



CHAIR SERRANO
VICE CHAIR GARCIA
COMMITTEE MEMBER BARRAZA
COMMITTEE MEMBER GILANPOUR
COMMITTEE MEMBER SOLORZANO

Monday, February 23, 2026, 6:00 PM
COUNCIL CHAMBER
6650 Beach Boulevard
Buena Park, CA 90621

COMMUNITY DEVELOPMENT BLOCK GRANT COMMITTEE AGENDA

6:00 p.m.

1. GENERAL

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

2. COMMUNICATIONS

2.A. 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 their information at the digital public kiosk located at the entrance of the Council Chamber.

3. APPROVAL OF MINUTES

- 3.A. APPROVAL OF MEETING MINUTES: JANUARY 22, 2026

4. STAFF REPORTS

- 4.A. OVERVIEW OF FISCAL YEAR 2026-2027 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROPOSALS
VERBAL REPORT

5. COMMUNITY DEVELOPMENT BLOCK GRANT FUNDING PROPOSALS

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

- 5.D. GRAFFITI REMOVAL PROGRAM
- 5.E. SENIOR TRANSPORTATION PROGRAM
- 5.F. HOMELESS OUTREACH PROGRAM
- 5.G. FAIR HOUSING FOUNDATION
- 5.H. MERCY HOUSE LIVING CENTERS
- 5.I. FRIENDLY CENTER
- 5.J. GIVING CHILDREN HOPE

6. RECESS

- 6.A. RECESS

7. DISCUSSION AND ACTION ITEMS

- 7.A. DISCUSSION OF THE FISCAL YEAR 2026-2027 CDBG FUNDING RECOMMENDATIONS

8. ANNOUNCEMENTS

- 8.A. THE PROPOSED ACTIVITIES AND BUDGET FOR THE FISCAL YEAR 2026-2027 CDBG PROGRAM WILL BE PRESENTED TO CITY COUNCIL IN MARCH

9. ADJOURNMENT

- 9.A. 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. Supplementary materials distributed to the Committee less than 72 hours before the meeting are posted to the City's website at 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, Sarabeth Suarez, 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.

Sarabeth Suarez
Housing & CDBG Analyst

Date Posted: February 19, 2026

CITY OF BUENA PARK
COMMUNITY DEVELOPMENT BLOCK GRANT COMMITTEE (CDBG)
MINUTES
JANUARY 22, 2026

A meeting of the Community Development Block Grant (CDBG) was called to order at 6:00 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, Solorzano, Gilanpour, and Serrano (arrived at 6:15 p.m.)

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

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: CHAIR & VICE-CHAIR SELECTION

Committee Member Serrano, District 1, was appointed as Chair, and Committee Member Garcia, District 2, was appointed as Vice-Chair.

Committee Member Solorzano continued presiding over the meeting in the absence of Chair Serrano.

4: APPROVAL OF MINUTES:

4A. APPROVAL OF MEETING MINUTES: FEBRUARY 13, 2025

Motion was made by Committee Member Barraza and seconded by Vice Chair Garcia to approve the minutes of the Community Development Block Grant Committee Meeting of February 13, 2025. Committee Member Gilanpour abstained.

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

MOTION CARRIED.

5: STAFF REPORTS

5A. 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.

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 expand economic opportunities for low-income residents. The City must ensure that all CDBG funded activities meet a national objective and adhere to the 15% public service cap and the 20% planning & administration cap.

CDBG program staff reviews all funding proposals and provides them to the CDBG committee to obtain their funding recommendation. The Committee's funding recommendation is later presented to City Council for their approval before the budget may be incorporated into the Action Plan. To date, the City has not received its CDBG allocation for fiscal year 2026-2027 from HUD, however, the City is moving forward with the Action Plan process based on the estimated amount of \$751,385, which is the allocation received last year. Funding recommendations may be adjusted once the City receives its allocation from HUD.

5B. FISCAL YEAR 2024-2025 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. Ms. Suarez summarized the services that were provided and the number of people assisted by each activity.

6: COMMUNITY DEVELOPMENT BLOCK GRANT FUNDING PROPOSALS

6A. OVERVIEW OF FISCAL YEAR 2026-2027 CDBG FUNDING PROPOSALS

Ms. Suarez, Housing and CDBG Analyst, reported that the City received 13 CDBG funding

proposals for fiscal year 26-27 for a total amount of \$1,226,885. CDBG staff reviewed each proposal to ensure they meet the required criteria set by the City and HUD. Ms. Suarez presented staff's budget recommendation in the amount of \$1,088,710, which was developed to remain within the 20% administration cap and the 15% public service cap.

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

7: RECESS

7A. RECESS:

The Committee Members agreed that a recess was not needed and continued with the meeting.

8: DISCUSSION AND ACTION ITEMS

8A. ASSIGNMENT OF CDBG APPLICANT SITE VISITS

The Committee Members discussed their preference on visiting the applicant facilities and decided on the following:

Organization/Program	CDBG Committee Members
CDBG Program Administration Residential Rehabilitation Program Administration / Senior Outreach & Loans	Chloe Serrano
Neighborhood Improvement / Code Enforcement Program	Chloe Serrano Rudy Solorzano
Graffiti Removal Program	Thomas Barraza Rudy Solorzano
Senior Transportation Program	Thomas Barraza
Homeless Outreach Program	Alexandra Garcia Rich Gilanpour
Buena Park Library District Library Service Desk Improvements	Rudy Solorzano
Fair Housing Foundation	Thomas Barraza Alexandra Garcia Chloe Serrano
Friendly Center Buena Park Friendly Mart	Rich Gilanpour
Mercy House Living Centers	Rich Gilanpour
Giving Children Hope We've Got Your Back Program	Thomas Barraza Alexandra Garcia

8: ANNOUNCEMENTS

8A. ANNOUNCEMENTS:

Acting Chairman Solorzano announced that the next CDBG Committee Meeting will be on Monday, February 23, 2026, at 6:00 p.m.

9A. ADJOURNMENT:

There being no further business, the meeting was adjourned the CDBG Committee Meeting at 6:28 p.m.

Rudy Solorzano, Acting Chairman

ATTEST:

Lauren Yoon, Secretary

**City of Buena Park
2026-2027 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 **\$135,255**.

**City of Buena Park
FY 2026-2027 Community Development Block Grant (CDBG) Program
Application Checklist**

Please complete, sign, and include this checklist with your application

Required For All Applicants:

- ☒ Completed FY 2026-2027 CDBG Grant Application
- ☐ Copy of current client intake form for proposed activity
 - ☒ N/A (only if activity is LMA)
- ☒ Signed Acknowledgement Regarding Bidder SAM Registration form (Attachment 4)
- ☒ Signed Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions form (Attachment 5)

Required For Nonprofit/Outside Organizations:

- ☐ Proof of active nonprofit status (IRS determination letter)
- ☐ List of Board of Directors (board member names and titles)
- ☐ Copy of current organizational chart
- ☐ Copy of current lease (if CDBG funding request involves rental expenses)
- ☐ Completed Zoning/Land Use Approval Form (Attachment 6), if located in the City of Buena Park

Organization/City Department Name: Community & Economic Development Department

Submitted By: Sarabeth Suarez, Housing & CDBG Analyst /  / 12/17/25
(Print Name, Title) (Sign) (Date)

RECEIVED
DEC 17 2025
ECONOMIC DEVELOPMENT

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

**FY 2026-2027 (July 1, 2026 – June 30, 2027)
CDBG FUNDING APPLICATION**

DUE BY DECEMBER 18, 2025 AT 5:00 PM

Organization/City Department Name	Community & Economic Development Department
Activity/Program Name	CDBG Program Administration
Address	6650 Beach Blvd., Buena Park, CA 90621
Contact Person/Title	Sarabeth Suarez
Email Address	ssuarez@buenapark.com
Phone Number	(714) 562-3591
Activity Type (select one)	☐ Public Service Activity ☒ Other CDBG Eligible Activity
Organization Type (select one)	☒ City Department ☐ Nonprofit 501(c) (3) organization ☐ Other (i.e. public agency)
Amount of CDBG Funds Requested	\$ 140,000

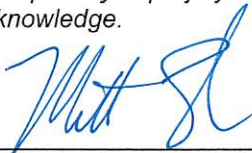
1. Estimated unduplicated individuals **or** households to be served by proposed activity during FY 2026-2027 *(including all persons regardless of residence)*:

Estimated Goal: N/A ☐ Individuals ☐ Households

2. Estimated unduplicated individuals **or** households to be served by proposed activity during FY 2026-2027 *(including ONLY Buena Park residents)*:

Estimated Goal: N/A ☐ Individuals ☐ Households

I certify under penalty of perjury that the information provided in this CDBG funding application is true to the best of my knowledge.



(Signature of authorized representative)

12/17/25
Date

Matt Foulkes, Community & Economic Development Director
(Print name and title of authorized representative)

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

1	ACTIVITY DESCRIPTION [24 CFR 570.200(a), 570.201-570.208, 570.503] Describe the proposed activity, including services to be provided and goals to be accomplished. a) Why is there a need for this activity in the City of Buena Park? b) Identify the location of the activity and the service area boundaries. c) Describe specifically the intended use of the CDBG funds. The City's Community & Economic Development Department is requesting funds to administer and plan all aspects of its Community Development Block Grant (CDBG) Program. CDBG Program staff prepares and submits the City's Annual Action Plan, Consolidated Annual Performance and Evaluation Report (CAPER), Section 3 compliance reports, Davis Bacon Labor Standards Enforcement Reports, and other reports required by the Department of Housing and Urban Development (HUD). CDBG Program staff are also responsible for monitoring subrecipients' CDBG programs, reviewing subrecipient quarterly reports, processing invoices, conducting public meetings, budget preparation and management, and attending HUD trainings and meetings. CDBG funds will be used for staff salaries and benefits, maintenance and operation costs, and professional service fees. CDBG program staff includes the Community & Economic Development Director, Housing & CDBG Analyst, Management Analyst, and Housing Specialist. CDBG funds may also be utilized for a CDBG consultant to assist with preparing plans and reports. CDBG Program staff will ensure that the City and all contracted subrecipients are in compliance with HUD and CDBG program requirements.
2	TARGET POPULATION [24 CFR 570.200(a), 570.201-570.208, 570.503] Describe the target population/demographic for this activity and the number of estimated unduplicated Buena Park residents to be served from July 1, 2026 through June 30, 2027. a) How was the estimated number of clients determined? b) How will you reach your target population? c) Explain why this activity is needed for this target population. N/A - This section does not apply to CDBG program administration. CDBG program administration does not have a target population because it does not provide direct services to residents. The purpose of this activity is to ensure that the City is in compliance with HUD requirements so it may continue to receive CDBG funding.

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 then explain in the space below: ☐ 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. N/A - This section does not apply to CDBG program administration. CDBG program staff will ensure that all CDBG activities meet at least one national objective.																																																
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] Provide the total administrative and/or operational costs for the proposed activity. Cost Category may include: staff salaries and benefits, rent/lease, supplies, utilities, etc. <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;">\$ 100,000.00</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$ 100,000.00</td> </tr> <tr> <td>Maintenance & Operation/Prof. 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;">Total</td> <td style="text-align: right;">\$ 140,000.00</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$ 140,000.00</td> </tr> </tbody> </table>	Cost Category	CDBG Funding Request	Other Funding Sources	Total Cost	Staff salaries and benefits	\$ 100,000.00	\$	\$ 100,000.00	Maintenance & Operation/Prof. Services	\$ 40,000.00	\$	\$ 40,000.00		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$	Total	\$ 140,000.00	\$	\$ 140,000.00
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5	ELIGIBILITY DOCUMENTATION Describe the form of documentation that is 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. N/A- This section does not apply to CDBG program administration. CDBG program staff will ensure that subrecipients are fulfilling this requirement throughout the program year.
6	OUTCOME PERFORMANCE MEASUREMENT SYSTEM [24 CFR 570.200(a), 570.201-570.208, 570.503] Please indicate the activity's <u>Objective</u> and <u>Outcome</u> that will be used to measure and track the activity's performance. Refer to the definitions on Page 6 of the RFP. A. Select one <u>Objective</u>: ☐ Suitable Living Environment ☐ Decent Affordable Housing ☐ Economic Opportunities B. Select one <u>Outcome</u>: ☐ Availability/Accessibility ☐ Affordability ☐ Sustainability N/A- This section does not apply to CDBG program administration. CDBG program staff will rely on these objectives and outcomes to measure and track other CDBG funded activities.

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 bidder'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: 3/19/26

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, Comm. & Econ. Dev. Director

Name and Title of Authorized Representative


Signature

12/17/25
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
2026-2027 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: **\$255,955 – Program Administration (includes the amount requested by the Senior Outreach Program)**

\$260,000 – 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 **\$255,955** for Program Administration/Senior Outreach and **\$260,000** for Residential Rehabilitation Loans.

**City of Buena Park
FY 2026-2027 Community Development Block Grant (CDBG) Program
Application Checklist**

Please complete, sign, and include this checklist with your application

Required For All Applicants:

- ☒ Completed FY 2026-2027 CDBG Grant Application
- ☒ Copy of current client intake form for proposed activity
 - ☐ N/A (only if activity is LMA)
- ☒ Signed Acknowledgement Regarding Bidder SAM Registration form (Attachment 4)
- ☒ Signed Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions form (Attachment 5)

Required For Nonprofit/Outside Organizations:

- ☐ Proof of active nonprofit status (IRS determination letter)
- ☐ List of Board of Directors (board member names and titles)
- ☐ Copy of current organizational chart
- ☐ Copy of current lease (if CDBG funding request involves rental expenses)
- ☐ Completed Zoning/Land Use Approval Form (Attachment 6), if located in the City of Buena Park

Organization/City Department Name: Community & Economic Development Department

Submitted By: Sarabeth Suarez, Housing & CDBG Analyst /  / 12/17/25
(Print Name, Title) (Sign) (Date)

RECEIVED
DEC 17 2025
ECONOMIC DEVELOPMENT

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

**FY 2026-2027 (July 1, 2026 – June 30, 2027)
CDBG FUNDING APPLICATION**

DUE BY DECEMBER 18, 2025 AT 5:00 PM

Organization/City Department Name	Community & Economic Development Department
Activity/Program Name	Residential Rehabilitation Program Administration/Senior Outreach and Loans
Address	6650 Beach Blvd., Buena Park, CA 90621
Contact Person/Title	Sarabeth Suarez
Email Address	ssuarez@buenapark.com
Phone Number	(714) 562-3591
Activity Type (select one)	☐ Public Service Activity ☒ Other CDBG Eligible Activity
Organization Type (select one)	☒ City Department ☐ Nonprofit 501(c) (3) organization ☐ Other (i.e. public agency)
Amount of CDBG Funds Requested	\$ 515,955

1. Estimated unduplicated individuals **or** households to be served by proposed activity during FY 2026-2027 *(including all persons regardless of residence)*:

Estimated Goal: 10 ☐ Individuals ☒ Households

2. Estimated unduplicated individuals **or** households to be served by proposed activity during FY 2026-2027 *(including ONLY Buena Park residents)*:

Estimated Goal: 10 ☐ Individuals ☒ Households

I certify under penalty of perjury that the information provided in this CDBG funding application is true to the best of my knowledge.



(Signature of authorized representative)

12/17/25

Date

Matt Foulkes, Community & Economic Development Director

(Print name and title of authorized representative)

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

1	ACTIVITY DESCRIPTION [24 CFR 570.200(a), 570.201-570.208, 570.503] 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. 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. In order to qualify for this loan, households must have a total gross annual income that does not exceed eighty percent (80%) of the Orange County Area Median Income (AMI). Attached are the current income limits (Attachment A), which are updated by The Department of Housing and Urban Development (HUD) on an annual basis. Senior residents (Age 55 and over) may also be eligible 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. In order to qualify, they must be referred to the program by Code Enforcement due to one or more outstanding code violations. Additionally, their annual gross income must not exceed fifty percent (50%) of the AMI. The funds being requested will be used to provide 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 wait-list, provide loan servicing, attend trainings held by the Department of Housing & Urban Development (HUD), manage the program budget, and advertise the program through social media and outdoor signage. These programs are essential to the City of Buena Park because they make home improvement safe and affordable for low-income residents. The City facilitates the loan and construction process at every step so the homeowner can rest assured that their project will be completed to their satisfaction and HUD standards. The program not only helps low-income families in need but beautifies the city one project at a time.
2	TARGET POPULATION [24 CFR 570.200(a), 570.201-570.208, 570.503] Describe the target population/demographic for this activity and the number of estimated unduplicated Buena Park residents to be served from July 1, 2026 through June 30, 2027. - 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. The program goal is to assist ten (10) eligible low-income households in need of residential rehabilitation with deferred or forgivable loans. Program staff determined this goal by considering the average number of families the City has assisted in previous program years and the estimated funding available for Fiscal Year 2026-2027. The target population for this program are low-income owner-occupied households in Buena Park. In order to reach this target population, staff will continue to assess applicants that are on the program wait-list; advertise the program on the City website, social media accounts, and City events; collaborate with Code Enforcement to refer seniors to the program when they have outstanding code violations; and display program lawn signs on completed projects to advertise to the surrounding neighborhoods. Additionally, program staff are available to answer questions about the program in a variety of languages as needed. 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 as well as the value of their surrounding neighborhoods. The loans are affordable compared to traditional loans due to the 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.

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 then explain in the space below: ☒ 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. 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. Applicants that are over the income limit are denied assistance but may reapply if their financial situation changes in the future.																																																
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] Provide the total administrative and/or operational costs for the proposed activity. Cost Category may include: staff salaries and benefits, rent/lease, supplies, utilities, etc. <table border="1" data-bbox="203 1291 1469 1879"> <thead> <tr> <th>Cost Category</th> <th>CDBG Funding Request</th> <th>Other Funding Sources</th> <th>Total Cost</th> </tr> </thead> <tbody> <tr> <td>Residential Rehabilitation Loans</td> <td>\$ 260,000.00</td> <td>\$ 0</td> <td>\$ 260,000.00</td> </tr> <tr> <td>Staff salaries and benefits</td> <td>\$ 218,100.00</td> <td>\$ 0</td> <td>\$ 218,100.00</td> </tr> <tr> <td>Maintenance & Operation/Prof. Services</td> <td>\$ 37,855.00</td> <td>\$ 0</td> <td>\$ 37,855.00</td> </tr> <tr> <td></td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Total</td> <td>\$ 515,955.00</td> <td>\$ 0</td> <td>\$ 515,955.00</td> </tr> </tbody> </table>	Cost Category	CDBG Funding Request	Other Funding Sources	Total Cost	Residential Rehabilitation Loans	\$ 260,000.00	\$ 0	\$ 260,000.00	Staff salaries and benefits	\$ 218,100.00	\$ 0	\$ 218,100.00	Maintenance & Operation/Prof. Services	\$ 37,855.00	\$ 0	\$ 37,855.00		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$	Total	\$ 515,955.00	\$ 0	\$ 515,955.00
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5	ELIGIBILITY DOCUMENTATION Describe the form of documentation that is 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. Program staff conduct preliminary screenings of interested applicants using the program pre-application (Attachment B). The pre-application asks for the applicant's home address and estimated gross annual income along with other important details. If the pre-application shows that the property is not located in the City of Buena Park or that the household income is well above HUD's income limit, the City will not move forward with this application. These procedures allow program staff to ensure that 100% of the people receiving assistance are low-income Buena Park residents. Applicants who pass the pre-application screening must submit a completed program application along with supplemental documents such as federal income tax returns, bank statements, pay-stubs, social security award letters, employment verification, property deeds, homeowner's insurance, etc. By collecting these documents, program staff can fully determine an applicant's eligibility.
6	OUTCOME PERFORMANCE MEASUREMENT SYSTEM [24 CFR 570.200(a), 570.201-570.208, 570.503] Please indicate the activity's <u>Objective</u> and <u>Outcome</u> that will be used to measure and track the activity's performance. Refer to the definitions on Page 6 of the RFP. A. Select one <u>Objective</u>: ☐ Suitable Living Environment ☒ Decent Affordable Housing ☐ Economic Opportunities B. Select one <u>Outcome</u>: ☐ Availability/Accessibility ☒ Affordability ☐ Sustainability

Fiscal Year 2025 HUD Income Limits

Household Size	1	2	3	4	5	6	7	8
Extremely Low Income (0%-30% AMI)	\$35,550	\$40,600	\$45,700	\$50,750	\$54,850	\$58,900	\$62,950	\$67,000
Very Low Income (30%-50% AMI)	\$59,250	\$67,700	\$76,150	\$84,600	\$91,400	\$98,150	\$104,950	\$111,700
Low income (50%-80% AMI)	\$94,750	\$108,300	\$121,850	\$135,350	\$146,200	\$157,050	\$167,850	\$178,700

HUD Income Limits effective as of April 1, 2025 for Orange County, CA

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 3rd 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

Attachment B



City of Buena Park
Home Improvement Program – “Pre-Application”

THE CITY OF BUENA PARK IS OFFERING LOW INTEREST LOANS TO OWNER OCCUPIED RESIDENCES FOR THE PURPOSE OF REPAIRING AND IMPROVING THEIR PROPERTIES. **YOU MUST BE APPROVED BY HOME IMPROVEMENT PROGRAM STAFF BEFORE PERFORMING ANY WORK.**

ELIGIBLE IMPROVEMENTS MAY CONSIST OF BUT NOT LIMITED TO:

INTERIOR/EXTERIOR PAINTING, SANDBLASTING AND RESTUCCO, WINDOW AND DOOR REPLACEMENT, ROOFING, PLUMBING, HEATING, ELECTRICAL UPGRADE, WEATHERIZATION, KITCHEN AND BATHROOM RENOVATIONS, FLOORS, ADA ACCESSIBILITY IMPROVEMENTS, ETC.

TO QUALIFY YOU MUST OWN AND OCCUPY A SINGLE FAMILY RESIDENCE AND NOT EXCEED THE ESTABLISHED HUD INCOME LIMITS AND HAVE AVAILABLE EQUITY IN YOUR HOME.

DEFINITION OF ASSETS: *ASSETS DO NOT INCLUDE THE VALUE OF THE HOME TO BE IMPROVED OR ANY PERSONAL PROPERTY. TYPICALLY, ASSETS COUNTED TOWARDS THE INCOME CALCULATION INCLUDE STOCKS, BONDS, SAVINGS ACCOUNTS, CHECKING ACCOUNTS, CERTIFICATES OF DEPOSIT, RETIREMENT ACCOUNTS, AND RENTAL OR VACATION PROPERTIES.*

TO APPLY COMPLETE THE REVERSE SIDE OF THIS FORM AND MAIL IT IN. IF YOU HAVE ANY QUESTIONS PLEASE CALL (714) 562-3586.

