seeking support at the Buena Park location.

**Reaching the Target Population:**

Friendly Center engages its target population through referrals from schools, 2-1-1, Orange County Social Services, and partnerships with nonprofit organizations. Word-of-mouth and ongoing outreach by our Director of Programs and Site Coordinators also play a key role in connecting families to services.

**Why This Activity is Needed:**

Friendly Center addresses the complex needs of underserved families, offering not only immediate stability but also pathways to self-sufficiency. As demand for resources like food, housing assistance, and educational support continues to grow, our programs are essential for reducing poverty, fostering resilience, and building a more equitable community in Buena Park. With expanded services, we aim to meet the increasing flow of families seeking support.

**3. Describe in detail how the activity meets at least one of the three CDBG Program national objectives.**

Select one:

- ☒ **Benefit low- and moderate-income persons in Buena Park.**
- ☐ **Aid in the prevention or elimination of slums or blight in Buena Park.**
- ☐ **Meet a need having a particular urgency in Buena Park.**

**How the Activity Meets the CDBG National Objective:**

Friendly Center's Community Resource Center in Buena Park directly meets the CDBG program national objective to "benefit low- and moderate-income persons in Buena Park" by offering targeted, free programs that address the critical needs of underserved households. These services are designed to alleviate barriers that disproportionately affect low- and moderate-income individuals and families, improving their quality of life and fostering long-term self-sufficiency.

The specific benefits provided include:

- **Alleviating Food Insecurity:** Through bimonthly large-scale food distributions and emergency basic needs support, the Center ensures that families have access to essential nutrition, addressing one of the most immediate barriers to stability.

**How the Activity Meets the CDBG National Objective:**

Friendly Center's Community Resource Center in Buena Park directly meets the CDBG program national objective to "benefit low- and moderate-income persons in Buena Park" by offering targeted, free programs that address the critical needs of underserved households. These services are designed to alleviate barriers that disproportionately affect low- and moderate-income individuals and families, improving their quality of life and fostering long-term self-sufficiency.

The specific benefits provided include:

- **Alleviating Food Insecurity:** Through bi-monthly large-scale food distributions and emergency basic needs support, the Center ensures that families have access to essential nutrition, addressing one of the most immediate barriers to stability.
- **Access to Healthcare:** Programs offering mental health counseling and mobile medical and dental services ensure that low-income residents receive the care they need to maintain overall well-being.
- **Education and Workforce Development:** Year-round after-school tutoring, financial literacy, parenting classes, and job development workshops empower individuals to overcome systemic barriers, increasing their opportunities for self-sufficiency and long-term success.

By providing these essential services, Friendly Center reduces economic disparities and improves outcomes for low- and moderate-income residents, aligning directly with the core goals of the CDBG program.

#### **4. Budget**

The Budget is Included in the PDF Documentation.

## **5. Eligibility Documentation**

The Eligibility Documentation is included in the PDF Documentation

## **6. Outcome Performance Measurement System**

The Outcome Performance Measurement System information is included in the PDF Documentation.

## **ACKNOWLEDGEMENT REGARDING BIDDER SAM REGISTRATION**

**Entity Name:** Friendly Center, Inc.

**Address:** 2200 W Oranewood Ave Ste 240

**City:** Orange **State:** CA **Zip:** 92868-1945

**Unique Entity ID (UEI):** J7UWNTG1TW14 **Expiration Date:** 07/25/2025

**Active Exclusions (Select One):** No

## THE FRIENDLY CENTER, INC.

Unique Entity ID <b>J7UWNTG1TW14</b>	CAGE / NCAGE <b>5QQS3</b>	Purpose of Registration <b>Federal Assistance Awards Only</b>
Registration Status <b>Active Registration</b>	Expiration Date <b>Jul 25, 2025</b>	
Physical Address <b>2200 W. Orangewood Avenue Suite 240 Orange, California 92868-2645 United States</b>	Mailing Address <b>PO Box 706 Orange, California 92856-6706 United States</b>	

## Business Information

Doing Business as <b>FRIENDLY CENTER INC</b>	Division Name <b>The Friendly Center, Inc.</b>	Division Number <b>(blank)</b>
Congressional District <b>California 46</b>	State / Country of Incorporation <b>California / United States</b>	URL <b>(blank)</b>