APPLICANTS WILL BE ASSISTED ON A FIRST-COME, FIRST-SERVED BASIS

HABLAMOS ESPANOL
한국어 서비스 가능합니다

HIP (Rev. 10.22.24)

Return Address:

CITY OF BUENA PARK
HOME IMPROVEMENT PROGRAM
6650 BEACH BLVD.
BUENA PARK, CA 90621

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 bidder'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: 3/19/26

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, Comm. & Econ. Dev. Director

Name and Title of Authorized Representative


Signature

12/17/25
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
FY 2026-2027 Community Development Block Grant (CDBG) Program
Application Checklist**

Please complete, sign, and include this checklist with your application

Required For All Applicants:

- ☒ Completed FY 2026-2027 CDBG Grant Application
- ☒ Copy of current client intake form for proposed activity
 - ☐ N/A (only if activity is LMA)
- ☒ Signed Acknowledgement Regarding Bidder SAM Registration form (Attachment 4)
- ☒ Signed Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions form (Attachment 5)

Required For Nonprofit/Outside Organizations:

- ☐ Proof of active nonprofit status (IRS determination letter)
- ☐ List of Board of Directors (board member names and titles)
- ☐ Copy of current organizational chart
- ☐ Copy of current lease (if CDBG funding request involves rental expenses)
- ☐ Completed Zoning/Land Use Approval Form (Attachment 6), if located in the City of Buena Park

Organization/City Department Name: City of Buena Park - Community Services

Submitted By: Rosemary Nielsen
(Print Name, Title)

Rosemary Nielsen / 12/17/25
(Sign) (Date)

**RECEIVED
DEC 18 2025
ECONOMIC DEVELOPMENT**

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

**FY 2026-2027 (July 1, 2026 – June 30, 2027)
CDBG FUNDING APPLICATION**

DUE BY DECEMBER 18, 2025 AT 5:00 PM

Organization/City Department Name	City of Buena Park - Community Services
Activity/Program Name	Senior Outreach Program
Address	8150 Knott Ave., Buena Park, CA 90620
Contact Person/Title	Rosemary Nielsen, Community Services Supervisor
Email Address	rnielsen@buenapark.com
Phone Number	714-236-3877
Activity Type (select one)	☒ Public Service Activity ☐ Other CDBG Eligible Activity
Organization Type (select one)	☒ City Department ☐ Nonprofit 501(c) (3) organization ☐ Other (i.e. public agency)
Amount of CDBG Funds Requested	\$15,566

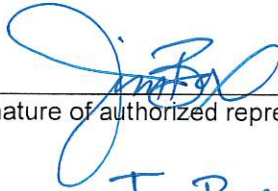
1. Estimated unduplicated individuals **or** households to be served by proposed activity during FY 2026-2027 *(including all persons regardless of residence)*:

Estimated Goal: 1,300 ☒ Individuals ☐ Households

2. Estimated unduplicated individuals **or** households to be served by proposed activity during FY 2026-2027 *(including ONLY Buena Park residents)*:

Estimated Goal: 1,300 ☐ Individuals ☐ Households

I certify under penalty of perjury that the information provided in this CDBG funding application is true to the best of my knowledge.


(Signature of authorized representative)

12/18/25
Date

Jim Box, Director, Community Services
(Print name and title of authorized representative)

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

1	ACTIVITY DESCRIPTION [24 CFR 570.200(a), 570.201-570.208, 570.503] Describe the proposed activity, including services to be provided and goals to be accomplished. a) Why is there a need for this activity in the City of Buena Park? b) Identify the location of the activity and the service area boundaries. c) Describe specifically the intended use of the CDBG funds. 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.
2	TARGET POPULATION [24 CFR 570.200(a), 570.201-570.208, 570.503] Describe the target population/demographic for this activity and the number of estimated unduplicated Buena Park residents to be served from July 1, 2026 through June 30, 2027. a) How was the estimated number of clients determined? b) How will you reach your target population? c) Explain why this activity is needed for this target population. 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. Application Page

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 then explain in the space below: ☒ 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. 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 1200 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.																																																
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] Provide the total administrative and/or operational costs for the proposed activity. Cost Category may include: staff salaries and benefits, rent/lease, supplies, utilities, etc. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <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></td> <td style="text-align: right;">\$ 15,566</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>FT Salary + Benefits</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$ 58,490</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;">Total</td> <td style="text-align: right;">\$ 15,566</td> <td style="text-align: right;">\$ 58,490</td> <td style="text-align: right;">\$ 74,056</td> </tr> </tbody> </table>	Cost Category	CDBG Funding Request	Other Funding Sources	Total Cost		\$ 15,566	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$	FT Salary + Benefits	\$	\$ 58,490	\$		\$	\$	\$	Total	\$ 15,566	\$ 58,490	\$ 74,056
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5	ELIGIBILITY DOCUMENTATION Describe the form of documentation that is 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. The majority of clients served are over 60 years of age who meet the low/moderate income requirements. Most of the clients are Buena Park residents. Documentation consists of daily client contact tally sheets that define what type of services seniors are seeking (i.e. housing, legal assistance, etc.). Staff references the tally sheets when completing monthly reports for HUD.
6	OUTCOME PERFORMANCE MEASUREMENT SYSTEM [24 CFR 570.200(a), 570.201-570.208, 570.503] Please indicate the activity's <u>Objective</u> and <u>Outcome</u> that will be used to measure and track the activity's performance. Refer to the definitions on Page 6 of the RFP. A. Select one <u>Objective</u>: ☒ Suitable Living Environment ☐ Decent Affordable Housing ☐ Economic Opportunities B. Select one <u>Outcome</u>: ☐ Availability/Accessibility ☐ Affordability ☒ Sustainability

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 bidder's SAM registration:

Entity Name: City of Buena Park- Community Services , Senior Center

Address: 8150 Knott Ave

City: Buena Park State: Ca Zip: 90620

Unique Entity ID (UEI): NUK2QVHWF623 Expiration Date: 3/17/26

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)

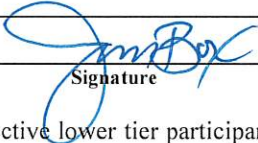
- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principles are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (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 - Community Services

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

Jim Box, Director of Community Services

Name and Title of Authorized Representative


Signature

12/18/25
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.

Intake Form

First Name: _____ Last Name: _____

Address: _____ Zip code: _____

Email: _____ Phone: _____

In- Person ☐ Over the Phone ☐

In-come Level: _____ Age: _____ Disabled Yes ☐ No ☐

Services Needed: _____

Resources Given: _____ Date: _____

Intake Form

First Name: _____ Last Name: _____

Address: _____ Zip code: _____

Email: _____ Phone: _____

In- Person ☐ Over the Phone ☐

In-come Level: _____ Age: _____ Disabled Yes ☐ No ☐

Services Needed: _____

Resources Given: _____ Date: _____

Tally In-take Form

DATE:

LOCATION /EVENT:

WHITE	
AFRICAN AMERICAN	
ASIAN	
AMERICAN INDIAN	
NATIVE HAWAIIAN	
AMERICAN INDIAN	
ASIAN	
OTHER	
EXTREMELY LOW-INCOME	
VERY LOW- INCOME	
LOW- INCOME	
ABOVE MODERATE- INCOME	

**City of Buena Park
2026-2027 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: **575 Households**

Funding Request: **\$279,490**

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 **\$230,000**.

**City of Buena Park
FY 2026-2027 Community Development Block Grant (CDBG) Program
Application Checklist**

Please complete, sign, and include this checklist with your application

Required For All Applicants:

- ☒ Completed FY 2026-2027 CDBG Grant Application
- ☐ Copy of current client intake form for proposed activity
 - ☒ N/A (only if activity is LMA)
- ☒ Signed Acknowledgement Regarding Bidder SAM Registration form (Attachment 4)
- ☒ Signed Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions form (Attachment 5)

Required For Nonprofit/Outside Organizations:

- ☐ Proof of active nonprofit status (IRS determination letter)
- ☐ List of Board of Directors (board member names and titles)
- ☐ Copy of current organizational chart
- ☐ Copy of current lease (if CDBG funding request involves rental expenses)
- ☐ Completed Zoning/Land Use Approval Form (Attachment 6), if located in the City of Buena Park

Organization/City Department Name: City of Buena Park, Community and Economic Development Depart

Submitted By: Matt Foulkes, Community and Economic Dev /
(Print Name, Title)


(Sign)

12/18/25
(Date)

**RECEIVED
DEC 18 2025
ECONOMIC DEVELOPMENT**

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

**FY 2026-2027 (July 1, 2026 – June 30, 2027)
CDBG FUNDING APPLICATION**

DUE BY DECEMBER 18, 2025 AT 5:00 PM

Organization/City Department Name	City of Buena Park, Community and Economic Development Depart
Activity/Program Name	Neighborhood Improvement / Code Enforcement
Address	6650 Beach Blvd. Buena Park, CA 90621
Contact Person/Title	Robert Cravens, Code Enforcement Supervisor
Email Address	rcravens@buenapark.com
Phone Number	714-562-3642
Activity Type (select one)	☐ Public Service Activity ☒ Other CDBG Eligible Activity
Organization Type (select one)	☒ City Department ☐ Nonprofit 501(c) (3) organization ☐ Other (i.e. public agency)
Amount of CDBG Funds Requested	\$ 279,489.67

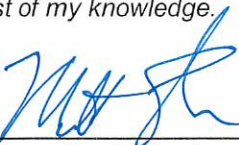
1. Estimated unduplicated individuals **or** households to be served by proposed activity during FY 2026-2027 *(including all persons regardless of residence)*:

Estimated Goal: 65,000 ☒ Individuals ☒ Households

2. Estimated unduplicated individuals **or** households to be served by proposed activity during FY 2026-2027 *(including ONLY Buena Park residents)*:

Estimated Goal: 575 ☐ Individuals ☒ Households

I certify under penalty of perjury that the information provided in this CDBG funding application is true to the best of my knowledge.



(Signature of authorized representative)

12/18/25
Date

Matt Foulkes - Community Development Director
(Print name and title of authorized representative)

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

1	ACTIVITY DESCRIPTION [24 CFR 570.200(a), 570.201-570.208, 570.503] 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. 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. 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. 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.
2	TARGET POPULATION [24 CFR 570.200(a), 570.201-570.208, 570.503] Describe the target population/demographic for this activity and the number of estimated unduplicated Buena Park residents to be served from July 1, 2026 through June 30, 2027. - 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. 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. 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. 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.

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 then explain in the space below: ☒ 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. 1. Benefit Low- and Moderate-Income Persons in Buena Park 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. Owners and residents rely on the Neighborhood Improvement/Code Enforcement to improve the appearance, health, and safety of the CDBG areas within the community. 2. Aid in the prevention or elimination of slums or blight in Buena Park. 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 and assist property owners with applications for home improvement. The program also provides referral for tenants to fair housing and legal aid.																																																
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5	ELIGIBILITY DOCUMENTATION Describe the form of documentation that is 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. 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's <u>Objective</u> and <u>Outcome</u> that will be used to measure and track the activity's performance. Refer to the definitions on Page 6 of the RFP. A. Select one <u>Objective</u>: ☒ Suitable Living Environment ☐ Decent Affordable Housing ☐ Economic Opportunities B. Select one <u>Outcome</u>: ☐ Availability/Accessibility ☐ Affordability ☒ Sustainability

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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 bidder's SAM registration:

Entity Name: City of Buena Park, Community and Economic Development Department

Address: 6650 Beach Blvd.

City: Buena Park, CA 90621 State: CA Zip: 90621

Unique Entity ID (UEI): NUK2QVHWF623 Expiration Date: 3/19/26

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, Community and Economic Development Department

Address: 6650 Beach Blvd. Buena Park, CA 90621

<u>Matt Foulkes, Community and Econ Dev</u>		<u>12/18/25</u>
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
2026-2027 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: **57,785 Individuals within low-income census tracts/
2,000 Graffiti Instances**

Funding Request: **\$24,750**

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 57,785 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 **\$16,000**.

**City of Buena Park
FY 2026-2027 Community Development Block Grant (CDBG) Program
Application Checklist**

Please complete, sign, and include this checklist with your application

Required For All Applicants:

- ☒ Completed FY 2026-2027 CDBG Grant Application
- ☐ Copy of current client intake form for proposed activity
 - ☒ N/A (only if activity is LMA)
- ☒ Signed Acknowledgement Regarding Bidder SAM Registration form (Attachment 4)
- ☒ Signed Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions form (Attachment 5)

Required For Nonprofit/Outside Organizations:

- ☐ Proof of active nonprofit status (IRS determination letter)
- ☐ List of Board of Directors (board member names and titles)
- ☐ Copy of current organizational chart
- ☐ Copy of current lease (if CDBG funding request involves rental expenses)
- ☐ Completed Zoning/Land Use Approval Form (Attachment 6), if located in the City of Buena Park

Organization/City Department Name: Buena Park Public Works Department

Submitted By: Mina Mikhael, P.E., Director of Public Works/City Engineer /  / 12/18/25
(Print Name, Title) (Sign) (Date)

RECEIVED
DEC 18 2025
ECONOMIC DEVELOPMENT

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

**FY 2026-2027 (July 1, 2026 – June 30, 2027)
CDBG FUNDING APPLICATION**

DUE BY DECEMBER 18, 2025 AT 5:00 PM

Organization/City Department Name	Buena Park Public Works Department
Activity/Program Name	Graffiti Removal Program
Address	6650 Beach Boulevard, Buena Park, CA 90620
Contact Person/Title	Nino Libunao, Facilities and Parks Superintendent
Email Address	Nlibunao@buenapark.com
Phone Number	714-562-3661
Activity Type (select one)	☒ Public Service Activity ☐ Other CDBG Eligible Activity
Organization Type (select one)	☒ City Department ☐ Nonprofit 501(c) (3) organization ☐ Other (i.e. public agency)
Amount of CDBG Funds Requested	\$ 24,750

1. Estimated unduplicated individuals **or** households to be served by proposed activity during FY 2026-2027 *(including all persons regardless of residence)*:

Estimated Goal: 57,785 ☒ Individuals ☐ Households

2. Estimated unduplicated individuals **or** households to be served by proposed activity during FY 2026-2027 *(including ONLY Buena Park residents)*:

Estimated Goal: 57,785 ☒ Individuals ☐ Households

I certify under penalty of perjury that the information provided in this CDBG funding application is true to the best of my knowledge.



(Signature of authorized representative)

12/18/25
Date

Mina Mikhael, P.E., Director of Public Works/City Engineer
(Print name and title of authorized representative)

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

1	ACTIVITY DESCRIPTION [24 CFR 570.200(a), 570.201-570.208, 570.503] 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. 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.
2	TARGET POPULATION [24 CFR 570.200(a), 570.201-570.208, 570.503] Describe the target population/demographic for this activity and the number of estimated unduplicated Buena Park residents to be served from July 1, 2026 through June 30, 2027. - 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. All residents in tract 001801, 088601, 110110, 110201, 110202, 110302, 110303, 110401, 110402, 110500, 110603, 110604, 110606 and 110607 totaling 57,785 will be served. See attached project location map.

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 then explain in the space below: ☒ 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. The Graffiti Removal Program meets the CDBG National Objective of Benefit to Low- and Moderate-Income Persons by providing graffiti removal services in areas where a majority of residents are low- and moderate-income. The program improves neighborhood conditions, enhances safety and quality of life, and helps maintain stable housing environments for LMI																																																
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] Provide the total administrative and/or operational costs for the proposed activity. Cost Category may include: staff salaries and benefits, rent/lease, supplies, utilities, etc. <table border="1" data-bbox="203 1285 1409 1848"> <thead> <tr> <th>Cost Category</th> <th>CDBG Funding Request</th> <th>Other Funding Sources</th> <th>Total Cost</th> </tr> </thead> <tbody> <tr> <td>Staff salaries and benefits</td> <td>\$ 24,750</td> <td>\$</td> <td>\$ 24,750</td> </tr> <tr> <td>Maintenance and operations</td> <td>\$</td> <td>\$ 40,100</td> <td>\$ 40,100</td> </tr> <tr><td></td><td>\$</td><td>\$</td><td>\$</td></tr> <tr><td></td><td>\$</td><td>\$</td><td>\$</td></tr> <tr><td></td><td>\$</td><td>\$</td><td>\$</td></tr> <tr><td></td><td>\$</td><td>\$</td><td>\$</td></tr> <tr><td></td><td>\$</td><td>\$</td><td>\$</td></tr> <tr><td></td><td>\$</td><td>\$</td><td>\$</td></tr> <tr><td></td><td>\$</td><td>\$</td><td>\$</td></tr> <tr><td></td><td>\$</td><td>\$</td><td>\$</td></tr> <tr> <td>Total</td> <td>\$ 24,750</td> <td>\$ 40,100</td> <td>\$ 64,850</td> </tr> </tbody> </table>	Cost Category	CDBG Funding Request	Other Funding Sources	Total Cost	Staff salaries and benefits	\$ 24,750	\$	\$ 24,750	Maintenance and operations	\$	\$ 40,100	\$ 40,100		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$	Total	\$ 24,750	\$ 40,100	\$ 64,850
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5	ELIGIBILITY DOCUMENTATION Describe the form of documentation that is 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. All residents in tract 001801, 088601, 110110, 110201, 110202, 110302, 110303, 110401, 110402, 110500, 110603, 110604, 110606 and 110607 totaling 57,785 will be served. See attached project location map.
6	OUTCOME PERFORMANCE MEASUREMENT SYSTEM [24 CFR 570.200(a), 570.201-570.208, 570.503] Please indicate the activity's <u>Objective</u> and <u>Outcome</u> that will be used to measure and track the activity's performance. Refer to the definitions on Page 6 of the RFP. A. Select one <u>Objective</u>: ☒ Suitable Living Environment ☐ Decent Affordable Housing ☐ Economic Opportunities B. Select one <u>Outcome</u>: ☐ Availability/Accessibility ☐ Affordability ☒ Sustainability

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 bidder's SAM registration:

Entity Name: Buena Park Public Works Department

Address: 6650 Beach Boulevard

City: Buena Park State: CA Zip: 90621

Unique Entity ID (UEI): NUK2QVHWF62 Expiration Date: 4/16/26

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.

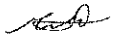
(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS BELOW)

- (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

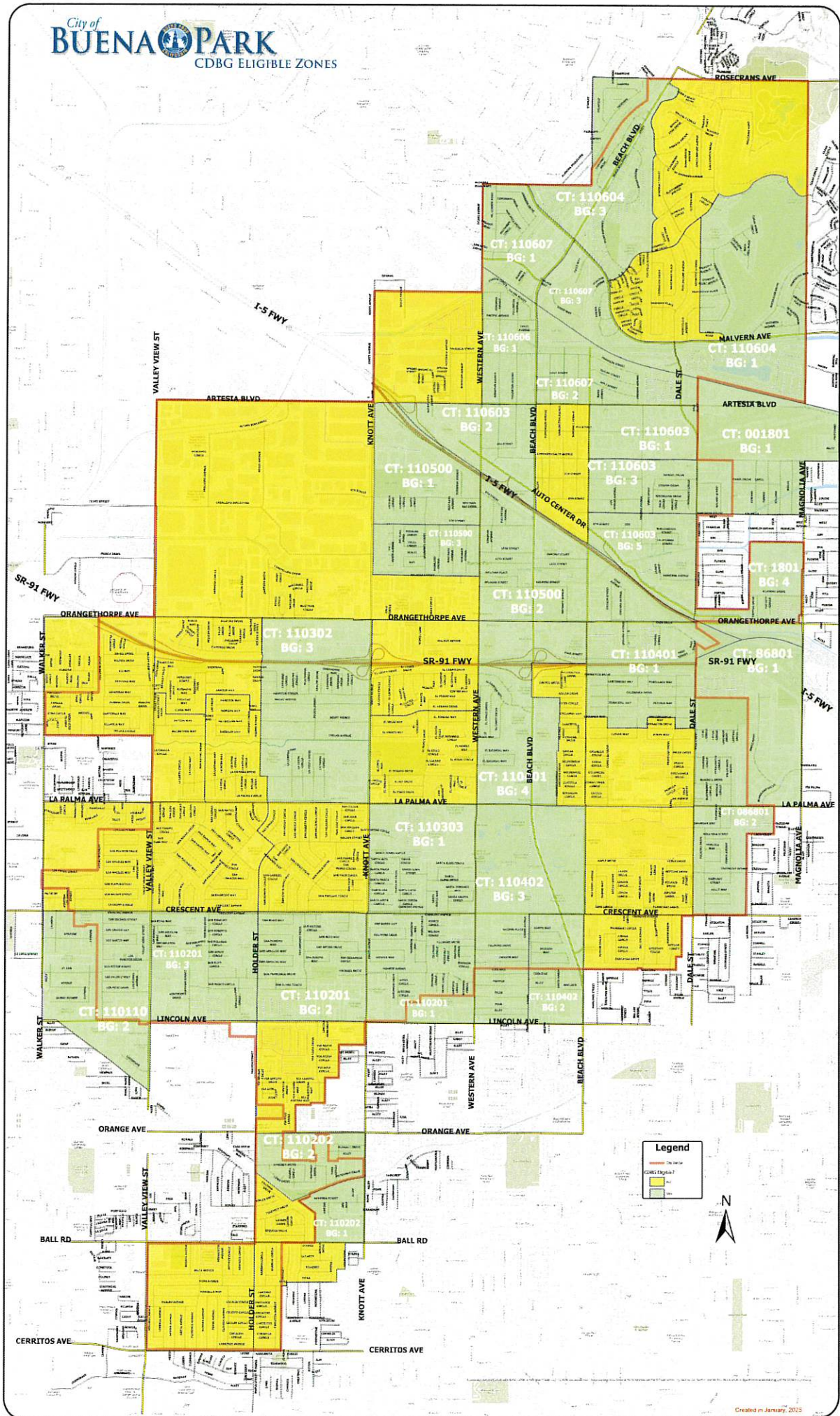
Address: 6650 Beach Blvd, Buena Park, CA 90621

Mina Mikhael, P.E., Director of Public Works/City Engineer
Name and Title of Authorized Representative


Signature

12/18/25
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
2026-2027 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: **\$33,690**

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 **\$26,000**.

**City of Buena Park
FY 2026-2027 Community Development Block Grant (CDBG) Program
Application Checklist**

Please complete, sign, and include this checklist with your application

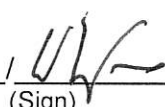
Required For All Applicants:

- ☒ Completed FY 2026-2027 CDBG Grant Application
- ☒ Copy of current client intake form for proposed activity
 - ☐ N/A (only if activity is LMA)
- ☒ Signed Acknowledgement Regarding Bidder SAM Registration form (Attachment 4)
- ☒ Signed Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions form (Attachment 5)

Required For Nonprofit/Outside Organizations:

- ☐ Proof of active nonprofit status (IRS determination letter)
- ☐ List of Board of Directors (board member names and titles)
- ☐ Copy of current organizational chart
- ☐ Copy of current lease (if CDBG funding request involves rental expenses)
- ☐ Completed Zoning/Land Use Approval Form (Attachment 6), if located in the City of Buena Park

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

Submitted By: Wilfredo Lozano, Drvier/Scheduler /  / 12/1/20
(Print Name, Title) (Sign) (Date)

RECEIVED

DEC 18 2025

ECONOMIC DEVELOPMENT

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

**FY 2026-2027 (July 1, 2026 – June 30, 2027)
CDBG FUNDING APPLICATION**

DUE BY DECEMBER 18, 2025 AT 5:00 PM

Organization/City Department Name	City of Buena Park/Community Services
Activity/Program Name	Senior and Non emergency medical transportation
Address	8150 Knott Ave, Buena Park, Ca 90620
Contact Person/Title	Wilfredo Lozano, Driver/Scheduler
Email Address	wlozano@buenapark.com
Phone Number	714-236-3874
Activity Type (select one)	☒ Public Service Activity ☐ Other CDBG Eligible Activity
Organization Type (select one)	☒ City Department ☐ Nonprofit 501(c) (3) organization ☐ Other (i.e. public agency)
Amount of CDBG Funds Requested	\$33,690.00

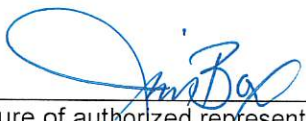
1. Estimated unduplicated individuals **or** households to be served by proposed activity during FY 2026-2027 (including all persons regardless of residence):

Estimated Goal: 350 ☒ Individuals ☐ Households

2. Estimated unduplicated individuals **or** households to be served by proposed activity during FY 2026-2027 (including ONLY Buena Park residents):

Estimated Goal: 350 ☒ Individuals ☐ Households

I certify under penalty of perjury that the information provided in this CDBG funding application is true to the best of my knowledge.


(Signature of authorized representative)

12/1/20
Date

Jim Box, Director of Community Services
(Print name and title of authorized representative)

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

1	ACTIVITY DESCRIPTION [24 CFR 570.200(a), 570.201-570.208, 570.503] Describe the proposed activity, including services to be provided and goals to be accomplished. a) Why is there a need for this activity in the City of Buena Park? b) Identify the location of the activity and the service area boundaries. c) Describe specifically the intended use of the CDBG funds. The Senior and Non-Emergency Medical Transportation Program provides a driver and vehicle to transport Buena Park senior citizens from their home to the Buena Park Senior Center. The program also provides round-trip transportation to medical appointments and/or pharmacy for a fee of \$1 each way; however, no one is denied transportation for inability to pay. The program is free to Buena Park residents 60 years of age and older. The location of the appointments (doctor, dentist, hospital or pharmacy) will be limited up to our miles outside of Buena Park.
2	TARGET POPULATION [24 CFR 570.200(a), 570.201-570.208, 570.503] Describe the target population/demographic for this activity and the number of estimated unduplicated Buena Park residents to be served from July 1, 2026 through June 30, 2027. a) How was the estimated number of clients determined? b) How will you reach your target population? c) Explain why this activity is needed for this target population. 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 was 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. The program operates with full accessibility to Buena Park seniors with trained courteous staff.

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 then explain in the space below: ☒ 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. The Senior and Non-Emergency Medical Transportation Program provides a 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 senior's inability or difficulty in obtaining transportation, seniors often delay or neglect to make necessary and critical appointments with their healthcare provider. This often results in turning a 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. Providing transportation for seniors to the Senior Activity Center ultimately enhances their quality of life, fosters 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 and support counseling with outreach or support groups. The vast majority of participants are low to moderate income senior citizens. Many frail elderly residents are unable to access public transportation services, don't qualify for OCTA ACCESS service, and they do not drive or own a vehicle.																																																
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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 bidder'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: 3/17/26

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)

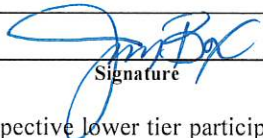
- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principles are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (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 Community Services

Name and Title of Authorized Representative


Signature

12/18/25
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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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
FY 2026-2027 Community Development Block Grant (CDBG) Program
Application Checklist**

Please complete, sign, and include this checklist with your application

Required For All Applicants:

- ☒ Completed FY 2026-2027 CDBG Grant Application
- ☒ Copy of current client intake form for proposed activity
 - ☐ N/A (only if activity is LMA)
- ☒ Signed Acknowledgement Regarding Bidder SAM Registration form (Attachment 4)
- ☒ Signed Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions form (Attachment 5)

Required For Nonprofit/Outside Organizations:

- ☐ Proof of active nonprofit status (IRS determination letter)
- ☐ List of Board of Directors (board member names and titles)
- ☐ Copy of current organizational chart
- ☐ Copy of current lease (if CDBG funding request involves rental expenses)
- ☐ Completed Zoning/Land Use Approval Form (Attachment 6), if located in the City of Buena Park

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

Submitted By: Wilfredo Lozano, Drvier/Scheduler /  / 12/1/20
(Print Name, Title) (Sign) (Date)

RECEIVED
DEC 18 2025
ECONOMIC DEVELOPMENT

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

**FY 2026-2027 (July 1, 2026 – June 30, 2027)
CDBG FUNDING APPLICATION**

DUE BY DECEMBER 18, 2025 AT 5:00 PM

Organization/City Department Name	City of Buena Park/Community Services
Activity/Program Name	Senior and Non emergency medical transportation
Address	8150 Knott Ave, Buena Park, Ca 90620
Contact Person/Title	Wilfredo Lozano, Driver/Scheduler
Email Address	wlozano@buenapark.com
Phone Number	714-236-3874
Activity Type (select one)	☒ Public Service Activity ☐ Other CDBG Eligible Activity
Organization Type (select one)	☒ City Department ☐ Nonprofit 501(c) (3) organization ☐ Other (i.e. public agency)
Amount of CDBG Funds Requested	\$33,690.00

1. Estimated unduplicated individuals **or** households to be served by proposed activity during FY 2026-2027 (including all persons regardless of residence):

Estimated Goal: 350 ☒ Individuals ☐ Households

2. Estimated unduplicated individuals **or** households to be served by proposed activity during FY 2026-2027 (including ONLY Buena Park residents):

Estimated Goal: 350 ☒ Individuals ☐ Households

I certify under penalty of perjury that the information provided in this CDBG funding application is true to the best of my knowledge.


(Signature of authorized representative)

12/1/20
Date

Jim Box, Director of Community Services
(Print name and title of authorized representative)

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

1	ACTIVITY DESCRIPTION [24 CFR 570.200(a), 570.201-570.208, 570.503] 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. The Senior and Non-Emergency Medical Transportation Program provides a driver and vehicle to transport Buena Park senior citizens from their home to the Buena Park Senior Center. The program also provides round-trip transportation to medical appointments and/or pharmacy for a fee of \$1 each way; however, no one is denied transportation for inability to pay. The program is free to Buena Park residents 60 years of age and older. The location of the appointments (doctor, dentist, hospital or pharmacy) will be limited up to our miles outside of Buena Park.
2	TARGET POPULATION [24 CFR 570.200(a), 570.201-570.208, 570.503] Describe the target population/demographic for this activity and the number of estimated unduplicated Buena Park residents to be served from July 1, 2026 through June 30, 2027. - 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. 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 was 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. The program operates with full accessibility to Buena Park seniors with trained courteous staff.

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Address: 8150 Knott Ave

City: Buena Park State: CA Zip: 90620

Unique Entity ID (UEI): NUK2QVHWF623 Expiration Date: 3/17/26

Active Exclusions (Select One): ☐ Yes ☒ No

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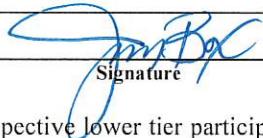
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Jim Box Director of Community Services

Name and Title of Authorized Representative


Signature

12/18/25
Date

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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. This program is available to seniors 60 and older.

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

ID and Proof of Address will be required at the time of application submittal.

☐ Age ☐ Address

Verified By:
Staff Signature

Date



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 *Must call in advance (Appointments Needed) 8am-12pm
☐ Monday	☐ Tuesday
☐ Tuesday	☐ Wednesday
☐ Wednesday	☐ Thursday
☐ 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

Total Gross Household Annual Income (Print Here): _____

Number of People in the Household: _____

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: _____

CERTIFICATION: I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

x _____

Signature Here

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.

**City of Buena Park
2026-2027 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 City's Homeless Outreach Program provides services to homeless individuals living in Buena Park. They collaborate with Mercy House at the Navigation Center, the Buena Park Police Department, and other homeless services providers to assist individuals experiencing homelessness. They provide emergency housing solutions, supplies such as food and clothing, assistance with applying for federal and state benefits, medical treatment referrals, and other services to cater to individual's needs. The Homeless Outreach Team also administers medication in emergency substance abuse cases.

Description of Request:

CDBG funds will be used for temporary shelter costs, relocation expenses, transitional housing fees, emergency/safety supplies, transportation, DMV/vital 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. CDBG funds are used to provide direct services to clients. Overall, this program helps meet the City's goal and HUD's requirement for continuum of care to assist the homeless population.

Funding Recommendation:

Staff recommends funding in the amount of **\$19,500**.

**City of Buena Park
FY 2026-2027 Community Development Block Grant (CDBG) Program
Application Checklist**

Please complete, sign, and include this checklist with your application

Required For All Applicants:

- ☒ Completed FY 2026-2027 CDBG Grant Application
- ☒ Copy of current client intake form for proposed activity
 - ☐ N/A (only if activity is LMA)
- ☒ Signed Acknowledgement Regarding Bidder SAM Registration form (Attachment 4)
- ☒ Signed Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions form (Attachment 5)

Required For Nonprofit/Outside Organizations:

- ☐ Proof of active nonprofit status (IRS determination letter)
- ☐ List of Board of Directors (board member names and titles)
- ☐ Copy of current organizational chart
- ☐ Copy of current lease (if CDBG funding request involves rental expenses)
- ☐ Completed Zoning/Land Use Approval Form (Attachment 6), if located in the City of Buena Park

Organization/City Department Name: Community Services, Homeless Outreach Services

Submitted By: Rosemary Nielsen
(Print Name, Title)

Rosemary Nielsen (Sign) 12/17/25 (Date)

**RECEIVED
DEC 18 2025
ECONOMIC DEVELOPMENT**

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

**FY 2026-2027 (July 1, 2026 – June 30, 2027)
CDBG FUNDING APPLICATION**

DUE BY DECEMBER 18, 2025 AT 5:00 PM

Organization/City Department Name	Community Services, Homeless Outreach Services
Activity/Program Name	Homeless Outreach Services
Address	8150 Knott Ave, Buena Park, Ca 90620
Contact Person/Title	Rosemary Nielsen/Community Services Supervisor
Email Address	rneiesn@buenapark.com
Phone Number	(714) 236-3876
Activity Type (select one)	☒ Public Service Activity ☐ Other CDBG Eligible Activity
Organization Type (select one)	☒ City Department ☐ Nonprofit 501(c) (3) organization ☐ Other (i.e. public agency)
Amount of CDBG Funds Requested	\$ 20,000

1. Estimated unduplicated individuals **or** households to be served by proposed activity during FY 2026-2027 (including all persons regardless of residence):

Estimated Goal: 200 ☒ Individuals ☐ Households

2. Estimated unduplicated individuals **or** households to be served by proposed activity during FY 2026-2027 (including ONLY Buena Park residents):

Estimated Goal: 200 ☒ Individuals ☐ Households

I certify under penalty of perjury that the information provided in this CDBG funding application is true to the best of my knowledge.



(Signature of authorized representative)

12/18/25

Date

Jim Box Director of Community Services

(Print name and title of authorized representative)

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

1	ACTIVITY DESCRIPTION [24 CFR 570.200(a), 570.201-570.208, 570.503] 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. 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 and Emergency Supplies, Local Transportation/DMV Fee's, Documentation / ID fee's and Staff Training.
2	TARGET POPULATION [24 CFR 570.200(a), 570.201-570.208, 570.503] Describe the target population/demographic for this activity and the number of estimated unduplicated Buena Park residents to be served from July 1, 2026 through June 30, 2027. - 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. The proposed program is designed to serve individuals who face significant social, economic, and structural barriers to achieving stability and long-term success. Our primary target population is those experiencing homelessness or at risk of homelessness. This population is disproportionately impacted by limited access to quality educational, economic, and health-supportive resources. Many participants encounter multiple intersecting challenges, including; homelessness, underemployment, food insecurity, chronic health disparities, no transportation and feeling of helplessness. The program will prioritize outreach to individuals who identify as unhoused, to ensure equitable access to services. By addressing unmet needs and connecting participants with targeted support, the initiative aims to reduce homelessness and improve quality of life, and strengthen long-term community outcomes. The Program will target individual who live or work in the City of Buena Park. Historically 200 individuals have been assisted per year.

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 then explain in the space below: ☒ 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. Benefits to the Community Investing in services for individuals experiencing homelessness strengthens the entire community by promoting stability, safety, and long-term sustainability. When the needs of the homeless population are effectively addressed, the community experiences measurable social and economic benefits, including: 1. Improved Public Health Access to shelter, improves overall community 2. Increased Public Safety Stable housing and supportive services reduce the likelihood of survival-based activities such as trespassing or loitering 3. Reduced Strain on Emergency Services Homelessness is closely linked to high utilization of emergency rooms, crisis intervention, and first-responder services. 4. Economic Savings and Efficient Use of Public Funds Evidence consistently shows that supportive housing and wraparound services are more cost-effective than repeated emergency interventions. Communities save money through reduced hospital visits, incarceration costs, and shelter turnover. 5. Enhanced Community Cohesion and Equity Addressing homeless demonstrates a commitment to compassion, fairness, and inclusion.																																																
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]																																																
	Provide the total administrative and/or operational costs for the proposed activity. Cost Category may include: staff salaries and benefits, rent/lease, supplies, utilities, etc. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <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>Motels/Room Rentals</td> <td style="text-align: right;">\$ 5,000</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Relocation/Storage Expenses</td> <td style="text-align: right;">\$ 2,000</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Transitional Housing Fees</td> <td style="text-align: right;">\$ 2,000</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Emergency/Safety Supplies</td> <td style="text-align: right;">\$ 2,500</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Transportation</td> <td style="text-align: right;">\$ 5,500</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>DMV/Vital Documentation</td> <td style="text-align: right;">\$ 1,000</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Staff Training Conference/Edu/Supplies</td> <td style="text-align: right;">\$ 2,000</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Salaries/Benefits</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$ 390,800.00</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Educational Incentive</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$ 4,200.00</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Office Supplies/Special</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$ 1,000</td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: right;">Total</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$ 396,000.00</td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>	Cost Category	CDBG Funding Request	Other Funding Sources	Total Cost	Motels/Room Rentals	\$ 5,000	\$	\$	Relocation/Storage Expenses	\$ 2,000	\$	\$	Transitional Housing Fees	\$ 2,000	\$	\$	Emergency/Safety Supplies	\$ 2,500	\$	\$	Transportation	\$ 5,500	\$	\$	DMV/Vital Documentation	\$ 1,000	\$	\$	Staff Training Conference/Edu/Supplies	\$ 2,000	\$	\$	Salaries/Benefits	\$	\$ 390,800.00	\$	Educational Incentive	\$	\$ 4,200.00	\$	Office Supplies/Special	\$	\$ 1,000	\$	Total	\$	\$ 396,000.00	\$
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5	ELIGIBILITY DOCUMENTATION Describe the form of documentation that is 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. Clients served by the Homeless Outreach Program must 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 which include: renting or owning a home, going to school or working within the city. Documentation consists of intake sheets, hot line logs, drop-in logs and HMIS and Outreach Grid data.
6	OUTCOME PERFORMANCE MEASUREMENT SYSTEM [24 CFR 570.200(a), 570.201-570.208, 570.503] Please indicate the activity's <u>Objective</u> and <u>Outcome</u> that will be used to measure and track the activity's performance. Refer to the definitions on Page 6 of the RFP. A. Select one <u>Objective</u>: ☒ Suitable Living Environment ☐ Decent Affordable Housing ☐ Economic Opportunities B. Select one <u>Outcome</u>: ☒ Availability/Accessibility ☐ Affordability ☐ Sustainability

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 bidder's SAM registration:

Entity Name: Homeless Outreach Services

Address: 8150 Knott Ave

City: Buena Park State: Ca Zip: 90620

Unique Entity ID (UEI): NUK2QVHWF623 Expiration Date: 3/17/26

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)

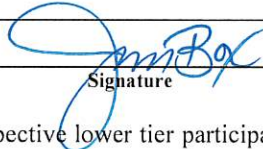
- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principles are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (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 Homeless Services

Address: 8150 Knott Ave, Buena Park Ca 90620

Jim Box, Director of Community Services

Name and Title of Authorized Representative


Signature

12/18/25
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 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

What State? _____ What State? _____ What Group? _____

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

*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

**City of Buena Park
2026-2027 Community Development Block Grant (CDBG)**

Funding Proposal Summary Sheet

Organization Name: **Fair Housing Foundation**

Program Name: **Fair Housing Services**

Estimated Goal: **145 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 **\$15,000**.

**City of Buena Park
FY 2026-2027 Community Development Block Grant (CDBG) Program
Application Checklist**

Please complete, sign, and include this checklist with your application

Required For All Applicants:

- ☒ Completed FY 2026-2027 CDBG Grant Application
- ☒ Copy of current client intake form for proposed activity
 - ☐ N/A (only if activity is LMA)
- ☒ Signed Acknowledgement Regarding Bidder SAM Registration form (Attachment 4)
- ☒ Signed Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions form (Attachment 5)

Required For Nonprofit/Outside Organizations:

- ☒ Proof of active nonprofit status (IRS determination letter)
- ☒ List of Board of Directors (board member names and titles)
- ☒ Copy of current organizational chart
- ☒ Copy of current lease (if CDBG funding request involves rental expenses)
- ☒ Completed Zoning/Land Use Approval Form (Attachment 6), if located in the City of Buena Park

Organization/City Department Name: Fair Housing Foundation

Submitted By: Stella Vanporppal, Executive Director
(Print Name, Title)

(Sign)



12/17/25
(Date)

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

FY 2026-2027 (July 1, 2026 – June 30, 2027)
CDBG FUNDING APPLICATION

DUE BY DECEMBER 18, 2025 AT 5:00 PM

Organization/City Department Name	Fair Housing Foundation
Activity/Program Name	Fair Housing Services
Address	3605 Long Beach Blvd. Ste 302, Long Beach, CA 90807
Contact Person/Title	Stella Vanporppal / Executive Director
Email Address	svanporppal@fhfca.org
Phone Number	562-989-1206
Activity Type (select one)	☐ Public Service Activity ☒ Other CDBG Eligible Activity
Organization Type (select one)	☐ City Department ☒ Nonprofit 501(c) (3) organization ☐ Other (i.e. public agency)
Amount of CDBG Funds Requested	\$ 16,000

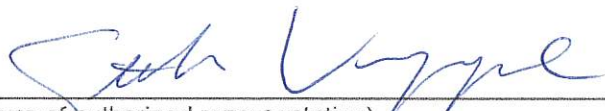
1. Estimated unduplicated individuals or households to be served by proposed activity during FY 2026-2027 (including all persons regardless of residence):

Estimated Goal: 5,870 ☒ Individuals ☐ Households

2. Estimated unduplicated individuals or households to be served by proposed activity during FY 2026-2027 (including ONLY Buena Park residents):

Estimated Goal: 145 ☒ Individuals ☐ Households

I certify under penalty of perjury that the information provided in this CDBG funding application is true to the best of my knowledge.


(Signature of authorized representative)

12/17/25

Date

Stella Vanporppal, Executive Director

(Print name and title of authorized representative)

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

1	ACTIVITY DESCRIPTION [24 CFR 570.200(a), 570.201-570.208, 570.503] 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. The Fair Housing Foundation (FHF), a non-profit corporation, continuously providing fair housing services to multiple municipalities for 61 years. FHF is dedicated to eliminating discrimination in housing and promoting equal access to housing choices for everyone. FHF's Fair Housing Program includes: 1) Fair Housing Discrimination Intake, Investigations, and Resolutions; 2) Education and Outreach Activities and Services; 3) Landlord and Tenant Counseling; and 4) Activities to Affirmatively Further Fair Housing. All Education and Outreach Activities all conducted within the city limits and are promoted to ensure maximum participation including distribution 6,000 pieces of literature, 2 Fair Housing booths, 4 Fair Housing workshops, 2 community agency contacts, 8 community meetings, 3 community presentations, and social networking. FHF utilizes CDBG funds to accomplish the objectives and goals of the Fair Housing Program including: salaries, benefits, rent, communications, mileage, insurance, consultants, staff development, testing, general office supplies, printing, outreach expenses, and advertising.
2	TARGET POPULATION [24 CFR 570.200(a), 570.201-570.208, 570.503] Describe the target population/demographic for this activity and the number of estimated unduplicated Buena Park residents to be served from July 1, 2026 through June 30, 2027. - 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. FHF specifically targets, promotes, and addresses the needs of specific groups including: - Extremely low-and low-income households - 91 % of YTD clients - Those with physical, mental, and emotional disabilities - 19% of YTD clients - Non-English Speaking individuals - 16% of YTD clients - Female Headed Households - 45% of YTD Clients - Seniors - 20% of YTD Clients FHF will not limit the number of clients served although the goal is to provide a minimum of 145 unduplicated clients with direct services and another 500 individuals assisted through the outreach activities. Direct services include: 1) Fair Housing Discrimination Intake, Investigations, and Resolutions; 2) Education and Outreach Activities and Services; 3) Landlord and Tenant Counseling; and 4) Activities to Affirmatively Further Fair Housing. The 2026/2027 goals were estimates based on the averages of FY2022-23 through FY2024-25.