## Registration Dates

Activation Date <b>Jul 29, 2024</b>	Submission Date <b>Jul 25, 2024</b>	Initial Registration Date <b>Oct 1, 2009</b>
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## Entity Dates

Entity Start Date <b>Feb 28, 1967</b>	Fiscal Year End Close Date <b>Dec 31</b>
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## Immediate Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
------------------------	---------------------------------------

## Highest Level Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
------------------------	---------------------------------------

## Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

## Proceedings Questions

Registrants in the System for Award Management (SAM.gov) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2. C.F.R. 200 Appendix XII. Their responses are displayed in the responsibility/qualification section of SAM.gov. Maintaining an active registration in SAM.gov demonstrates the registrant responded to the proceedings questions.

## Exclusion Summary

Active Exclusions Records?

No

## SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

## Entity Types

## Business Types

Entity Structure <b>Corporate Entity (Tax Exempt)</b>	Entity Type <b>Business or Organization</b>	Organization Factors <b>(blank)</b>
Profit Structure		



Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

#### Financial Information

Accepts Credit Card Payments  
**No**

Debt Subject To Offset  
**No**

EFT Indicator  
**0000**

CAGE Code  
**5QQS3**

#### Points of Contact

##### Electronic Business

✱  
**Kenia Cueto**

**PO Box 706  
Orange, California 92867  
United States**

Steve Getman

PO Box 706  
Orange, California 92856  
United States

##### Government Business

✱  
**Kenia Cueto, President/CEO**

**PO Box 706  
Orange, California 92867  
United States**

#### Service Classifications

##### NAICS Codes

Primary	NAICS Codes	NAICS Title
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#### Disaster Response

This entity does not appear in the disaster response registry.



City of Buena Park  
Community Development Block Grant Program  
Client Eligibility Certification

Fiscal Year: FY 2025-2026 Subrecipient Name: Friendly Center, Inc.  
Beneficiary's Name: \_\_\_\_\_ Project/Program Name: Community Program  
Address: \_\_\_\_\_  
City: \_\_\_\_\_, CA Zip Code: \_\_\_\_\_

1. Head of Household: ☐ Male ☐ Female 2. Homeless ☐ Yes ☐ No  
3. Check only one. Elderly (62+) ☐  
(If Applicable) Disabled ☐  
4. First check your household size. Then read across and check the box on the same row that applies to your household's gross annual income. (Gross annual income is income from all sources before taxes.)

Income Limits				
Household Size	Category 1	Category 2	Category 3	Category 4
<input type="checkbox"/> 1	<input type="checkbox"/> \$33,150 or less	<input type="checkbox"/> \$55,250 or less	<input type="checkbox"/> \$88,400 or less	<input type="checkbox"/> \$88,400 & above
<input type="checkbox"/> 2	<input type="checkbox"/> \$37,900 or less	<input type="checkbox"/> \$63,100 or less	<input type="checkbox"/> \$101,000 or less	<input type="checkbox"/> \$101,000 & above
<input type="checkbox"/> 3	<input type="checkbox"/> \$42,650 or less	<input type="checkbox"/> \$71,050 or less	<input type="checkbox"/> \$113,650 or less	<input type="checkbox"/> \$113,650 & above
<input type="checkbox"/> 4	<input type="checkbox"/> \$47,350 or less	<input type="checkbox"/> \$78,900 or less	<input type="checkbox"/> \$126,250 or less	<input type="checkbox"/> \$126,250 & above
<input type="checkbox"/> 5	<input type="checkbox"/> \$51,150 or less	<input type="checkbox"/> \$85,250 or less	<input type="checkbox"/> \$136,350 or less	<input type="checkbox"/> \$136,250 & above
<input type="checkbox"/> 6	<input type="checkbox"/> \$54,950 or less	<input type="checkbox"/> \$91,550 or less	<input type="checkbox"/> \$146,450 or less	<input type="checkbox"/> \$146,450 & above
<input type="checkbox"/> 7	<input type="checkbox"/> \$58,750 or less	<input type="checkbox"/> \$97,850 or less	<input type="checkbox"/> \$156,550 or less	<input type="checkbox"/> \$156,550 & above
<input type="checkbox"/> 8	<input type="checkbox"/> \$62,550 or less	<input type="checkbox"/> \$104,150 or less	<input type="checkbox"/> \$166,650 or less	<input type="checkbox"/> \$166,650 & above

Note: Income Limits were effective April 1, 2024, and are subject to change.