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 then explain in the space below: ☒ 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 (HUD) requirement that CDBG recipients must Affirmatively Further Fair Housing. The following outlines this requirement: • 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, as amended • Section 105(b)(3) of the National Affordable Housing Action of 1990 FHF's Fair Housing Program meets the National Objective to benefit low and moderate-income persons, area wide, throughout the entire city limits. The program specifically provides for the provision of public and community services for very low and moderate-income persons and persons with special needs. The program provides services that benefit families and individuals by addressing general housing and fair housing issues in their living environment.																																																			
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] Provide the total administrative and/or operational costs for the proposed activity. Cost Category may include: staff salaries and benefits, rent/lease, supplies, utilities, etc. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Cost Category</th> <th style="width: 15%;">CDBG Funding Request</th> <th style="width: 15%;">Other Funding Sources</th> <th style="width: 35%;">Total Cost</th> </tr> </thead> <tbody> <tr> <td>Personnel & Fringe</td> <td style="text-align: right;">\$ 11,312</td> <td style="text-align: right;">\$ 409,081</td> <td style="text-align: right;">\$ 420,393</td> </tr> <tr> <td>Rent</td> <td style="text-align: right;">\$ 1,957</td> <td style="text-align: right;">\$ 70,757</td> <td style="text-align: right;">\$ 72,714</td> </tr> <tr> <td>Communications</td> <td style="text-align: right;">\$ 396</td> <td style="text-align: right;">\$ 14,319</td> <td style="text-align: right;">\$ 14,715</td> </tr> <tr> <td>Mileage & Travel</td> <td style="text-align: right;">\$ 275</td> <td style="text-align: right;">\$ 9,959</td> <td style="text-align: right;">\$ 10,234</td> </tr> <tr> <td>Consultants</td> <td style="text-align: right;">\$ 483</td> <td style="text-align: right;">\$ 17,465</td> <td style="text-align: right;">\$ 17,948</td> </tr> <tr> <td>Insurance</td> <td style="text-align: right;">\$ 508</td> <td style="text-align: right;">\$ 18,376</td> <td style="text-align: right;">\$ 18,884</td> </tr> <tr> <td>Supplies</td> <td style="text-align: right;">\$ 1,069</td> <td style="text-align: right;">\$ 38,662</td> <td style="text-align: right;">\$ 39,732</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;">Total</td> <td style="text-align: right;">\$ 16,000</td> <td style="text-align: right;">\$ 578,620</td> <td style="text-align: right;">\$ 594,620</td> </tr> </tbody> </table>				Cost Category	CDBG Funding Request	Other Funding Sources	Total Cost	Personnel & Fringe	\$ 11,312	\$ 409,081	\$ 420,393	Rent	\$ 1,957	\$ 70,757	\$ 72,714	Communications	\$ 396	\$ 14,319	\$ 14,715	Mileage & Travel	\$ 275	\$ 9,959	\$ 10,234	Consultants	\$ 483	\$ 17,465	\$ 17,948	Insurance	\$ 508	\$ 18,376	\$ 18,884	Supplies	\$ 1,069	\$ 38,662	\$ 39,732		\$	\$	\$		\$	\$	\$		\$	\$	\$	Total	\$ 16,000	\$ 578,620	\$ 594,620
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5	ELIGIBILITY DOCUMENTATION Describe the form of documentation that is 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. 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. The data provided to the City for FY 24-25 represents 98% of those provided with direct client services were extremely-low, very-low, and low-income household.
6	OUTCOME PERFORMANCE MEASUREMENT SYSTEM [24 CFR 570.200(a), 570.201-570.208, 570.503] Please indicate the activity's <u>Objective</u> and <u>Outcome</u> that will be used to measure and track the activity's performance. Refer to the definitions on Page 6 of the RFP. A. Select one <u>Objective</u>: ☒ Suitable Living Environment ☐ Decent Affordable Housing ☐ Economic Opportunities B. Select one <u>Outcome</u>: ☐ Availability/Accessibility ☐ Affordability ☒ Sustainability

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 bidder'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): UPWKXNY53BL5 Expiration Date: 2/26/26

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)

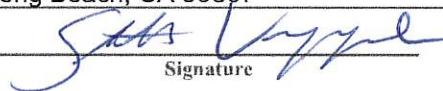
- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principles are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (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 Vanporppal, Executive Director

Name and Title of Authorized Representative



Signature

12/17/25

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

☐ Eviction ☐ G.H. Issue ☐ Harassment ☐ Illegal Entry ☐ Late Fees ☐ Lease Terms ☐ Lockout
☐ Notices ☐ Parking ☐ Pets ☐ Ref. to Rent ☐ Ref. to Sell ☐ Rent Control ☐ Rent Increase
☐ Section 8 ☐ Sec. Deposit ☐ Habitability ☐ Utilities ☐ Other: _____

General Housing Action

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

Interviewer: _____ Time Spent: _____

Discrimination

☐ Age ☐ Ancestry ☐ Color ☐ Familial Status ☐ Gender
☐ Harassment ☐ Marital Status ☐ Mental Disability ☐ National Origin ☐ Physical Disability
☐ Race ☐ Religion ☐ Sexual Orientation ☐ Source of Income ☐ Arbitrary: _____

Discrimination Action

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

Interviewer: _____ Time Spent: _____



U. S. TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE

DISTRICT DIRECTOR
P. O. BOX 231
LOS ANGELES, CALIFORNIA 90053

December 15, 1965

REC'D DEC 17 1965

IN REPLY REFER TO
Form L-178
Code 414:JFS
LA-EO-65-1039

Fair Housing Foundation of Long Beach
903 Security Building
Long Beach, California

Gentlemen:

PURPOSE	
Charitable	
ADDRESS INQUIRIES & FILE RETURNS WITH DISTRICT DIRECTOR OF INTERNAL REVENUE	
Los Angeles	
FORM 990-A RE- QUIRED	ACCOUNTING PERIOD ENDING
☒ YES ☐ NO	December 31

On the basis of your stated purposes and the understanding that your operations will continue as evidenced to date or will conform to those proposed in your ruling application, we have concluded that you are exempt from Federal income tax as an organization described in section 501(c)(3) of the Internal Revenue Code. Any changes in operation from those described, or in your character or purposes, must be reported immediately to your District Director for consideration of their effect upon your exempt status. You must also report any change in your name or address.

You are not required to file Federal income tax returns so long as you retain an exempt status, unless you are subject to the tax on unrelated business income imposed by section 511 of the Code, in which event you are required to file Form 990-T. Our determination as to your liability for filing the annual information return, Form 990-A, is set forth above. That return, if required, must be filed on or before the 15th day of the fifth month after the close of your annual accounting period indicated above.

Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to or for your use are deductible for Federal estate and gift tax purposes under the provisions of section 2055, 2106 and 2522 of the Code.

You are not liable for the taxes imposed under the Federal Insurance Contributions Act (social security taxes) unless you file a waiver of exemption certificate as provided in such act. You are not liable for the tax imposed under the Federal Unemployment Tax Act. Inquiries about the waiver of exemption certificate for social security taxes should be addressed to this office, as should any questions concerning excise, employment or other Federal taxes.

This is a determination letter.

Very truly yours,

R. A. Riddell

R. A. Riddell
District Director



Department of the Treasury
Internal Revenue Service
P.O. Box 9941
Ogden UT 84409

In reply refer to: 2916808252
Oct. 31, 2000 LTR 252C
95-6122678 000000 00 000
00657

FAIR HOUSING FOUNDATION
200 PINE AVE STE 240
LONG BEACH CA 90802-3037008

Taxpayer Identification Number: 95-6122678

Dear Taxpayer:

Thank you for the inquiry dated Sep. 06, 2000.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

If you have any questions, please call us toll free at 1-800-829-1040. If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

Thank you for your cooperation.

Sincerely yours,

Georgia Warren
Chief, Research & Perfection Branch

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:

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

8:00 a.m. to 8:30 p.m. EST
877-829-5500

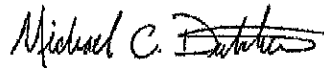
Fax Number:
513-263-3756

Dear Sir or Madam:

Enclosed is the information you requested in your letter dated October 20, 2000.

Please accept our apology for the delay in responding to your request and for any inconvenience this may have caused you or your organization.

Sincerely,



Michael Dutcher 31-07421
Customer Service Specialist

Enclosure: Letter affirming exempt status, name change and Amended Articles of Incorporation

Internal Revenue Service

Department of the Treasury

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

Date: December 20, 2000

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

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

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.

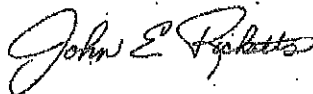
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public 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
SACRAMENTO, CALIFORNIA 95867

April 16, 1985

In reply refer to
342 APP:RWN:ca:g

Fair Housing Foundation of Long Beach
c/o Robyn Polinar
2023 Pacific Avenue
Long Beach, CA 90806

Purpose : Charitable
Form of Organization : Corporation
Accounting Period Ending: June 30
Organization Number : 0483197

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

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

You are not required to file state franchise or income tax returns unless you have income subject to the unrelated business income tax under Section 23731 of the Code. In this event, you are required to file Form 109 (Exempt Organization Business Income Tax Return) by the 15th day of the 5th month (4 1/2 months) after the close of your annual accounting period.

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

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

This exemption effective as of December 30, 1964.

D. Hareid, Supervisor
Central Audit Section
Telephone (800) 852-5711

FRANCHISE TAX BOARD

1025 P STREET
SACRAMENTO, CALIFORNIA 95814

December 28, 1964

Fair Housing Foundation of Long Beach
903 Security Building
110 Pine Avenue
Long Beach 2, California

Re: Exemption from franchise tax

Gentlemen:

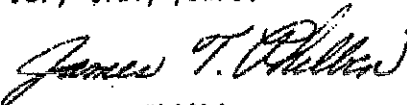
It is the opinion of this office, based upon the evidence presented, that you are exempt from State franchise tax under the provisions of Section 23701f of the Revenue and Taxation Code.

Accordingly, you will not be required to file franchise tax returns unless you change the character of your organization, the purposes for which you were organized, or your method of operation. You are required to report any such changes immediately to this office in order that their effect upon your exempt status may be determined.

If in any year your gross income exceeds \$25,000, you are required to file an information return on form 199 on or before the 15th day of the 5th month following the close of your fiscal year. These forms will be mailed to you if you provide us with your current postal address.

If the organization is not yet incorporated or has not yet qualified to do business in California, this approval will expire unless incorporation or qualification is completed within thirty days.

Very truly yours,



James T. Philbin
Associate Tax Counsel

JTP:ef
cc: Secretary of State
(f)

FTB 4216 (10-64)



**Fair Housing Foundation
Board Roster**

2025-2027

Executive Director

Stella Verdeja, ex-officio

Officers

Connie Haynes, Chair

Richard Hernandez, Vice-Chair

Julia Moore, Secretary

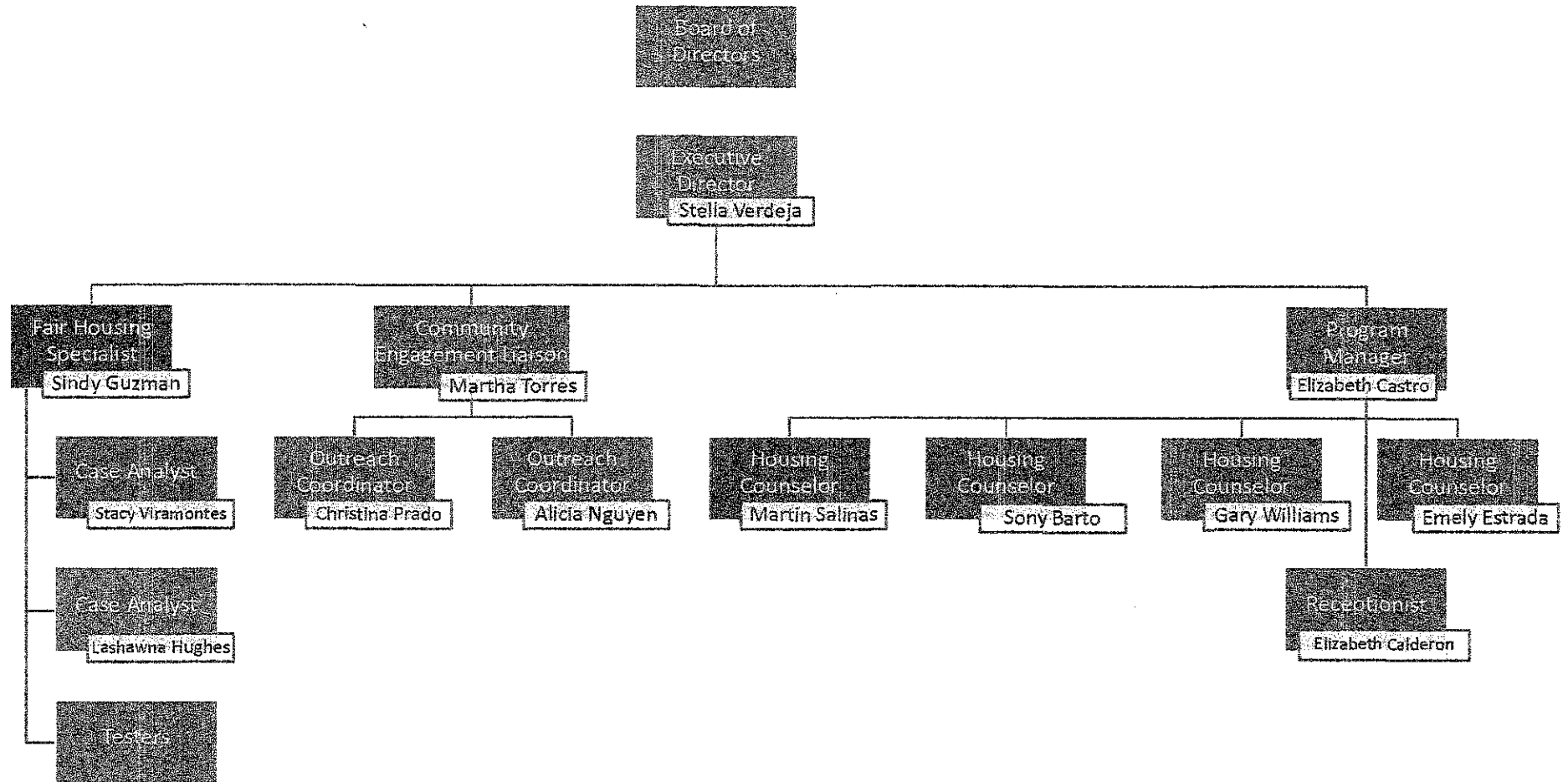
Ken Hasting, Treasurer

Members

Julien Willard

Beatriz Wade

Fair Housing Foundation Organizational Chart



FIFTH AMENDMENT TO LEASE

DS
a

THIS FIFTH AMENDMENT TO LEASE, dated December 10, 2024
is attached to and becomes part of the Lease dated August 27, 2004, by and between
3605 Long Beach Blvd, LLC ("Lessor")
and
Fair Housing Foundation ("Lessee")
for the Premises located at 3605 Long Beach Blvd, Suite 302, Long Beach Ca 90807,
consisting of approximately 1,461 rentable square feet.

It is mutually agreed by and between Lessor & Lessee that:

1. **Lease Term** - Paragraph 1.3, the lease term shall be for sixty (60) months effective January 1, 2025 and expiring December 31, 2029.
2. **Base Monthly Rent** – Paragraph 1.5, notwithstanding anything to the contrary contained herein, the monthly base rent shall be as follows:

January 1, 2025 through December 31, 2025 shall be \$2,995.00 per month.

January 1, 2026 through December 31, 2026 shall be \$3,085.00 per month.

January 1, 2027 through December 31, 2027 shall be \$3,178.00 per month.

January 1, 2028 through December 31, 2028 shall be \$3,273.00 per month.

January 1, 2029 through December 31, 2029 shall be \$3,371.00 per month.

Initial
SV

3. **Security Deposit** – Lessor acknowledges security deposit on hand of \$3,300.00. The security deposit shall be increased to \$3,371.00. Lessee shall deposit an additional \$71.00.
4. **Tenant Improvements** – Lessor, at Lessor's sole cost and expense, shall provide the following improvements to the premises.
 - Installation of new carpet throughout Suite. Carpet color, design and installation shall be of building standard quality.
 - Provide new paint on the walls throughout the Suite. Lessee has a choice of 1 paint color. Painting and application shall be of building standard quality and design. Lessee will be required to move all items at least three (3) feet away from wall prior to painting.

Other than the aforementioned improvements, Lessor shall not be obligated to construct or install any improvements or facilities of any kind in the Premises and Lessee accepts the Premises in it's present, AS-IS condition. Lessee shall be solely responsible for the installation, rekeying, and/or maintenance of any interior door locks and deadbolts, with Lessor's prior approval. Lessee shall be solely responsible for the repair and maintenance of any non-standard fixtures, materials and finishes including, but not limited to, interior windows, interior window coverings and flooring. Upon move-out, Lessee shall return all suite and restroom keys to Lessor.

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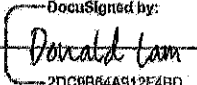
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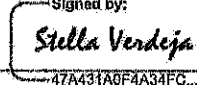
5. **Right of Entry** – A request for repairs, written or verbal, submitted by Lessee will be considered permission for management or their agents to enter the premises during normal business hours to make the requested repairs, at a time convenient to the management with no further communication required. Any emergency gives Lessor the right-of-entry.
6. **Parking:** For Security purposes, no overnight parking is permitted without prior written authorization from the Lessor. If prior written authorization is given, parking overnight shall be at the Lessee Vehicle Owners risk. Lessee shall not park vehicles in other Tenant's reserved parking stalls. Lessee shall not store vehicles in any part of the parking lot. Any violation of the parking rules may result in the Lessee's vehicle being towed at the vehicle Owner's sole expense. Parking spaces shall be reduced from 6 parking spaces to 3 assigned parking spaces, 1 single space and 1 tandem space.
7. **CASp** - Pursuant to California Civil Code Section 1938, the Property and Premises have not undergone an inspection by a CASp.
8. **Further Modifications:** Except as set forth in this Fourth Amendment, all of the terms and provisions of the Lease shall apply to the Premises and shall remain unmodified and in full force and effect. Effective as of the date hereof, all references to the "Lease" shall refer to the Lease as amended by this Third Amendment.

EXCEPT AS OTHERWISE AGREED TO HEREIN, ALL TERMS AND CONDITIONS OF SAID LEASE SHALL BE IN FULL FORCE AND EFFECT.

LESSOR:
3605 Long Beach Blvd, LLC

LESSEE:
Fair Housing Foundation

BY: 
Donald Lam, Managing Member

BY: 
Stella Verdeja, Executive Director

Dated: 1/31/2025

Dated: 12/10/2024

DS
DL

LESSOR INITIALS

Initial
SV

LESSEE INITIALS

AIRCRE

STANDARD MULTI-TENANT OFFICE LEASE - GROSS

1. Basic Provisions ("Basic Provisions").

1.1 Parties. This Lease ("Lease"), dated for reference purposes only March 19, 2021, is made by and between Cirsea O.C., Inc. a California corporation ("Lessor") and Fair Housing Foundation a Non Profit Corporation ("Lessee"), (collectively the "Parties", or individually a "Party").

1.2(a) Premises: That certain Portion of the Project (as defined below), commonly known as (street address, suite, city, state): 1855 W. Katella Ave., Suite 355, Orange, CA 92867 ("Premises"). The Premises are located in the County of Orange, and consist of approximately 1,685 rentable square feet and approximately n/a useable square feet. In addition to Lessee's rights to use and occupy the Premises as hereinafter specified, Lessee shall have non-exclusive rights to the Common Areas (as defined in Paragraph 2.7 below) as hereinafter specified, but shall not have any rights to the roof, the exterior walls, the area above the dropped ceilings, or the utility raceways of the building containing the Premises ("Building") or to any other buildings in the Project. The Premises, the Building, the Common Areas, the land upon which they are located, along with all other buildings and improvements thereon, are herein collectively referred to as the "Project." The Project consists of approximately _____ rentable square feet. (See also Paragraph 2)

1.2(b) Parking: 7 unreserved and 0 reserved vehicle parking spaces at a monthly cost of no charge per unreserved space and n/a per reserved space. (See Paragraph 2.6)

1.3 Term: five (5) years and zero (0) months ("Original Term") commencing May 1, 2021 ("Commencement Date") and ending April 30, 2026 ("Expiration Date"). (See also Paragraph 3)

1.4 Early Possession: If the Premises are available Lessee may have non-exclusive possession of the Premises commencing April 20, 2021 ("Early Possession Date"). (See also Paragraphs 3.2 and 3.3)

1.5 Base Rent: \$2,400.00 per month ("Base Rent"), payable on the first day of each month commencing May 1, 2021. (See also Paragraph 4)

☒ If this box is checked, there are provisions in this Lease for the Base Rent to be adjusted. See Paragraph Addendum 1.

☒ 1.6 Lessee's Share of Operating Expense Increase: two, seven two percent (2.72 %) ("Lessee's Share"). In the event that that size of the Premises and/or the Project are modified during the term of this Lease, Lessor shall recalculate Lessee's Share to reflect such modification. *CAPPED AT 10% of the current monthly rent

1.7 Base Rent and Other Monies Paid Upon Execution:

- (a) Base Rent: \$2,400.00 for the period May 2021.
- (b) Security Deposit: \$2,950.00 ("Security Deposit"). (See also Paragraph 5)
- (c) Parking: \$0 for the period _____.
- (d) Other: \$0 for _____.
- (e) Total Due Upon Execution of this Lease: \$5,350.00.

1.8 Agreed Use: offices. (See also Paragraph 6)

1.9 Base Year; Insuring Party. The Base Year is 2021. Lessor is the "Insuring Party". (See also Paragraphs 4.2 and 8)

1.10 Real Estate Brokers. (See also Paragraph 15 and 25)

(a) Representation: Each Party acknowledges receiving a Disclosure Regarding Real Estate Agency Relationship, confirms and consents to the following agency relationships in this Lease with the following real estate brokers ("Broker(s)") and/or their agents ("Agent(s)");

Lessor's Brokerage Firm Lee & Associates - Orange, Inc License No. BRE 01011260 Is the broker of (check one): ☐ the Lessor; or ☒ both the Lessee and Lessor (dual agent).

Lessor's Agent Phil Fridd License No. CalDRE 01000952 Is (check one): ☐ the Lessor's Agent (salesperson or broker associate); or ☒ both the Lessee's Agent and the Lessor's Agent (dual agent).

Lessee's Brokerage Firm n/a License No. _____ Is the broker of (check one): ☐ the Lessee; or ☐ both the Lessee and Lessor (dual agent).

Lessee's Agent _____ License No. _____ Is (check one): ☐ the Lessee's Agent (salesperson or broker associate); or ☐ both the Lessee's Agent and the Lessor's Agent (dual agent).

(b) Payment to Brokers: Upon execution and delivery of this Lease by both Parties, Lessor shall pay to the Brokers the brokerage fee agreed to in a separate written agreement (or if there is no such agreement, the sum of per separate agreement or _____ % of the total Base Rent) for the brokerage services rendered by the Brokers.

1.11 Guarantor. The obligations of the Lessee under this Lease are to be guaranteed by no guaranty required ("Guarantor"). (See also Paragraph 37)

1.12 Business Hours for the Building: 6:00 a.m. to 6:00 p.m., Mondays through Fridays (except Building Holidays) and 7:00 a.m. to 1:00 p.m. on Saturdays (except Building Holidays). "Building Holidays" shall mean the dates of observation of New Year's Day, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, and _____.

1.13 Lessor Supplied Services. Notwithstanding the provisions of Paragraph 11.1, Lessor is NOT obligated to provide the following within the Premises:

☐ Janitorial services

☐ Electricity

☒ Other (specify): phone /IT

1.14 Attachments. Attached hereto are the following, all of which constitute a part of this Lease:

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standards pursuant to California Civil Code §55.51 et seq. Lessee acknowledges that it received a copy of the inspection report at least 48 hours prior to executing this Lease and agrees to keep such report confidential.

☐ have undergone an inspection by a Certified Access Specialist (CASp) and it was determined that the Premises did not meet all applicable construction-related accessibility standards pursuant to California Civil Code §55.51 et seq. Lessee acknowledges that it received a copy of the inspection report at least 48 hours prior to executing this Lease and agrees to keep such report confidential except as necessary to complete repairs and corrections of violations of construction related accessibility standards.

In the event that the Premises have been issued an inspection report by a CASp the Lessor shall provide a copy of the disability access inspection certificate to Lessee within 7 days of the execution of this Lease.

(b) Since compliance with the Americans with Disabilities Act (ADA) and other state and local accessibility statutes are dependent upon Lessee's specific use of the Premises, Lessor makes no warranty or representation as to whether or not the Premises comply with ADA or any similar legislation. In the event that Lessee's use of the Premises requires modifications or additions to the Premises in order to be in compliance with ADA or other accessibility statutes, Lessee agrees to make any such necessary modifications and/or additions at Lessee's expense.

LESSOR AND LESSEE HAVE CAREFULLY READ AND REVIEWED THIS LEASE AND EACH TERM AND PROVISION CONTAINED HEREIN, AND BY THE EXECUTION OF THIS LEASE SHOW THEIR INFORMED AND VOLUNTARY CONSENT THERETO. THE PARTIES HEREBY AGREE THAT, AT THE TIME THIS LEASE IS EXECUTED, THE TERMS OF THIS LEASE ARE COMMERCIALY REASONABLE AND EFFECTUATE THE INTENT AND PURPOSE OF LESSOR AND LESSEE WITH RESPECT TO THE PREMISES.

ATTENTION: NO REPRESENTATION OR RECOMMENDATION IS MADE BY AIR CRE OR BY ANY BROKER AS TO THE LEGAL SUFFICIENCY, LEGAL EFFECT, OR TAX CONSEQUENCES OF THIS LEASE OR THE TRANSACTION TO WHICH IT RELATES. THE PARTIES ARE URGED TO:

1. SEEK ADVICE OF COUNSEL AS TO THE LEGAL AND TAX CONSEQUENCES OF THIS LEASE.
2. RETAIN APPROPRIATE CONSULTANTS TO REVIEW AND INVESTIGATE THE CONDITION OF THE PREMISES. SAID INVESTIGATION SHOULD INCLUDE BUT NOT BE LIMITED TO: THE POSSIBLE PRESENCE OF HAZARDOUS SUBSTANCES, THE ZONING AND SIZE OF THE PREMISES, THE STRUCTURAL INTEGRITY, THE CONDITION OF THE ROOF AND OPERATING SYSTEMS, COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT AND THE SUITABILITY OF THE PREMISES FOR LESSEE'S INTENDED USE.

WARNING: IF THE PREMISES ARE LOCATED IN A STATE OTHER THAN CALIFORNIA, CERTAIN PROVISIONS OF THE LEASE MAY NEED TO BE REVISED TO COMPLY WITH THE LAWS OF THE STATE IN WHICH THE PREMISES ARE LOCATED.

The parties hereto have executed this Lease at the place and on the dates specified above their respective signatures.

Executed at: _____

On: 3/24/21

By LESSOR:

Clrsea O.C., Inc. a California corporation

By: [Signature]

Name Printed: Stephen Ferrari

Title: President

Phone: 805-612-3510

Fax: _____

Email: steveferrari@outlook.com

By: _____

Name Printed: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

Executed at: 3/22/21

On: _____

By LESSEE:

Fair Housing Foundation a Non Profit Corporation

By: [Signature]

Name Printed: Stella Verdeja

Title: Executive Director

Phone: 562-989-1206 ext 1100

Fax: _____

Email: sverdeja@fhfca.org

By: _____

Name Printed: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

Address: 3605 Long Beach Blvd., Suite 302

Long Beach, CA 90807

Federal ID No.: _____

BROKER

Lee & Associates - Orange, Inc

Attn: Phil Fridd

[Signature]

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OFG-21.20, Revised 01-01-2019

BROKER

n/a

Attn: _____

[Signature]

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Last Edited: 3/18/2021 12:47 PM

Page 17 of 18

AIRCRE

ADDENDUM

Date: March 19, 2021

By and Between

Lessor: Clrsea O.C., Inc. a California corporation

Lessee: Fair Housing Foundation a Non Profit Corporation

Property Address: 1855 W. Katella Ave., Suite 355, Orange, CA 92867
(street address, city, state, zip)

Paragraph: 1-5

1. Base Rent Schedule on a full service gross basis.

May 1, 2021 through April 30, 2022 \$2,400.00 per month

May 1, 2022 through April 30, 2023 \$ 2,550.00 per month

May 1, 2023 through April 30, 2024 \$2,650.00 per month

May 1, 2024 through April 30, 2025 \$2,800.00 per month

May 1, 2025 through April 30, 2026 \$2,950.00 per month

2. Signage: Lessor, at Lessor's sole cost and expense, shall provide Lessee with standard suite entry signage and directory board signage

3. Tenant Improvements: Landlord, at Landlord's sole cost and expense, shall perform the following minor tenant improvements.

a) Repair all damaged, missing or stained ceiling tiles, ceiling T-bar, stained ceiling vents, lights, ceiling grid, blinds, electrical/data covers and perform a general office clean-up.

b) Install new building carpet, color to be chosen by Lessee and approved by Landlord.

c) Repaint entire suite, color to be chosen by Lessee and approved by Landlord.

d) Replace conference room window with a door to match existing door.

e) Add a Dutch split door from reception to back offices.

f) Clean tile flooring in reception area.

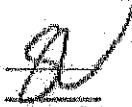
4. Parking:

So long as Lessee is not in default, beyond any period for cure, and subject to the rules and regulations attached hereto, and as established by Lessor from time to time, Lessee shall be entitled to use seven (7) parking spaces in the office-building project. Seven (7) parking spaces are non-exclusive and on a first-come, first-served basis. Parking passes will be issued to Lessee accordingly. If any additional parking spaces are required, Lessor reserves the right to charge a monthly fee for each car, at a commencement date of \$22 per month per car, such to be directed to a designated parking area. By mentioning to the parking attendant, Lessee, its employees and visitors are exempt from paying for parking during such times as the parking concessionaire charges for parking.


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ADD-1.02, Revised 01-01-2019


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Last Edited: 3/18/2021 12:47 PM

Page 1 of 2

**City of Buena Park
2026-2027 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 **\$26,000**.

**City of Buena Park
FY 2026-2027 Community Development Block Grant (CDBG) Program
Application Checklist**

Please complete, sign, and include this checklist with your application

Required For All Applicants:

- ☒ Completed FY 2026-2027 CDBG Grant Application
- ☒ Copy of current client intake form for proposed activity
 - ☐ N/A (only if activity is LMA)
- ☒ Signed Acknowledgement Regarding Bidder SAM Registration form (Attachment 4)
- ☒ Signed Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions form (Attachment 5)

Required For Nonprofit/Outside Organizations:

- ☒ Proof of active nonprofit status (IRS determination letter)
- ☒ List of Board of Directors (board member names and titles)
- ☒ Copy of current organizational chart
- ☐ Copy of current lease (if CDBG funding request involves rental expenses)
- ☒ Completed Zoning/Land Use Approval Form (Attachment 6), if located in the City of Buena Park

Organization/City Department Name: Mercy House Living Centers

Submitted By: Cayman Beeman, Grants Specialist

Cayman Beeman

11/26/2025

(Print Name, Title)

(Sign)

(Date)

**RECEIVED
DEC 15 2025
ECONOMIC DEVELOPMENT**

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

**FY 2026-2027 (July 1, 2026 – June 30, 2027)
CDBG FUNDING APPLICATION**

DUE BY DECEMBER 18, 2025 AT 5:00 PM

Organization/City Department Name	Mercy House Living Centers
Activity/Program Name	Buena Park Navigation Center
Address	P.O. Box 1905, Santa Ana, CA 92702
Contact Person/Title	Cayman Beeman, Grants Specialist
Email Address	caymanb@mercyhouse.net
Phone Number	714-836-7188 ext. 364
Activity Type (select one)	☒ Public Service Activity ☐ Other CDBG Eligible Activity
Organization Type (select one)	☐ City Department ☐ Nonprofit 501(c) (3) organization ☐ Other (i.e. public agency)
Amount of CDBG Funds Requested	\$30,000

1. Estimated unduplicated individuals **or** households to be served by proposed activity during FY 2026-2027 *(including all persons regardless of residence)*:

Estimated Goal: 300 ☒ Individuals ☐ Households

2. Estimated unduplicated individuals **or** households to be served by proposed activity during FY 2026-2027 *(including ONLY Buena Park residents)*:

Estimated Goal: 130 ☒ Individuals ☐ Households

I certify under penalty of perjury that the information provided in this CDBG funding application is true to the best of my knowledge.



(Signature of authorized representative)

11/26/2025

Date

Larry Haynes, Chief Executive Officer

(Print name and title of authorized representative)

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

1	ACTIVITY DESCRIPTION [24 CFR 570.200(a), 570.201-570.208, 570.503] 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. 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. 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. Mercy House addresses the needs and goals identified in the housing plan through the provision of the following services: ✓ Housing Navigation - 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. ✓ Enrichment Activities - 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. ✓ Health Care Resources - Shelter guests are connected to on and off-site health resources through KCS Health Center and various departments of the County of Orange. ✓ Crisis Evaluation/Mental Health Resources - Shelter guests are connected to on and off-site health resources through KCS Health Center and various departments of the County of Orange.
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- ✓ **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 2024-2025 Fiscal Year, the shelter served 474 homeless individuals, including 215 with ties to the City of Buena Park. We exited 43 to permanent housing, and another 8 to temporary housing from the shelter. Of those that exited successfully, 51% were connected to a housing subsidy program through access to the Coordinated Entry System they gained while in the program. The other 49% self-resolved their homelessness. Self- resolved homelessness is another direct byproduct of the Housing Navigation case management we provide to program participants, 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 FY2025-2026 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 \$234,203.00.

TARGET POPULATION

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

Describe the target population/demographic for this activity and the number of estimated unduplicated Buena Park residents to be served from July 1, 2026 through June 30, 2027.

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

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.

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.

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.

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.

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.

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 then explain in the space below: ☒ 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 E: 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 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]

Provide the total administrative and/or operational costs for the proposed activity. Cost Category may include: staff salaries and benefits, rent/lease, supplies, utilities, etc.

Cost Category	CDBG Funding Request	Other Funding Sources	Total Cost
Salaries + Benefits	\$	\$1,560,224	\$1,560,224
HR Expenses	\$	\$8,000	\$8,000
IT Systems and Services - Indirect	\$	\$13,000	\$13,000
Payroll Services	\$	\$9,649	\$9,649
Communications	\$	\$3,000	\$3,000
Audit Fees	\$	\$5,000	\$5,000
Office Rent	\$	\$7,500	\$7,500
Storage	\$	\$2,000	\$2,000
Staff Training	\$	\$2,000	\$2,000
Mileage	\$	\$1,000	\$1,000
Volunteer Expenses	\$	\$1,000	\$1,000
Office Supplies	\$	\$9,000	\$9,000
IT Systems and Services - Direct	\$	\$10,000	\$10,000
HMIS	\$	\$500	\$500
Communications – Direct	\$	\$1,500	\$1,500
Insurance Policies	\$	\$30,605	\$30,605
Equipment Leases & Rentals	\$	\$2,000	\$2,000
Utilities / Disposal	\$	\$102,000	\$102,000
Repairs / Maintenance / Landscaping	\$	\$30,000	\$30,000
Laundry Rental	\$	\$2,976	\$2,976
Facility Fixtures, Equipment and Furniture	\$	\$5,000	\$5,000
Animals/Veterinary	\$	\$18,000	\$18,000
Supplies	\$	\$87,940	\$87,940
Security (Guards)	\$	\$197,444	\$197,444
Client Food and Snacks	\$30,000	\$204,203	\$234,203
Transportation Assist	\$	\$2,000	\$2,000
Client services / Barrier Fund	\$	\$8,000	\$8,000
Shuttle, Fuel and Maintenance	\$	\$45,600	\$45,600
Total	\$30,000	\$2,369,140	\$2,399,140

5	ELIGIBILITY DOCUMENTATION Describe the form of documentation that is 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. 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.
6	OUTCOME PERFORMANCE MEASUREMENT SYSTEM [24 CFR 570.200(a), 570.201-570.208, 570.503] Please indicate the activity's <u>Objective</u> and <u>Outcome</u> that will be used to measure and track the activity's performance. Refer to the definitions on Page 6 of the RFP. A. Select one <u>Objective</u>: ☒ Suitable Living Environment ☐ Decent Affordable Housing ☐ Economic Opportunities Mercy House is seeking CDBG funding from the City of Buena Park to provide a <i>suitable living environment</i> 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 <u>Outcome</u>: ☒ 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.

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 bidder's SAM registration:

Entity Name: Mercy House Living Centers

Address: 6494 Caballero Blvd.

City: Buena Park

State: CA Zip: 90620

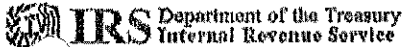
Unique Entity ID (UEI): DVJ5XQ7BMQ88

Expiration Date: 9/25/2026

Active Exclusions (Select One): ☐ Yes ☒ No



ATTACHMENT A
NONPROFIT STATUS



Department of the Treasury
Internal Revenue Service

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, 2522 of the Code.

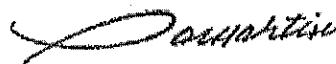
Please refer to our website www.irs.gov/efo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for consecutive years results in revocation of tax-exempt status as of the filing due date of the third return 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.

MERCY HOUSE

ATTACHMENT B SAMS REGISTRATION



MERCY HOUSE LIVING CENTERS

Unique Entity ID DVJ5XQ7BMQ88	CAGE / NCAGE 49VY8	Purpose of Registration All Awards
Registration Status Active Registration	Expiration Date Sep 25, 2026	
Physical Address 807 N Garfield ST Santa Ana, California 92701-3821 United States	Mailing Address P.O. Box 1905 Santa Ana, California 92702-1905 United States	

Business Information

Doing Business as (blank)	Division Name (blank)	Division Number (blank)
Congressional District California 46	State / Country of Incorporation California / United States	URL www.mercyhouse.net

Registration Dates

Activation Date Sep 29, 2025	Submission Date Sep 25, 2025	Initial Registration Date Jan 26, 2006
--	--	--

Entity Dates

Entity Start Date Jun 29, 1988	Fiscal Year End Close Date Jun 30
--	---

Immediate Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

Highest Level Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

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

Exclusion Summary

Sep 29, 2025 10:14:42 PM GMT
<https://sam.gov/entity/DVJ5XQ7BMQ88/coreData?status=null>

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

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)

2024

Name/Title of Individual Executing Consent

Chief Impact Officer

TIN Consent Date

Sep 25, 2025

Address

807 N. Garfield ST.

Santa Ana, California 92701

Signature

Allison Davenport

Points of Contact

Accounts Receivable POC

✕

Mary Ellen Gross, Ms.

maryelleng@mercyhouse.net

7148367188

Electronic Business

 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

Service Classifications**NAICS Codes**

Primary	NAICS Codes	NAICS Title
Yes	813410	Civic And Social Organizations

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)

Industry-Specific

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

Electronic Data Interchange (EDI) Information

This entity did not enter the EDI information

Disaster Response

This entity does not appear in the disaster response registry.



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

Larry Haynes, Chief Executive Officer

Name and Title of Authorized Representative

Signature

11/26/2025

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 D **ZONING/LAND USE APPROVAL**

ZONING/LAND USE APPROVAL

MERCY HOUSE

ATTACHMENT E INTAKE FORM & INTAKE DOCUMENTS

MERCYHOUSE

Guest Casefile Summary

Intake

Date of Intake: _____

Program Name: Buena Park Navigation Center

Guest's Name: _____

Referred By: _____

Navigator: _____

Date of first Strength Assessment/Housing Plan: _____

CEHNA

Date CEHNA Completed: _____

Doc Ready Date: _____

Match Date: _____

Matched Agency: _____

Match Type: _____

(For Programs Using VI-SPDAT)

VI-SPDAT Score: _____

Exit Information

Exit Date: _____

Client Housed (Circle One): Yes No

Data Entry

HMIS Identifier: _____

HMIS Enrollment Completed on date: _____

HMIS Exit Completed on date: _____

MERCY HOUSE

Guest Casefile Check List : Section 1

Cover and Summary (Before Section 1)	Yes	N/A	I/C	Comments
Archive Cover Sheet <i>(Required at Exit)</i>				
Guest Casefile Summary Page				

	Intakes, Policies, & Vital Docs	Yes	N/A	I/C	Comments
1	Client Photo				
2	Referral Forms				
3	Proof of Eligibility <i>(NSOPW & Warrants)</i>				
4	Diversion Questionnaire				
5	HMIS Consent Form & ROI				
6	HMIS Intake Packet				
7	HMIS Current Living Situation				
8	HMIS Status Update/Annual Assessments				
9	CES Authorization Form				
10	CDBG Form				
11	Authorization for ROI and Participation				
12	Mercy House Release of Info Disclosure				
13	VA Release of Information Form <i>(if applicable)</i>				
14	Guest Expectations				
15	Guest Rights & Responsibilities				
16	ADL Agreement				
17	Bed Assignment Agreement				
18	Guest Storage Agreement				
19	Medical Equipment Agreement Form				
20	Grievance Policy				
21	Guest Exit Policy				
23	Outreach Grid Consent Form				
26	Copies of ID/Driver's License				
26	<i>ID Voucher/ID Receipt</i>				
27	Copies of Social Security Cards				
28	Copy of Birth Certificate				
28	<i>Birth Certificate Application</i>				

MERCYHOUSE

DIVERSION QUESTIONNAIRE

Entry Date: _____

Guest's 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?

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:

_____ This person is ELIGIBLE to stay at this shelter while working toward their housing plan.

_____ This person is INELIGIBLE for diversion assistance (note reason below).

Staff Notes: _____

Guest's Signature

Staff's 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, service providers/organizations that participate in HMIS share data with each other to coordinate care and improve program outcomes. If you sign this consent form, you agree to allow information gathered by a participating service provider/organization to be shared in HMIS with other service providers/organizations that have access to HMIS. This allows 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 you have received in the past in Orange County. Signing this consent form also means that your data may be included in data requests approved by the CoC Board for academic research purposes, analysis of the homeless system of care, or other purposes as deemed appropriate by the Board.

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 providers/organizations. Please note that the list of service providers/organizations with access 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 (PII), 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:

If you feel any of your rights outlined in this document have been violated, please contact (714) 589-2360.

Revised 10/2025

- 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 to be shared in HMIS and allows participating service providers/organizations to view your history of homelessness and service utilization. Service providers/organizations can also add to or update your information in HMIS without asking you to sign another consent form. Your consent also permits your data to be included in data requests approved by the CoC Board for academic research purposes, analysis of the homeless system of care, or other purposes deemed appropriate by the Board.
- 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, data stored in HMIS will no longer be shared in HMIS or data requests upon the expiration of your consent, or if you revoke 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; it should be readily available to you and conspicuously posted at all participating service provider/organization locations. Upon receipt of your revocation, the HMIS Lead will ensure your record is no longer shared with service providers/organizations in the HMIS database. 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.
- There are some situations where your data may be shared without consent. 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; it 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.
 - o A correction of inaccurate or incomplete PPI and/or PHI
 - o A copy of your consent form
 - o A copy of your HMIS record (visit the Client Record Request page <https://ochmis.org/hmis-client-record-requests/> for more information about this process)
- 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: ____/____/____

If you feel any of your rights outlined in this document have been violated, please contact (714) 589-2360.

Revised 10/2025

**Orange County Continuum of Care
Homeless Management Information System Participating Service Providers/Organizations**

Please note that the list of service providers/organizations with access to HMIS can change frequently and without notice, and therefore the website should be consulted for the most recent list – <http://ochmis.org/about-hmis/contributing-agencies/>.

The following service providers/organizations are participating in the Homeless Management Information System (HMIS). These service providers/organizations have the ability to enter data into HMIS and/or view the client's information previously entered by other HMIS participating service providers/organizations, including utilization of homeless services in Orange County.