5. Ethnicity and Race

Ethnicity (Check one.)

Hispanic or Latino ☐ Yes ☐ No

Race (Check one from below.)

RACE	Single Race Categories					or Multiple Race Categories					TOTAL
	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native and White	Asian and White	Black or African American and White	American Indian or Alaska Native and Black or African American	Other Multiple Race	
Buena Park Resident											
Non-Buena Park Resident											

According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. I, the undersigned, hereby certify that all statements contained herein, are true and correct to the best of my knowledge and belief. I understand the information I provide in this certification is subject to verification, and I agree to provide necessary documentation if requested to do so.

\_\_\_\_\_  
Project/Program Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Subrecipient Agency's Approval

\_\_\_\_\_  
Date



City of Buena Park  
Community Development Block Grant Program  
Client Eligibility Certification

Año Fiscal: FY 2025-2026 Subrecipiente: Friendly Center, Inc.  
Beneficiaries: Proyecto: Community Program  
Dirección: \_\_\_\_\_  
Ciudad: \_\_\_\_\_, CA Código Postal: \_\_\_\_\_

1. Jefe de Familia: ☐ Masculino ☐ Femenino 2. Desamparado ☐ Yes ☐ No  
3. Marque uno. Tercera Edad (62+) ☐  
(Si aplica) Deshabilitado ☐  
4. Primero verifique el número de personas en su hogar. Luego lea y marque la casilla en la misma fila que se aplica al ingreso anual bruto de su hogar. (El ingreso bruto anual es el ingreso de todas las fuentes antes de impuestos.)

Límites de Ingresos				
Número de Personas	Categoría 1	Categoría 2	Categoría 3	Categoría 4
<input type="checkbox"/> 1	<input type="checkbox"/> \$33,150 or less	<input type="checkbox"/> \$55,250 or less	<input type="checkbox"/> \$88,400 or less	<input type="checkbox"/> \$88,400 & above
<input type="checkbox"/> 2	<input type="checkbox"/> \$37,900 or less	<input type="checkbox"/> \$63,100 or less	<input type="checkbox"/> \$101,000 or less	<input type="checkbox"/> \$101,000 & above
<input type="checkbox"/> 3	<input type="checkbox"/> \$42,650 or less	<input type="checkbox"/> \$71,050 or less	<input type="checkbox"/> \$113,650 or less	<input type="checkbox"/> \$113,650 & above
<input type="checkbox"/> 4	<input type="checkbox"/> \$47,350 or less	<input type="checkbox"/> \$78,900 or less	<input type="checkbox"/> \$126,250 or less	<input type="checkbox"/> \$126,250 & above
<input type="checkbox"/> 5	<input type="checkbox"/> \$51,150 or less	<input type="checkbox"/> \$85,250 or less	<input type="checkbox"/> \$136,350 or less	<input type="checkbox"/> \$136,250 & above
<input type="checkbox"/> 6	<input type="checkbox"/> \$54,950 or less	<input type="checkbox"/> \$91,550 or less	<input type="checkbox"/> \$146,450 or less	<input type="checkbox"/> \$146,450 & above
<input type="checkbox"/> 7	<input type="checkbox"/> \$58,750 or less	<input type="checkbox"/> \$97,850 or less	<input type="checkbox"/> \$156,550 or less	<input type="checkbox"/> \$156,550 & above
<input type="checkbox"/> 8	<input type="checkbox"/> \$62,550 or less	<input type="checkbox"/> \$104,150 or less	<input type="checkbox"/> \$166,650 or less	<input type="checkbox"/> \$166,650 & above

Note: Los ingresos limites entraron en vigencia el 1 de abril de 2024 y están sujetos a cambios.

5. Etnicidad y Raza  
Etnicidad (Marque uno.)  
Hispano o Latino ☐ Si ☐ No  
Raza (Marque uno por cada miembro de su familia.)