1736 Family Crisis Center	City of Stanton	Southern California
211OC	City of Westminster	Mariposa Women & Family Center
A Community of Friends	Colette's Children's Home	Mental Health Association
Abrazar, Inc.	Community Action Partnership of Orange County	Mercy House
Advanced Healthcare Administration	County of Orange/Office of Care Coordination	Mindful Living Center
AltaMed Health Services	Covenant House California	Moving Forward Psychological Institute, Inc.
American Family Housing	Encompass Housing	New Directions for Veterans
Anaheim Housing Authority	Familles Forward	Nurturing Care LLC
Anaheim Supportive Housing	Familles Together of Orange County	OC Rescue Mission
APAIT	Family Assistance Ministries	Orange County Asian and Pacific Islander Community Alliance
April Parker Foundation	Family Health Matters - North Orange County Regional Health Foundation	Orange County Housing Authority
Asian American Senior Citizens Service Center	Family Promise of Orange County	Orange County United Way
Be Well OC	Family Solutions Collaborative	People Assisting the Homeless (PATH)
CalOptima	Friendship Shelter	Pathways of Hope
Casa Teresa	Grandma's House of Hope	Project Kinship
Casa Youth Shelter	Health Care Agency – Housing and Supportive Services	Radiant Health Centers
Celebrating Life Community Health Center	Healthcare In Action	Salvation Army
CEO Outreach and Engagement	Helping HandUps	Santa Ana Housing Authority
City Net	HIS-OC	Share Our Selves
City of Buena Park	Hope Center of Orange County	South County Outreach
City of Costa Mesa	Housing for Health California	Serving People In Need (SPIN)
City of Dana Point	Hub Resource Center	StandUp for Kids
City of Fullerton	Illumination Foundation	The Orangewood Foundation
City of Garden Grove	Jamboree	Thomas House
City of Huntington Beach	JMH – Anaheim Foundation	US Veterans Initiative
City of Irvine	Korean Community Services, Inc.	VA Long Beach Healthcare System
City of La Habra	Last Is First Philanthropies	Volunteers of America Los Angeles (VOALA)
City of Laguna Niguel	Lutheran Social Services of	Waymakers
City of Lake Forest		We Care Los Alamitos
City of Mission Viejo		WISEPlace
City of San Clemente		
City of San Juan Capistrano		

The following service providers/organizations have restricted access in HMIS. This means that the service providers/organizations are limited to only entering data into HMIS are not able to view client's history, files, project enrollments, etc.

Santa Ana Police Department

BUENA PARK NAVIGATION CENTER HMIS SUPPLEMENTAL ENTRY FORM

Effective Date: October 22, 2024

City participant lived in prior to becoming homeless (PRIOR CITY)

- | | |
|------------------------------------|---|
| ☐ Brea | ☐ Placentia |
| ☐ Buena Park | ☐ Stanton |
| ☐ Cypress | ☐ Villa Park |
| ☐ Fullerton | ☐ Yorba Linda |
| ☐ Garden Grove | ☐ Anaheim |
| ☐ La Habra | ☐ Orange County-outside the NSPA |
| ☐ La Palma | ☐ Other County in California |
| ☐ Los Alamitos | ☐ Outside the State of California |
| ☐ Orange | ☐ Outside the United States |

Type of setting participant lived in before becoming homeless?

- | | |
|---|---|
| ☐ Homeowner | ☐ Hotel |
| ☐ Renting | ☐ Incarcerated |
| ☐ LivingwithFamily | ☐ Substance Abuse Treatment |
| ☐ LivingwithFriends | ☐ Facility or Detox Center |
| ☐ Mobile Home | ☐ Other |
| ☐ Foster Home | |

Between the ages of 5-18, what city did the participant live the longest?

- | | |
|------------------------------------|---|
| ☐ Brea | ☐ Placentia |
| ☐ Buena Park | ☐ Stanton |
| ☐ Cypress | ☐ Villa Park |
| ☐ Fullerton | ☐ Yorba Linda |
| ☐ Garden Grove | ☐ Anaheim |
| ☐ La Habra | ☐ Orange County-outside the NSPA |
| ☐ La Palma | ☐ Other County in California |
| ☐ Los Alamitos | ☐ Outside the State of California |
| ☐ Orange | ☐ Outside the United States |
| | ☐ 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 - ICES

CLIENT PROFILE

SOCIAL SECURITY NUMBER (SSN)											
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.											
☐ Full SSN reported		☐ Approximate or partial SSN reported		☐ Client doesn't know		☐ Client prefers not to answer		☐ Data not collected			

CLIENT'S NAME											N/A
Last											☐
First											
Middle											
Suffix											
QUALITY OF NAME											
☐ Full name reported		☐ Partial, street name, or code name reported		☐ Client doesn't know		☐ Client prefers not to answer		☐ Data not collected			

DATE OF BIRTH		 MonthDayYearAge:									
QUALITY OF DOB											
☐ Full DOB reported		☐ Approximate or partial DOB reported		☐ Client doesn't know		☐ Client prefers not to answer		☐ Data not collected			

GENDER (Select all that apply)

☐ Woman (Girl if child) ☐ Man (Boy if child) ☐ Non-Binary	☐ Transgender ☐ Questioning ☐ Culturally Specific Identity (e.g., Two-Spirit) ☐ Different Identity	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
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If 'Different Identity' Please Specify	
---	--

RACE AND ETHNICITY (Select all that apply)

☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African	☐ Hispanic/Latina/e/o ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
--	--	--

VETERAN STATUS

☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
---	--

If 'YES' to Veteran Status	
Year entered military service (year)	

FY 2024 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG - ICES

Year separated from military service (year)		
Theater of Operations: World War II		
☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected	
Theater of Operations: Korean War		
☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected	
Theater of Operations: Vietnam War		
☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected	
Theater of Operations: Persian Gulf War		
☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected	
Theater of Operations: Afghanistan		
☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected	
Theater of Operations: Iraq (Operation Iraqi Freedom)		
☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected	
Theater of Operations: Iraq (Operation New Dawn)		
☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected	
Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)		
☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected	
Branch of the Military		
☐ Army ☐ Air Force ☐ Navy	☐ Marines ☐ Coast Guard ☐ Space Force	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
Discharge Status		
☐ Honorable ☐ General under honorable conditions ☐ Other than honorable conditions (OTH)	☐ Bad Conduct ☐ Dishonorable ☐ Uncharacterized	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
OC OPTIONAL QUESTIONS		
Alias		
Pronouns(s)	☐ She/Her/Hers ☐ He/Him/His	☐ They/Them/Theirs ☐ Other: _____

FY 2024 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG - ICES

PROJECT ENROLLMENT

TRANSLATION ASSISTANCE NEEDED

- ☐ No
☐ Yes

- ☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

Preferred Language

- ☐ Spanish
☐ Vietnamese
☐ Chinese
☐ Cantonese
☐ Mandarin
☐ Korean
☐ Persian

- ☐ Farsi
☐ Arabic
☐ Russian
☐ French
☐ Ukrainian
☐ Different Preferred Language

- ☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

If Different Preferred Language

Please Specify

RELATIONSHIP TO HEAD OF HOUSEHOLD

- ☐ Self (head of household)
☐ Head of household's child
☐ Head of household's spouse or partner

- ☐ Head of household's other relation member
☐ Other: non-relation member

PROJECT NAME	Buena Park Navigation Center
PROJECT START DATE	-
HOUSING MOVE-IN DATE (For PSH, PH with no disability requirement, and RRH Projects: Record the date a client or household moves into a permanent housing unit)	-

PRIOR LIVING SITUATION for Street Outreach, Emergency Shelter, or Safe Haven project types

Type of Residence 3.917A (Type of living arrangement on the night before entering this project)	
HOMELESS SITUATION	
☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter ☐ Safe Haven	
INSTITUTIONAL SITUATION	
☐ Foster care home or foster care group home ☐ Hospital or other residential non-psychiatric medical facility ☐ Jail, prison or juvenile detention facility	☐ Long-term care facility or nursing home ☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment facility or detox center
TRANSITIONAL HOUSING SITUATION	

FY 2024 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG - ICES

☐ Transitional housing for homeless persons (including homeless youth) ☐ Residential project or halfway house with no homeless criteria ☐ Hotel or motel paid for without emergency shelter voucher ☐ Host Home (non-crisis)	☐ Staying or living in a friend's room, apartment, or house ☐ Staying or living in a family member's room, apartment, or house
PERMANENT HOUSING SITUATION	
☐ Rental by client, no ongoing housing subsidy ☐ Rental by client, with ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy ☐ Owned by client, no ongoing housing subsidy	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
Rental Subsidy Type if Rental by client, with ongoing housing subsidy	
☐ GPD TIP housing subsidy ☐ VASH housing subsidy ☐ RRH or equivalent subsidy ☐ HCV voucher (tenant or project based) (not dedicated) ☐ Public housing unit	☐ Rental by client, with other ongoing housing subsidy ☐ Housing Stability Voucher ☐ Family Unification Program Voucher (FUP) ☐ Foster Youth to Independence Initiative (FYI) ☐ Permanent Supportive Housing ☐ 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)	
☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month	☐ One month or more, but less than 90 days ☐ 90 days or more, but less than one year ☐ One year or longer
☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected	

If Client's Type of Residence is any of the Institutional Situation options:

Length of Stay Less than 90 days? (Indicate if the stay in the institutional setting they lived in immediately prior to project entry was less than 90 days)	☐ No	☐ Yes
--	-----------------------------	------------------------------

If 'Length of Stay Less than 90 days' is YES

On the night before – stayed on streets, ES or Safe Haven? (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?)	☐ No	☐ Yes
--	-----------------------------	------------------------------

Approximate Date Homelessness Started (Approximate date the client's current episode of homelessness began)		
____ / ____ / ____		
Number of times the client has been on the streets, in ES, or Save Haven in the past three years including today (Regardless of where they stayed last night)		
☐ One time ☐ Two times	☐ Three times ☐ Four or more times	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
Total number of months homeless on the streets, in ES, or SH in the past three years		
☐ One month (this time is the first month) ☐ Two Months ☐ Three Months ☐ Four Months ☐ Five Months	☐ Six Months ☐ Seven Months ☐ Eight Months ☐ Nine Months ☐ Ten Months	☐ Eleven Months ☐ Twelve Months ☐ More than 12 months ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

FY 2024 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG - ICES

PRIOR LIVING SITUATION for project types other than Street Outreach, Emergency Shelter, or Safe Haven

Type of Residence 3.917B (Type of living arrangement on the night before the entry into the project)		
HOMELESS SITUATION		
☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter ☐ Safe Haven		
INSTITUTIONAL SITUATION		
☐ Foster care home or foster care group home ☐ Hospital or other residential non-psychiatric medical facility ☐ Jail, prison or juvenile detention facility		
☐ Long-term care facility or nursing home ☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment facility or detox center		
TRANSITIONAL HOUSING SITUATION		
☐ Transitional housing for homeless persons (including homeless youth) ☐ Residential project or halfway house with no homeless criteria ☐ Hotel or motel paid for without emergency shelter voucher ☐ Host Home (non-crisis)		
☐ Staying or living in a friend's room, apartment, or house ☐ Staying or living in a family member's room, apartment, or house		
PERMANENT HOUSING SITUATION		
☐ Rental by client, no ongoing housing subsidy ☐ Rental by client, with ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy ☐ Owned by client, no ongoing housing subsidy		
☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected		
Rental Subsidy Type if Rental by client, with ongoing housing subsidy		
☐ GPD TIP housing subsidy ☐ VASH housing subsidy ☐ RRH or equivalent subsidy ☐ HCV voucher (tenant or project based) (not dedicated) ☐ Public housing unit		
☐ Rental by client, with other ongoing housing subsidy ☐ Housing Stability Voucher ☐ Family Unification Program Voucher (FUP) ☐ Foster Youth to Independence Initiative (FYI) ☐ Permanent Supportive Housing ☐ 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)		
☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month		
☐ One month or more, but less than 90 days ☐ 90 days or more, but less than one year ☐ One year or longer		
☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected		
If Client's Type of Residence is any of the <u>Homeless Situation</u> options:		
Approximate Date Homelessness Started (Approximate date the client's current episode of homelessness began)		
____/____/____		
Number of times the client has been on the streets, in ES, or Safe Haven in the past three years including today (Regardless of where they stayed last night)		
☐ One time ☐ Two times		
☐ Three times ☐ Four or more times		
☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected		
Total number of months homeless on the streets, in ES, or SH in the past three years		

FY 2024 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG - ICES

☐ One month (this time is the first month)	☐ Six Months	☐ Eleven Months
☐ Two Months	☐ Seven Months	☐ Twelve Months
☐ Three Months	☐ Eight Months	☐ More than 12 months
☐ Four Months	☐ Nine Months	☐ Client doesn't know
☐ Five Months	☐ Ten Months	☐ Client prefers not to answer
		☐ Data not collected

If Client's Type of Residence is any of the Institutional Situation options:

Length of Stay Less than 90 days? (Indicate if the stay in the institutional setting they lived in immediately prior to project entry was less than 90 days)	☐ No	☐ Yes
--	-----------------------------	------------------------------

If Client's Type of Residence is any of the Transitional and Permanent Housing Situation options:

Length of Stay Less than 7 nights? (Indicate if the stay in the transitional or permanent housing setting they lived in immediately prior to project entry was less than 7 nights)	☐ No	☐ Yes
--	-----------------------------	------------------------------

If 'Length of Stay Less than 90 days' is YES—OR— If 'Length of Stay Less than 7 nights' is YES

On the night before – stayed on streets, ES or Safe Haven? (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?)	☐ No	☐ Yes
--	-----------------------------	------------------------------

If 'On the night before – stayed on streets, ES, or Safe Haven' is YES

Approximate Date Homelessness Started (Approximate date the client's current episode of homelessness began)
____/____/____

Number of times the client has been on the streets, in ES, or Save Haven in the past three years including today (Regardless of where they stayed last night)

☐ One time	☐ Three times	☐ Client doesn't know
☐ Two times	☐ Four or more times	☐ Client prefers not to answer
		☐ Data not collected

Total number of months homeless on the streets, in ES, or SH in the past three years

☐ One month (this time is the first month)	☐ Six Months	☐ Eleven Months
☐ Two Months	☐ Seven Months	☐ Twelve Months
☐ Three Months	☐ Eight Months	☐ More than 12 months
☐ Four Months	☐ Nine Months	☐ Client doesn't know
☐ Five Months	☐ Ten Months	☐ Client prefers not to answer
		☐ Data not collected

DISABLING CONDITIONS AND BARRIERS

Do you have a disabling condition?

☐ No	☐ Client doesn't know
☐ Yes	☐ Client prefers not to answer
	☐ Data not collected

Do you have a physical disability?

☐ No	☐ Client doesn't know
☐ Yes	☐ Client prefers not to answer
	☐ Data not collected

If yes for Physical Disability,	☐ No	☐ Client doesn't know
		☐ Client prefers not to answer

FY 2024 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG - ICES

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	☐ Yes	☐ Data not collected
---	------------------------------	---

Do you have a developmental disability?

☐ No	☐ Client doesn't know
☐ Yes	☐ Client prefers not to answer
	☐ Data not collected

Do you have a chronic health condition?

☐ No	☐ Client doesn't know
☐ Yes	☐ Client prefers not to answer
	☐ Data not collected
<i>If yes for Chronic Health Condition,</i> Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	☐ No ☐ Yes
	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Have you been diagnosed with AIDS or have you tested positive for HIV?

☐ No	☐ Client doesn't know
☐ Yes	☐ Client prefers not to answer
	☐ Data not collected

Do you have a mental health problem?

☐ No	☐ Client doesn't know
☐ Yes	☐ Client prefers not to answer
	☐ Data not collected
<i>If yes for Mental Health Problem,</i> Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	☐ No ☐ Yes
	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Do you have a substance abuse problem?

☐ No	☐ Client doesn't know
☐ Alcohol Abuse	☐ Client prefers not to answer
☐ Drug Abuse	☐ Data not collected
☐ Both Alcohol and Drug	
<i>If you have any Substance Abuse Problem,</i> Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	☐ No ☐ Yes
	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Are you a survivor of domestic or intimate partner violence?

☐ No	☐ Client doesn't know
☐ Yes	☐ Client prefers not to answer
	☐ Data not collected
<i>If Yes for survivor of domestic or intimate partner violence</i>	
When did this experience occur?	☐ Within the past three months ☐ Three to six months ago (excluding six months exactly) ☐ From six to twelve months ago (excluding one year exactly) ☐ More than a year ago
	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
Are you currently fleeing?	☐ No ☐ Yes
	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

FY 2024 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG - ICES

MONTHLY INCOME AND SOURCES

Income from Any Source	☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY		
Income Source (Check all that apply)	Monthly Amount	
☐ Earned Income		
☐ Unemployment Insurance		
☐ Worker's Compensation		
☐ Private Disability Insurance		
☐ VA Service-Connected Disability Compensation		
☐ Social Security Disability Income (SSDI)		
☐ Supplemental Security Income (SSI)		
☐ Retirement Income from Social Security		
☐ VA Non-Service-Connected Disability Pension		
☐ Pension or retirement income from a former job		
☐ Temporary Assistance for Needy Families (TANF)		
☐ General Assistance (GA)		
☐ Alimony or other spousal support		
☐ Child Support		
☐ Other Cash Income (Specify: _____)		

NON-CASH BENEFITS

Receiving Non-Cash Benefits?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
IF "YES" TO RECEIVING NON-CASH BENEFITS– INDICATE ALL SOURCES THAT APPLY		
☐ Supplemental Nutrition Assistance Program (SNAP)	☐ TANF Transportation Services	
☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	☐ Other TANF-funded services	
☐ TANF Childcare Services	☐ Other Non-Cash Benefits (Specify Source): _____	

HEALTH INSURANCE

Covered by Health Insurance?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
IF "YES" TO COVERED BY HEALTH INSURANCE– INDICATE ALL SOURCES THAT APPLY		
☐ MEDICAID	☐ Insurance Obtained through COBRA	
☐ MEDICARE	☐ Private Pay Health Insurance	
☐ State Children's Health Insurance Program	☐ State Health Insurance for Adults	
☐ Veteran's Health Administration (VHA)	☐ Indian Health Services Program	
☐ Employer-provided Health Insurance	☐ Other Health Insurance (Specify Source): _____	

FY 2024 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG - ICES

LAST PERMANENT ADDRESS

Prior City <i>The last city in which the client was permanently housed prior to entry into this project</i>	_____
---	-------

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? <i>The city in which the client spent the night prior to entry into this project</i>			
☐ 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)		_____	

Are you or your household member currently employed or go to school in the city of Anaheim, Garden Grove, and/or Santa Ana? Select all that apply.	☐ Anaheim ☐ Santa Ana ☐ Garden Grove
---	--

Household member with city tie (select all that apply)	☐ Self (Head of Household) ☐ Head of Household's child ☐ Head of Household's spouse or partner ☐ Head of Household's other relation member ☐ Other: non-relation member
---	--

FY 2024 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG - ICES

Which individual access point is serving this household?	_____
--	-------

Have you or someone in your family ever been legally evicted?	☐ No	☐ Client doesn't know
	☐ Yes	☐ Client prefers not to answer
		☐ Data not collected

How many legal evictions?	_____
---------------------------	-------

What state were you born in?				
☐ AL - Alabama	☐ GA - Georgia	☐ MA - Massachusetts	☐ NM - New Mexico	☐ TN - Tennessee
☐ AK - Alaska	☐ HI - Hawaii	☐ MI - Michigan	☐ NY - New York	☐ TX - Texas
☐ AZ - Arizona	☐ ID - Idaho	☐ MN - Minnesota	☐ NC - North Carolina	☐ UT - Utah
☐ AR - Arkansas	☐ IL - Illinois	☐ MS - Mississippi	☐ ND - North Dakota	☐ VT - Vermont
☐ CA - California	☐ IN - Indiana	☐ MO - Missouri	☐ OH - Ohio	☐ VA - Virginia
☐ CO - Colorado	☐ IA - Iowa	☐ MT - Montana	☐ OK - Oklahoma	☐ WA - Washington
☐ CT - Connecticut	☐ KS - Kansas	☐ NE - Nebraska	☐ OR - Oregon	☐ WV - West Virginia
☐ DE - Delaware	☐ KY - Kentucky	☐ NV - Nevada	☐ PA - Pennsylvania	☐ WI - Wisconsin
☐ DC - District of Columbia	☐ LA - Louisiana	☐ NH - New Hampshire	☐ RI - Rhode Island	☐ WY - Wyoming
☐ FL - Florida	☐ ME - Maine	☐ NJ - New Jersey	☐ SC - South Carolina	☐ Client doesn't know
	☐ MD - Maryland		☐ SD - South Dakota	☐ Client prefers not to answer
				☐ Other
If 'Other' for State you were born, Which country were you born in?		_____		
Employment Status	☐ Full-Time ☐ Part-Time ☐ Seasonal/Temporary Work	☐ Unemployed ☐ Disabled ☐ Retired	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected	

CFCOC ENTRY QUESTIONS

Is this client receiving services funded by the Children and Families Commission Orange County?	☐ No ☐ 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>	____/____/____

FY 2024 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG - ICES

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?	☐ No ☐ 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.)

PROJECT NAME	Buena Park Navigation Center										
CLIENT NAME											
CURRENT LIVING SITUATION DATE	<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 *)	
HOMELESS SITUATION	
☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)* ☒ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter* ☐ Safe Haven*	
INSTITUTIONAL SITUATION	
☐ Foster care home or foster care group home ☐ Hospital or other residential non-psychiatric medical facility ☐ Jail, prison or juvenile detention facility ☐ Long-term care facility or nursing home ☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment facility or detox center	
TRANSITIONAL HOUSING SITUATION	
☐ Transitional housing for homeless persons (including Homeless Youth) ☐ Residential project or halfway house with no homeless criteria ☐ Hotel or motel paid for without emergency shelter voucher ☐ Host Home (non-crisis) ☐ Staying or living in a family member's room, apartment, or house ☐ Staying or living in a friend's room, apartment or house	
PERMANENT HOUSING SITUATION	
☐ Rental by client, no ongoing housing subsidy ☐ Rental by client, with ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy ☐ Owned by client, no ongoing housing subsidy ☐ Worker unable to determine* ☐ Other* : _____ ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected	
Rental Subsidy Type if Rental by client, with ongoing housing subsidy is selected	

FY2024 OC HMIS: CURRENT LIVING SITUATION ASSESSMENT FORM

☐ GPD TIP housing subsidy ☐ VASH housing subsidy ☐ RRH or equivalent subsidy ☐ HCV voucher (tenant or project based) (not dedicated) ☐ Public housing unit ☐ Rental by client, with other ongoing housing subsidy	☐ Housing Stability Voucher ☐ Family Unification Program Voucher (FUP) ☐ Foster Youth to Independence Initiative (FYI) ☐ Permanent Supportive Housing ☐ Other permanent housing dedicated for formerly homeless persons
(Only for Coordinated Entry System Projects) Living Situation Verified by: (Agency/Project that verified living situation information)	

<i>If the client's Current Living Situation is any of the non-homeless situation responses:</i> Is client going to have to leave their current living situation within 14 days?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
<i>If the client has to leave their current living situation within 14 days:</i> Has a subsequent residence been identified?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
<i>If the client has to leave their current living situation within 14 days:</i> Does individual or family have resources or support networks to obtain other permanent housing?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
<i>If the client has to leave their current living situation within 14 days,</i> Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
<i>If the client has to leave their current living situation within 14 days,</i> Has the client moved 2 or more times in the last 60 days?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
Location Details		

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
Was the current living situation assessment form completely and correctly filled out	☐ No ☐ Yes	

Staff Name (verifying completion of Data Entry): _____

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.

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 6494 Caballero Blvd		City Buena Park	State CA	Zip 90620	

PART 2: PARTICIPATING ENTITIES WHO WILL DISCLOSE THIS INFORMATION

Participating Entities within Coordinated Entry System (CES)			Address 601 N. Ross St., 5 th 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 th 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

FY25-26 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) 6494 Caballero BLVD City Buena Park Zip Code 90620
 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	\$35,550	\$59,250	\$94,750
2 Persons	\$40,600	\$67,700	\$108,300
3 Persons	\$45,700	\$76,150	\$121,850
4 Persons	\$50,750	\$84,600	\$135,350
5 Persons	\$54,850	\$91,400	\$146,200
6 Persons	\$58,900	\$98,150	\$157,050
7 Persons	\$62,950	\$104,950	\$167,850
8 or More	\$67,000	\$111,700	\$178,700

* Income limits effective 4/1/25

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

MERCY HOUSE

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND PARTICIPATION IN NAVIGATION CENTER SERVICES

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 toward 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 appeal my exit by completing a Grievance Form.

_____ 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 and agree 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 gathered by Mercy House may be shared 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 and agree 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 _____

☐ Guest Refused	☐ Unable to Sign	Staff Witness (Print): _____
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MERCY HOUSE

Release of Information Disclosure

Name of Guest: _____ Date of Birth: _____

It may be necessary for Mercy House to collect or share your personal information in order to provide you with needed services. It is our goal to be as transparent in this process as possible. If consent is given, it shall remain in effect for the duration of services with Mercy House or until the consent is revoked in writing. You will receive a copy of this form once signed.

Please initial and indicate the Agency with whom an information exchange is being authorized.

_____ I authorize Mercy House to exchange my personal information with any agency or partner that they deem appropriate or necessary for the successful coordination of my care and housing plan.

_____ I authorize the exchange of information between Mercy House and the following agencies, partners, or individuals, for the successful coordination of my care and housing plan:

The entities listed above have my permission to disclose amongst themselves and with each other my personal information, both verbally and through written documentation, as pertinent to my case needs. Types of information that may be shared include, but are not be limited to:

- General Identifying/Demographic Information
- Medical Health Information
- Rental History/Eviction History
- Mental Health Information
- Immigration Status Information
- Substance Abuse/Treatment History
- Criminal History/Information
- Personal Contact Information
- Employment History/Information
- Personal Finance Information

By signing below, you acknowledge that you understand why this information is being shared, and that you authorize Mercy House to exchange your information as outlined in this disclosure. Further, you understand you have the right to revoke future sharing at any time but acknowledge that some information may be shared already by the time such revocation has been made.

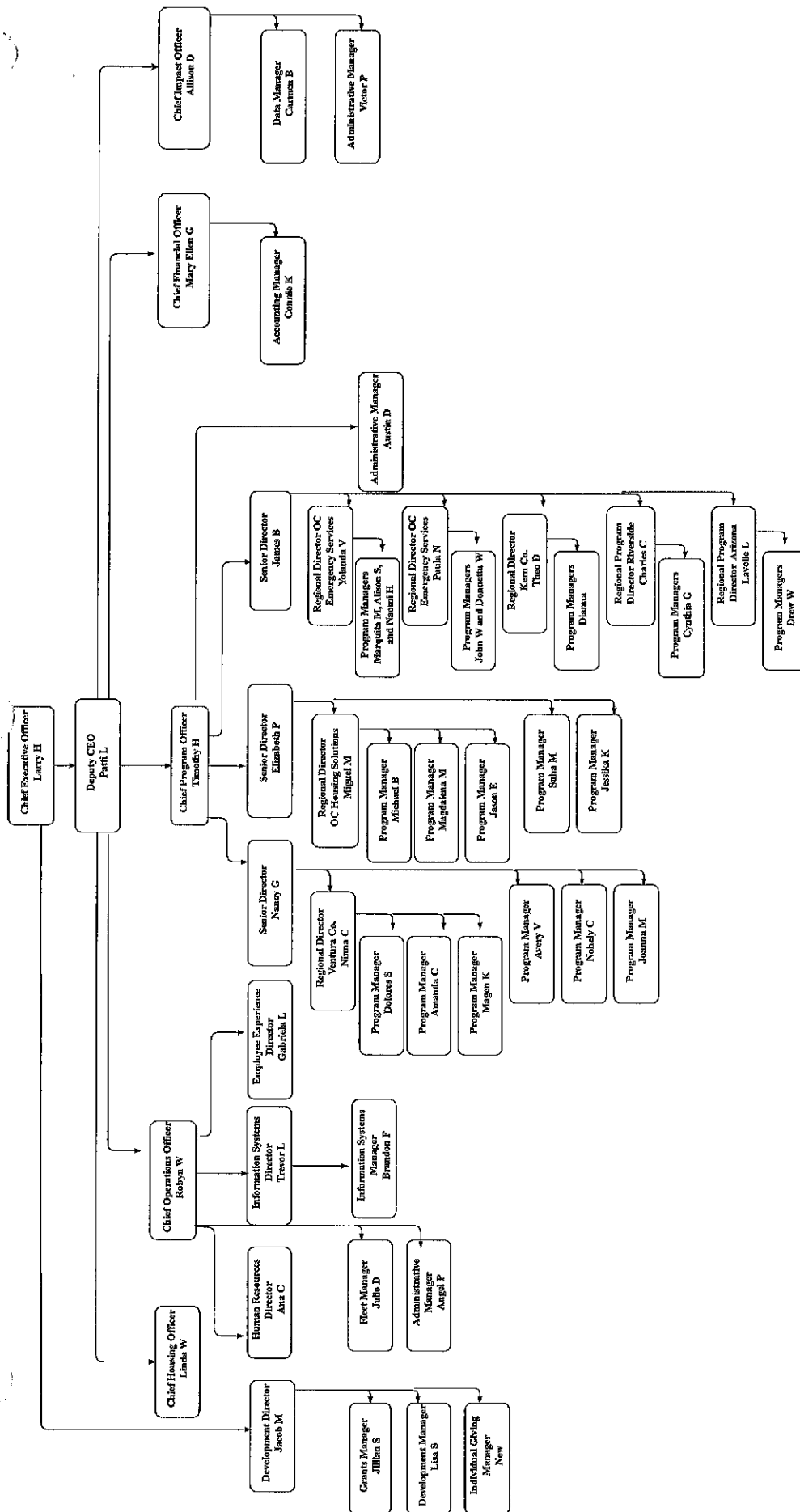
Guest: _____
Signature Date

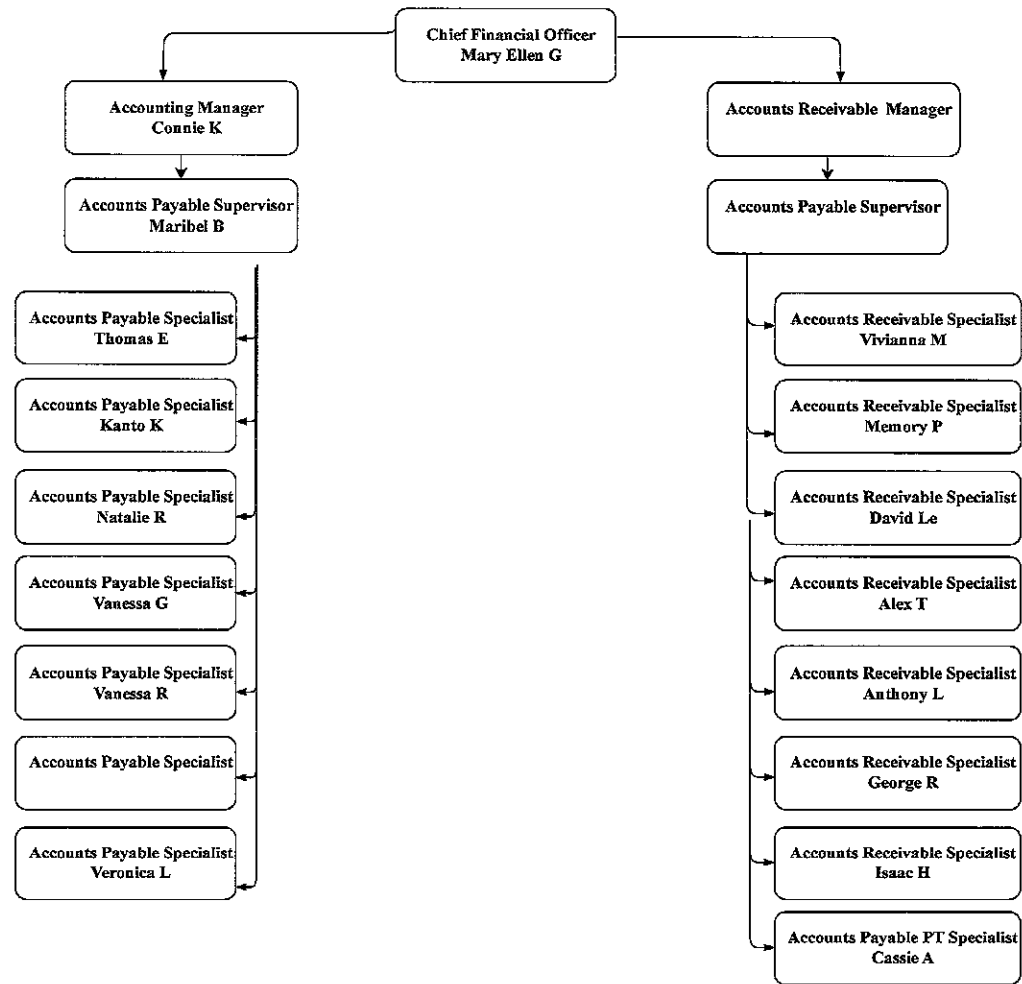
Parent or Representative (if required): _____
Printed Name