RAZA	Categoría de Raza Única o Categoría de Raza Múltiple										TOTAL
	Blanco	Negro0 Afro-americano	Asiático	Indio Americano o Nativo de Alaska	Nativo Hawaiano o Isleño del Pacifico	Indio Americano o Nativo y Blanco de Alaska	Asiático y Blanco	Negro o Afroamericano y Blanco	Indio Americano o Nativo de Alaska y Negro o Afroamericano	Otra Raza múltiple	
Residente de Buena Park											
No Residente de Buena Park											

De acuerdo con el Título 18, Sección 1001 de los Estados Unidos Código, es un delito grave para cualquier persona a sabiendas y voluntariamente hacer declaraciones falsas o fraudulentas a cualquier departamento del Gobierno de los Estados Unidos. Yo, el abajo firmante, certifico por la presente que todas las declaraciones contenidas en este documento son verdaderas y correctas a mi mejor conocimiento y creencia. Entiendo que la información que proporciono en esta certificación está sujeta a verificación, y acepto proporcionar la documentación necesaria si así se solicita.

Firma del Solicitante

Fecha

Aprobación de la Agencia

Fecha

**Internal Revenue Service**

**Date:** April 3, 2007

**FRIENDLY CENTER INC**  
147 W ROSE AVE  
ORANGE CA 92867-6627

**Department of the Treasury**  
**P. O. Box 2508**  
**Cincinnati, OH 45201**

**Person to Contact:**  
Kim A. Chambers 31-07674  
Customer Service Specialist  
**Toll Free Telephone Number:**  
877-829-5500  
**Federal Identification Number:**  
95-2479833

**Dear Sir or Madam:**

This is in response to your request of April 3, 2007, regarding your organization's tax-exempt status.

In June 1967 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

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

Sincerely,



Michele M. Sullivan, Oper. Mgr.  
Accounts Management Operations 1



STATE OF CALIFORNIA  
**FRANCHISE TAX BOARD**  
PO BOX 942857  
SACRAMENTO CA 94257-0540

## Entity Status Letter

Date: 1/9/2025

ESL ID: 5628429774

### Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 0522643

Entity Name: THE FRIENDLY CENTER INC

- ☒ 1. The entity is in good standing with the Franchise Tax Board.
- ☐ 2. The entity is **not** in good standing with the Franchise Tax Board.
- ☒ 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
- ☐ 4. We do not have current information about the entity.
- ☐ 5. The entity was administratively dissolved/cancelled on \_\_\_\_\_ through the Franchise Tax Board Administrative Dissolution process.

### Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

### Connect With Us

Web: **ftb.ca.gov**  
Phone: 800-852-5711 from 7 a.m. to 5 p.m. weekdays, except state holidays  
916-845-6500 from outside the United States

California

Relay Service: 711 or 800-735-2929 (For persons with hearing or speech impairments)



## Community Development Block Grant Committee Agenda Report

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### A. CDBG COMMITTEE SITE VISITS

Meeting	Agenda Group
Thursday, February 13, 2025, 6:00 PM	DISCUSSION AND ACTION ITEMS Item: 7A.
Presented By	Approved By
	Matt Foulkes, Director of Community Development

### DISCUSSION

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Attached is the list of CDBG Committee Site Visit Assignments.

### Attachments

[FY 25-26 CDBG Committee Site Visit Assignments.pdf](#)

City of Buena Park  
FY 2025-2026  
CDBG Committee Site Visit Assignments

Organization/Program	CDBG Committee Member
<ul style="list-style-type: none"> <li>• CDBG Program Administration</li> <li>• Residential Rehabilitation Program Administration, Senior Outreach, and Loans</li> </ul>	Alexandra Garcia/Rudy Solorzano
Neighborhood Improvement/Code Enforcement Program	Alexandra Garcia/Tanya Massed
Friendly Center	Chloe Serrano/Alexandra Garcia
Graffiti Removal Program	Rudy Solorzano/Tanya Massed
Senior Transportation Program	Tanya Massed/Thomas Barraza
Homeless Outreach Program	Tanya Massed/Thomas Barraza
Boys & Girls Club	Chloe Serrano/Rudy Solorzano
Mercy House Living Centers	Tanya Massed/Thomas Barraza
Fair Housing Foundation	Thomas Barraza





## Community Development Block Grant Committee Agenda Report

### B. DISCUSSION OF THE FISCAL YEAR 2025-2026 CDBG FUNDING RECOMMENDATION

Meeting	Agenda Group
Thursday, February 13, 2025, 6:00 PM	DISCUSSION AND ACTION ITEMS Item: 7B.
Presented By	Prepared By
	Sarabeth Suarez, Housing and CDBG Analyst
Approved By	Presented By
Matt Foulkes, Director of Community Development	Sarabeth Suarez, Housing and CDBG Analyst

### RECOMMENDED ACTION

Discuss and approve the Fiscal Year (FY) 2025-2026 Community Development Block Grant (CDBG) Program activities and budget recommendation for City Council's consideration.

### DISCUSSION

The purpose of the CDBG Committee is to encourage community participation and develop a CDBG budget recommendation for City Council's consideration before the budget may be incorporated into the City's Annual Action Plan. In order to facilitate the budget planning process, CDBG staff prepares a budget recommendation for the Committee's consideration by conducting a thorough analysis of each funding proposal. The analysis considers program eligibility, funding availability, program impact, program performance records, and previous grant awards.

The Committee may approve staff's budget recommendation or make appropriate adjustments to the budget. The budget recommendation must adhere to the 20% planning and administration funding cap and the 15% public service funding cap set by the Department of Housing and Urban Development (HUD). The Committee's approved budget recommendation is presented to City Council for their approval at a later date.

To Date, HUD has not announced the City's FY 25-26 CDBG allocation; however, HUD requires that all grantees move forward with the budget process based on an estimate using the current allocation amount. The attached draft budget matrix includes staff's budget recommendation based on the estimated CDBG allocation of \$774,071 and \$216,829 from unprogrammed funds and program income for a total of \$990,900. The Committee's budget recommendation may be adjusted accordingly once HUD announces the City's CDBG allocation for FY 25-26.

**Attachments**

[FY 2025-2026 Draft Budget Matrix.pdf](#)

## 2025-2026 Community Development Block Grant (CDBG) Budget Matrix

DRAFT 1/21/2025

Estimated FY 25-26 CDBG Allocation	\$774,071
Unprogrammed Funds/Program Income	\$216,829
<b>TOTAL</b>	<b>\$990,900</b>

<b>Administrative &amp; Planning Cap 20%</b>	\$154,814
<b>Public Service Cap 15%</b>	\$116,110

	2024-2025 Approved Budget	2025-2026 Sub-Recipient Requests	Staff Recommendations	CDBG Committee Recommendations	City Council Approval
<b>Grant Administration</b>					
Program Administration	\$ 139,320	\$ 140,000	\$ 138,800	\$ -	\$ -
Fair Housing Foundation	\$ 15,490	\$ 16,000	\$ 16,000	\$ -	\$ -
<b>Sub-Total</b>	<b>\$ 154,810</b>	<b>\$ 156,000</b>	<b>\$ 154,800</b>	<b>\$ -</b>	<b>\$ -</b>
Residential Rehabilitation Program Administration/Senior Outreach Program	\$ 236,146	\$ 249,000	\$ 245,000	\$ -	\$ -
Residential Rehabilitation Loans	\$ 225,170	\$ 250,000	\$ 250,000	\$ -	\$ -
Neighborhood Imp./Code Enforcement	\$ 225,170	\$ 229,722	\$ 225,000	\$ -	\$ -
<b>Sub-Total</b>	<b>\$ 686,486</b>	<b>\$ 728,722</b>	<b>\$ 720,000</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Public Services</b>					
Graffiti Removal Program	\$ 17,190	\$ 22,930	\$ 17,200	\$ -	\$ -
Senior Transportation Program	\$ 27,620	\$ 40,037	\$ 27,600	\$ -	\$ -
Homeless Outreach Program	\$ 20,000	\$ 20,000	\$ 20,000	\$ -	\$ -
Boys and Girls Club	\$ 10,000	\$ 47,397	\$ 10,000	\$ -	\$ -
Mercy House Living Centers	\$ 27,620	\$ 30,000	\$ 27,600	\$ -	\$ -
Friendly Center	\$ 13,680	\$ 23,000	\$ 13,700	\$ -	\$ -
<b>Sub-Total</b>	<b>\$ 116,110</b>	<b>\$ 183,364</b>	<b>\$ 116,100</b>	<b>\$ -</b>	<b>\$ -</b>
<b>GRAND TOTAL</b>	<b>\$ 957,406</b>	<b>\$ 1,068,086</b>	<b>\$ 990,900</b>	<b>\$ -</b>	<b>\$ -</b>