Signature Date

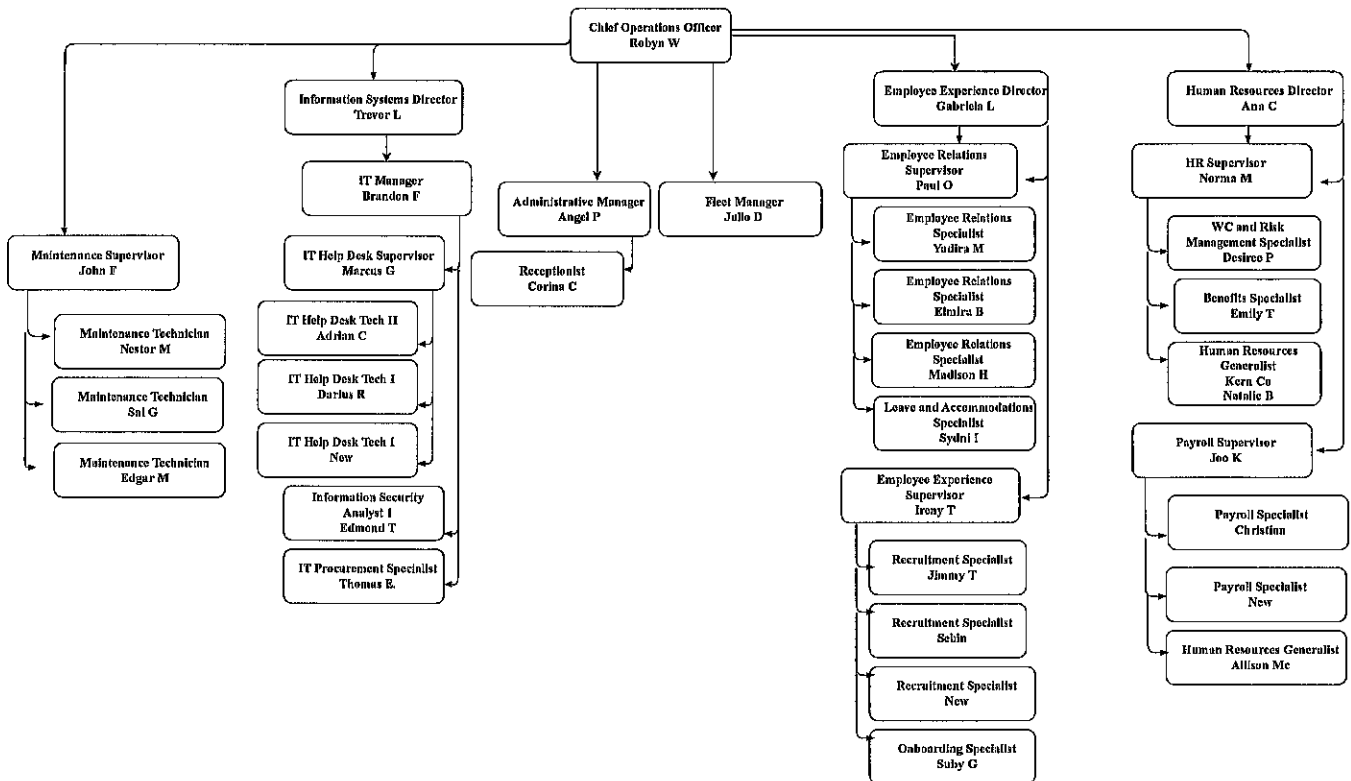
MERCY HOUSE

ATTACHMENT F ORG CHART

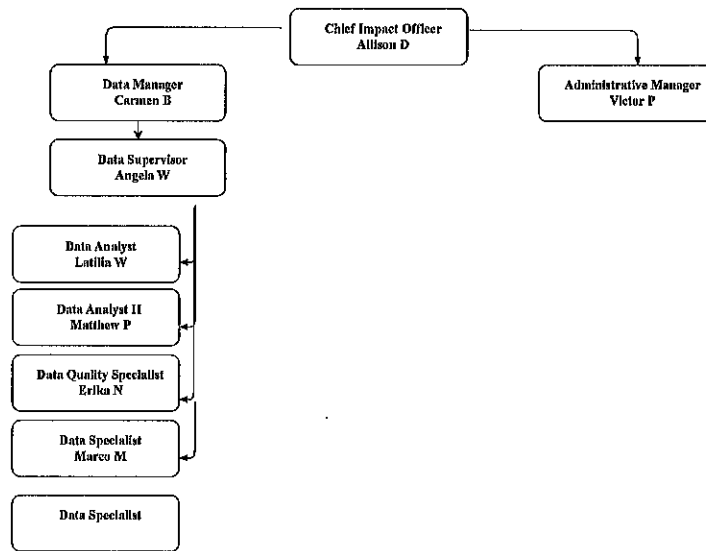




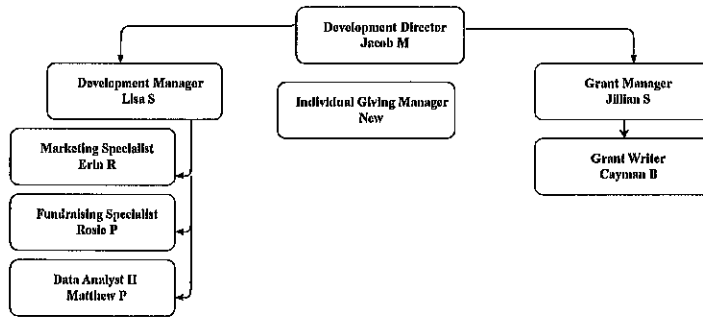
Operations Team



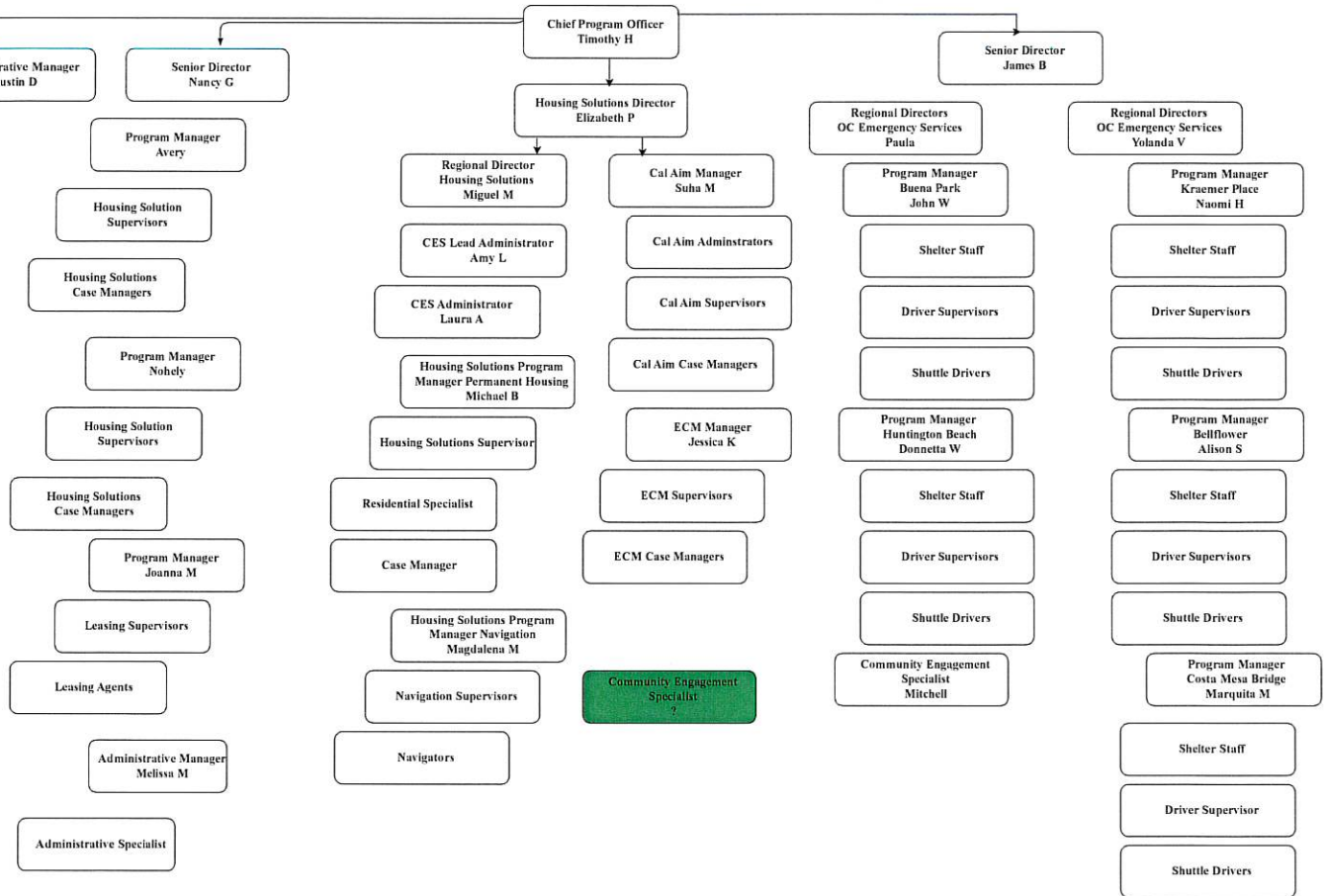
Strategy and Compliance

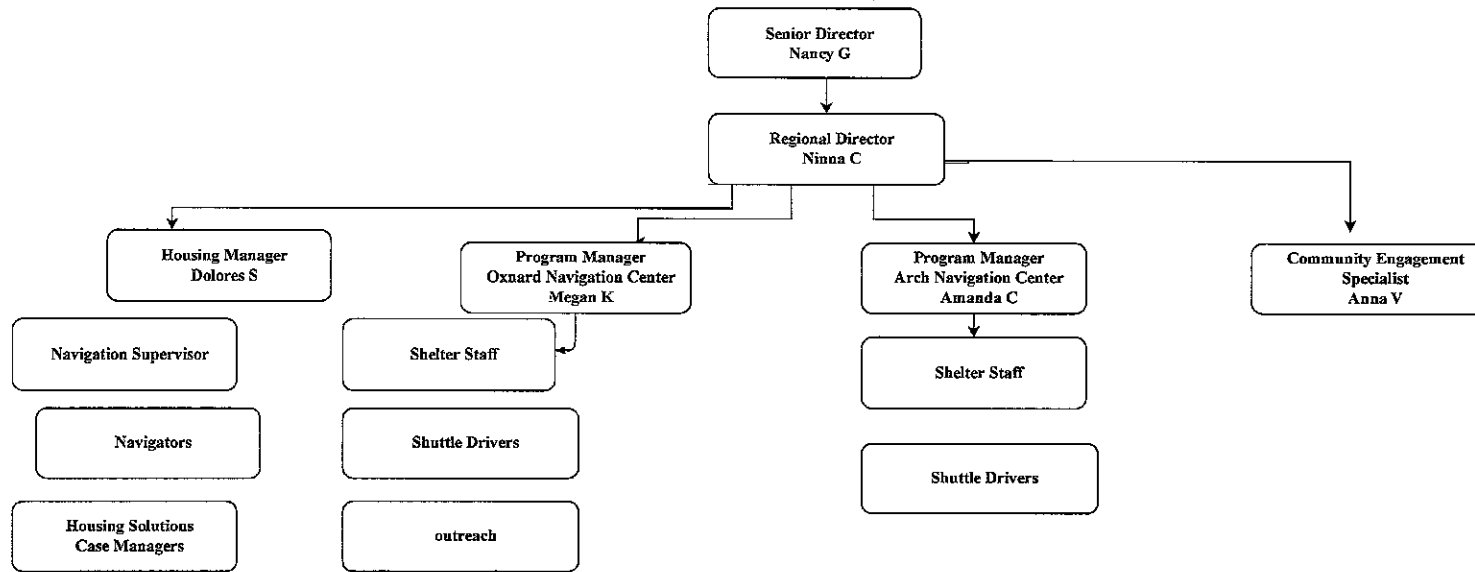


Development Team

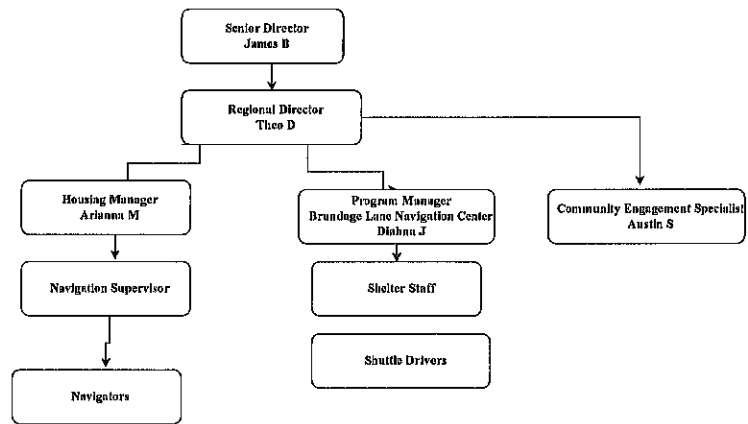


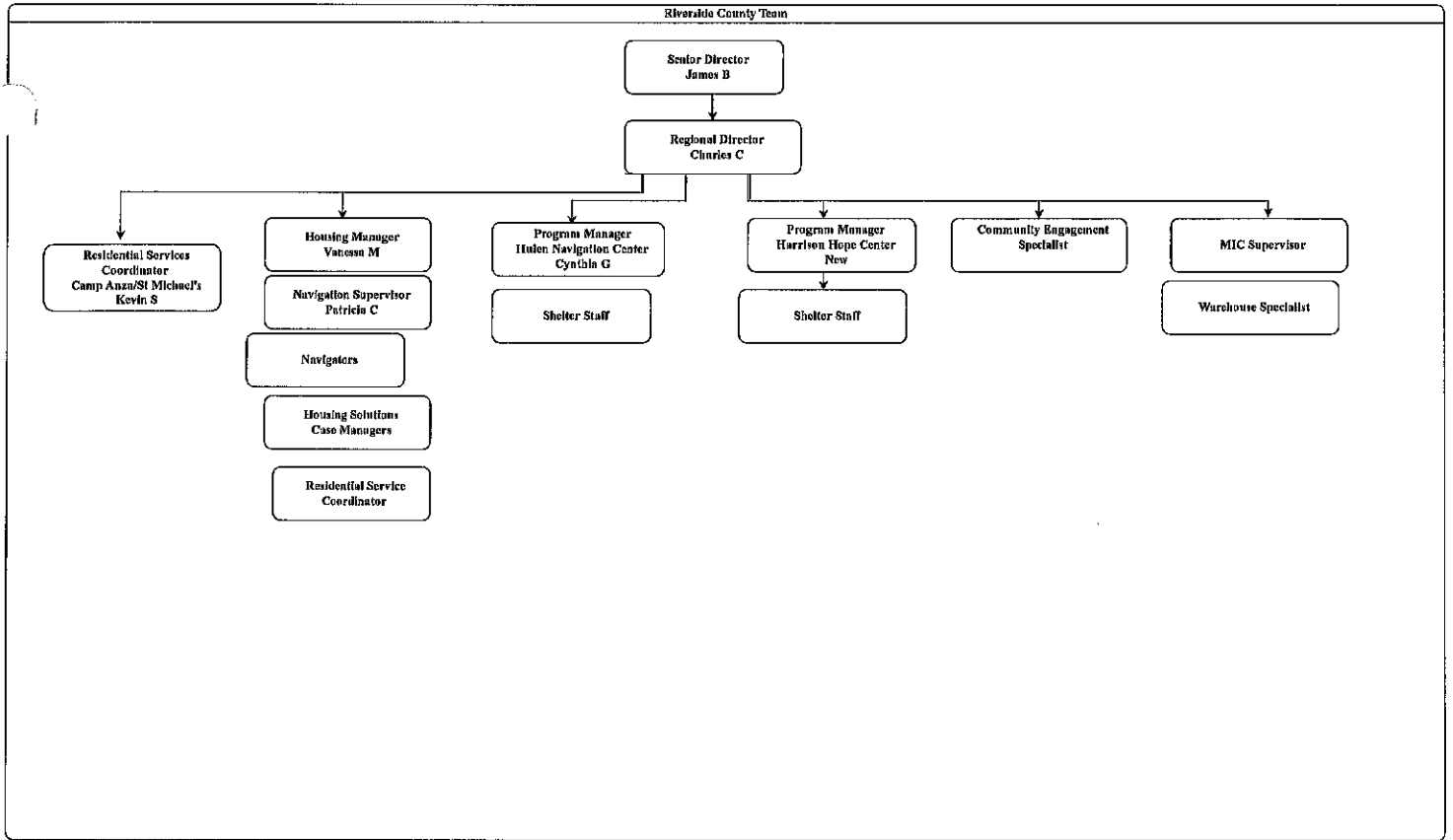
Orange County Program Team



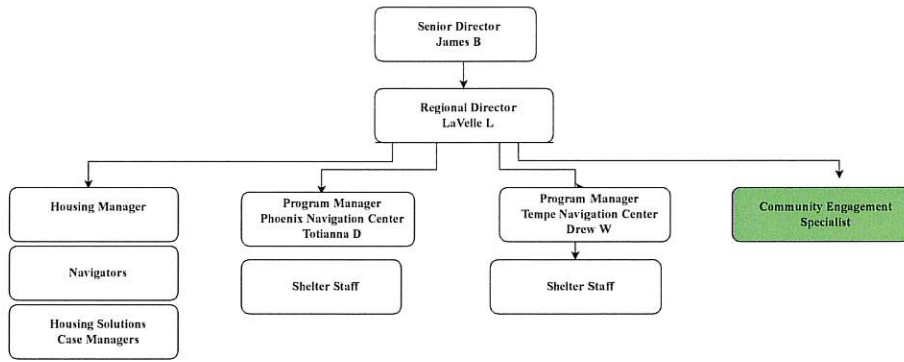


Kern County Team





Riverside County Team



MERCY HOUSE

ATTACHMENT G BOARD OF DIRECTORS

MERCYHOUSE

Board of Directors

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Term: 3 Years

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Term: 1 Year

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Mladen Buntich

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Term: 8 Years

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714-743-2220 Cell
darylcole@aol.com
Affiliation: Business Owner
Term: 16 Years

MERCYHOUSE

Board of Directors

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Jeremy.Elkins@stjoe.org
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Term: 5 Years

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Term: 1 Year

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MC 110-SB25
Seal Beach, CA 90740-1515
562-225-4780 Cell
marianne.l.koshar@boeing.com
Affiliation: HR Director
Term: 3 Years

Dana Kovach

Kovach Marketing
456 Gaviota
Newport Beach, CA 92660
714-757-2870 Cell
danakovach@kovachmarketing.com
Affiliation: Founder & CEO
Term: 1 Year

Richard Lopez

The Boeing Company
7159 Ridgecrest Ct Ventura, CA 93003
(714) 262-8811 Cell
Richard.Lopez@boeing.com
Affiliation: Attorney
Term: 8 Years

Richard K. Masterson

2 Corona
Irvine, CA 92603
949-394-9916 Cell
949-679-4122 Home
rkmasterson759@gmail.com
Affiliation: Retired
Term: 11 Years

Bryan Pavalko

RBA Builders
16490 Harbor Blvd
Fountain Valley, CA 92708
714-321-7606 Cell
bryan@rbablnc.com
Affiliation: President
Term: 1 Year

Jessica Petrillo

County of Ventura
435 South D Street
Oxnard CA, 93030
jessica.i.petrillo@gmail.com
805-385-8044 Office
Affiliation: Public Sector - Homeless
Assistance Program Coordinator
Term: 2 Years

MERCYHOUSE

Board of Directors

Jim Righeimer

Arbor Capital Partners
4040 MacArthur Blvd, Suite 250
Newport Beach, CA 92660
714-404-7567 Home
Jim@RFComsites.com
Affiliation: CEO / Developer
Term: 3 Years

Michael Solo

Diversified Investment Services
3665 S. Bear St.
Santa Ana, CA 92704
714-390-0957 Cell
Msolo@disinc.com
Affiliation: CFP
Term: 2 Years

Julie Stark

CDC Designs
2915 Red Hill Avenue Costa Mesa,
CA 92626-5923
julies@cdcdesigns.com
Affiliation: President
Term: 1 Year

**City of Buena Park
2026-2027 Community Development Block Grant (CDBG)**

Funding Proposal Summary Sheet

Organization Name: **Friendly Center, Inc.**

Program Name: **Buena Park Friendly Mart**

Estimated Goal: **500 Individuals**

Funding Request: **\$87,000**

Organization Purpose:

The Friendly Center offers stability programs, food distribution, case management, mental health counseling, utility and rental assistance, and other referral services to low income families in Buena Park. Additionally, they offer skill-building programs such as after-school tutoring, job development assistance, and financial literacy workshops.

Friendly Center has recently opened a new food distribution center called Friendly Mart located at William Peak Park in an effort to expand their food distribution services. Recent changes to federal food related benefits have led to a heightened need for community-based food services. By providing food distribution in this larger “market” setting, they strive to offer more clients the liberty to choose the foods that best meet their needs. The new location is also equipped with refrigerators, freezers, and a wider variety of foods that were not offered in their original food pantry location.

Description of Request:

CDBG funds will support a portion of Friendly Center’s staff salaries, benefits, and insurance costs for personnel assigned to Friendly Mart. This includes one full-time staff member and one part-time staff member who will ensure services are available two to three days per week, a significant increase from the twice-monthly service schedule at the previous pantry location.

Analysis of Request:

The activity meets the national objective of benefiting low- and moderate- income individuals. The Friendly Center offers assistance that improves many residents’ quality of life and promotes food security for low-income households. 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 these services to the community.

Funding Recommendation:

Staff recommends funding in the amount of **\$15,000.**

Please complete, sign, and include this checklist with your application

- ☒ Completed FY 2026-2027 CDBG Grant Application
- ☒ Copy of current client intake form for proposed activity
 - ☐ N/A (only if activity is LMA)
- ☒ Signed Acknowledgement Regarding Bidder SAM Registration form (Attachment 4)
- ☒ Signed Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions form (Attachment 5)

- ☒ Proof of active nonprofit status (IRS determination letter)
- ☒ List of Board of Directors (board member names and titles)
- ☒ Copy of current organizational chart
- ☐ Copy of current lease (if CDBG funding request involves rental expenses)
- ☒ Completed Zoning/Land Use Approval Form (Attachment 6), if located in the City of Buena Park

Submitted By: Kenia Cueto, Ph.D., President/CEO / Kenia Cueto, Ph.D. / 12/15/25
(Print Name, Title) (Sign) (Date)

Attachment 2

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

**FY 2026-2027 (July 1, 2026 – June 30, 2027)
CDBG FUNDING APPLICATION**

DUE BY DECEMBER 18, 2025 AT 5:00 PM

Organization/City Department Name	Friendly Center, Inc.
Activity/Program Name	Buena Park Friendly Mart
Address	7225 El Dorado Dr., Buena Park, CA 90620
Contact Person/Title	Jessica Ruelas
Email Address	2200 W. Orangewood Ave St 240 Orange Ca 92868
Phone Number	714-771-5300 ext 136
Activity Type (select one)	☐ Public Service Activity ☒ Other CDBG Eligible Activity
Organization Type (select one)	☐ City Department ☒ Nonprofit 501(c) (3) organization ☐ Other (i.e. public agency)
Amount of CDBG Funds Requested	\$ 87,000

1. Estimated unduplicated individuals **or** households to be served by proposed activity during
FY 2026-2027 *(including all persons regardless of residence)*:

Estimated Goal: 1,000 ☒ Individuals ☐ Households

2. Estimated unduplicated individuals **or** households to be served by proposed activity during
FY 2026-2027 *(including ONLY Buena Park residents)*:

Estimated Goal: 500 ☒ Individuals ☐ Households

I certify under penalty of perjury that the information provided in this CDBG funding application is true to the best of my knowledge.


(Signature of authorized representative)

12/15/25
Date

Jessica Ruelas, Director of Community & Family Services
(Print name and title of authorized representative)

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

1	ACTIVITY DESCRIPTION [24 CFR 570.200(a), 570.201-570.208, 570.503] 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 recently opened a Friendly Mart in the City of Buena Park, located at William Peak Park (7225 El Dorado Dr., Buena Park, CA 90620). On September 24, 2025, we proudly opened our doors to our second market. Our markets are designed to preserve client dignity while offering choice, allowing individuals and families to select foods that best meet their needs. The City of Buena Park is home to many families experiencing food insecurity, and access to basic necessities, particularly nutritious food. The Friendly Mart is open to all Buena Park residents as well as individuals throughout Orange County. Through this market, we provide bi-monthly food distributions that help families maintain consistent access to healthy meals. If awarded this grant, funds would be used to support staffing, including the salaries of one full-time staff member and one part-time staff member. These positions are necessary to operate the market on a weekly basis and to provide services two to three days per week, ensuring consistent and reliable access to food for the community.
2	TARGET POPULATION [24 CFR 570.200(a), 570.201-570.208, 570.503] Describe the target population/demographic for this activity and the number of estimated unduplicated Buena Park residents to be served from July 1, 2026 through June 30, 2027. - 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. The Friendly Center Friendly Mart serves low-income families and individuals throughout Orange County, with a primary focus on Buena Park residents. While most clients live in Buena Park, services are available to any Orange County resident in need. For FY 2026–2027, Friendly Center anticipates serving 700 unduplicated individuals in Buena Park, with an estimated 10% increase based on year-over-year growth and expanded outreach efforts. Friendly Center collects ongoing client service data for grant reporting, program planning, and tracking unduplicated clients. Clients learn about the Friendly Mart through word-of-mouth, referrals from Orange County Social Services, schools, 2-1-1, and nonprofit partners. As a trusted organization, Friendly Center maintains strong collaborative partnerships across Orange County and continues to expand outreach through coordinated efforts by program leadership. The need for this program is confirmed by daily calls to Friendly Center's Community Resource Center, where food assistance is consistently the most requested service. This data underscores food insecurity as a critical need for residents of Buena Park and communities throughout Orange County, specifically after the government shut down and SNAP changes.

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 then explain in the space below: ☒ 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. Friendly Center's Friendly Mart in Buena Park meets the "benefit low- and moderate-income persons in Buena Park" CDBG program national objective by providing free programs designed to meet the specific needs of low- and moderate-income households. These programs, and their specific benefits for low- and moderate-income individuals, are outlined below: - Community Resource Center programs that alleviate food insecurity: bimonthly large-scale food distributions and emergency basic needs support. - Community Resource Center programs that offer intervention in times of crisis: emergency basic needs support, diaper support, domestic violence intervention, case management, utility assistance, rental assistance, information and referral services, and legal services. - Community Resource Center programs that offer access to vital healthcare services: mental health counseling, mobile medical, and dental care services. -Community Resource Center programs that provide education resources that may otherwise be out of reach due to cost or other barriers: year-round after-school tutoring, financial literacy, parenting classes, and job development workshops.																																																
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] Provide the total administrative and/or operational costs for the proposed activity. Cost Category may include: staff salaries and benefits, rent/lease, supplies, utilities, etc. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 35%;">Cost Category</th> <th style="width: 15%;">CDBG Funding Request</th> <th style="width: 15%;">Other Funding Sources</th> <th style="width: 35%;">Total Cost</th> </tr> </thead> <tbody> <tr> <td>Staff Salaries and Benefits</td> <td style="text-align: right;">\$ 85,500</td> <td style="text-align: right;">\$ 341,773</td> <td style="text-align: right;">\$ 427,273</td> </tr> <tr> <td>Program Expenses</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$ 45,000</td> <td style="text-align: right;">\$ 45,000</td> </tr> <tr> <td>Operation Expenses</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$ 23,000</td> <td style="text-align: right;">\$ 23,000</td> </tr> <tr> <td>Insurance</td> <td style="text-align: right;">\$ 1500</td> <td style="text-align: right;">\$ 11,500</td> <td style="text-align: right;">\$ 13,000</td> </tr> <tr> <td>In-Kind Expense Value</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$ 535,000</td> <td style="text-align: right;">\$ 535,000</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;">Total</td> <td style="text-align: right;">\$ 87,000</td> <td style="text-align: right;">\$ 956,273</td> <td style="text-align: right;">\$ 1,043,273</td> </tr> </tbody> </table>	Cost Category	CDBG Funding Request	Other Funding Sources	Total Cost	Staff Salaries and Benefits	\$ 85,500	\$ 341,773	\$ 427,273	Program Expenses	\$	\$ 45,000	\$ 45,000	Operation Expenses	\$	\$ 23,000	\$ 23,000	Insurance	\$ 1500	\$ 11,500	\$ 13,000	In-Kind Expense Value	\$	\$ 535,000	\$ 535,000		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$		\$	\$	\$	Total	\$ 87,000	\$ 956,273	\$ 1,043,273
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5	ELIGIBILITY DOCUMENTATION Describe the form of documentation that is 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. 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.
6	OUTCOME PERFORMANCE MEASUREMENT SYSTEM [24 CFR 570.200(a), 570.201-570.208, 570.503] Please indicate the activity's <u>Objective</u> and <u>Outcome</u> that will be used to measure and track the activity's performance. Refer to the definitions on Page 6 of the RFP. A. Select one <u>Objective</u>: ☒ Suitable Living Environment ☐ Decent Affordable Housing ☐ Economic Opportunities B. Select one <u>Outcome</u>: ☒ Availability/Accessibility ☐ Affordability ☐ Sustainability

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 bidder's SAM registration:

Entity Name: Friendly Center Inc.

Address: 2200 Beach Blvd

City: Buena Park State: CA Zip: 90621

Unique Entity ID (UEI): J7UWNTG1TW14 Expiration Date: 2026

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

Address: 2200 W. ORangewood Ave Ste 240

Kenia Cueto, PhD, President/ CEO

Name and Title of Authorized Representative

Kenia Cueto

Signature

12/15/25

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
FY 2026-2027 CDBG FUNDING APPLICATION**

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.

Friendly Center
Name of organization

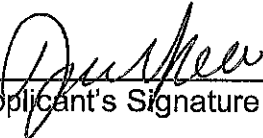
2200 W. Orangewood Suite 240 Orange Ca 92868
Address of organization

Jessica Ruelas- Director of Community and Family
Applicant name and title

714-771-5300 Jessica@friendlycenter.org
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)

Friendly Center has a license agreement with the City of Buena Park to operate at 7225 El Dorado Dr., Buena Park, CA 90621.


Applicant's Signature

12/15/25
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



City of Buena Park
Community Development Block Grant Program
Certificación del Cliente

Año Fiscal: FY 2025-2026 Subrecipiente: Friendly Center, Inc.
Beneficiario: Community Food
Dirección: _____
Ciudad: _____, CA Código Postal: _____

1. Jefe de Familia ☐ Masculino ☐ Femenino 2. Desamparado ☐ Sí ☐ 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
☐ 1	☐ \$30,150 o menos	☐ \$50,250 o menos	☐ \$80,400 o menos	☐ \$80,400 y más
☐ 2	☐ \$34,450 o menos	☐ \$57,400 o menos	☐ \$91,850 o menos	☐ \$91,850 y más
☐ 3	☐ \$38,750 o menos	☐ \$64,600 o menos	☐ \$103,350 o menos	☐ \$103,350 y más
☐ 4	☐ \$43,050 o menos	☐ \$71,750 o menos	☐ \$114,800 o menos	☐ \$114,800 y más
☐ 5	☐ \$46,500 o menos	☐ \$77,500 o menos	☐ \$124,000 o menos	☐ \$124,000 y más
☐ 6	☐ \$49,950 o menos	☐ \$83,250 o menos	☐ \$133,200 o menos	☐ \$133,200 y más
☐ 7	☐ \$53,400 o menos	☐ \$89,000 o menos	☐ \$142,400 o menos	☐ \$142,400 y más
☐ 8	☐ \$56,850 o menos	☐ \$94,750 o menos	☐ \$151,550 o menos	☐ \$151,550 y más

Nota: Los ingresos límites entraron en vigencia el 15 de mayo de 2023 y están sujetos a cambios.

5. Etnicidad y Raza
Etnicidad (Marque uno.)
Hispano o Latino ☐ Sí ☐ No
Raza (Marque uno por cada miembro de su familia.)

RAZA	Categorías de Raza Única					o Categorías de Raza Múltiple					TOTAL
	Blanco	Negro o Afroamericano	Asiático	Indio americano o Nativo de Alaska	Nativo Hawaiano o Isleño del Pacífico	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



City of Buena Park

Community Development Block Grant Program - Client Eligibility Certification

Subrecipient Name: Friendly Center, Inc. Fiscal Year: 2025-2026 Project/Program Name: Community Food Orange

Beneficiary's Name: _____

Address: _____

City _____, CA Zip Code _____

1. Head of Household: ☐ Male ☐ Female 2. Homeless: ☐ Yes ☐ No

3. Check only one. (If Applicable) ☐ Elderly (62+) ☐ 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.)

Household Size	Category 1	Category 2	Category 3	Category 4
☐ 1	☐ \$33,150 or less	☐ \$55,250 or less	☐ \$88,400 or less	☐ \$90,300 and above
☐ 2	☐ \$37,900 or less	☐ \$63,100 or less	☐ \$101,000 or less	☐ \$103,200 and above
☐ 3	☐ \$42,650 or less	☐ \$71,050 or less	☐ \$113,650 or less	☐ \$116,100 and above
☐ 4	☐ \$47,350 or less	☐ \$78,900 or less	☐ \$126,250 or less	☐ \$129,000 and above
☐ 5	☐ \$51,150 or less	☐ \$85,250 or less	☐ \$136,350 or less	☐ \$139,300 and above
☐ 6	☐ \$54,950 or less	☐ \$91,550 or less	☐ \$146,450 or less	☐ \$149,650 and above
☐ 7	☐ \$58,750 or less	☐ \$97,850 or less	☐ \$156,550 or less	☐ \$159,950 and above
☐ 8	☐ \$62,550 or less	☐ \$104,150 or less	☐ \$166,650 or less	☐ \$170,300 and above

Note: Income Limits as published on August 15, 2024, and are subject to change.

5. Ethnicity and Race

Ethnicity (Check one.) Hispanic or Latino ☐ Yes ☐ No

Race (Check one.)

	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	Middle Eastern or North African	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
Orange Resident											
Non-Orange 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 _____

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 31-07074
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.

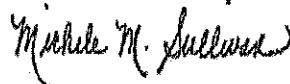
In June 1967 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

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

**Chair**

- Vito A. Canuso III | Intellectual Property Lawyer

Vice Chair

- Mark Richards | AWI Logistics
- Patty Barrios | United Business Bank

President/CEO

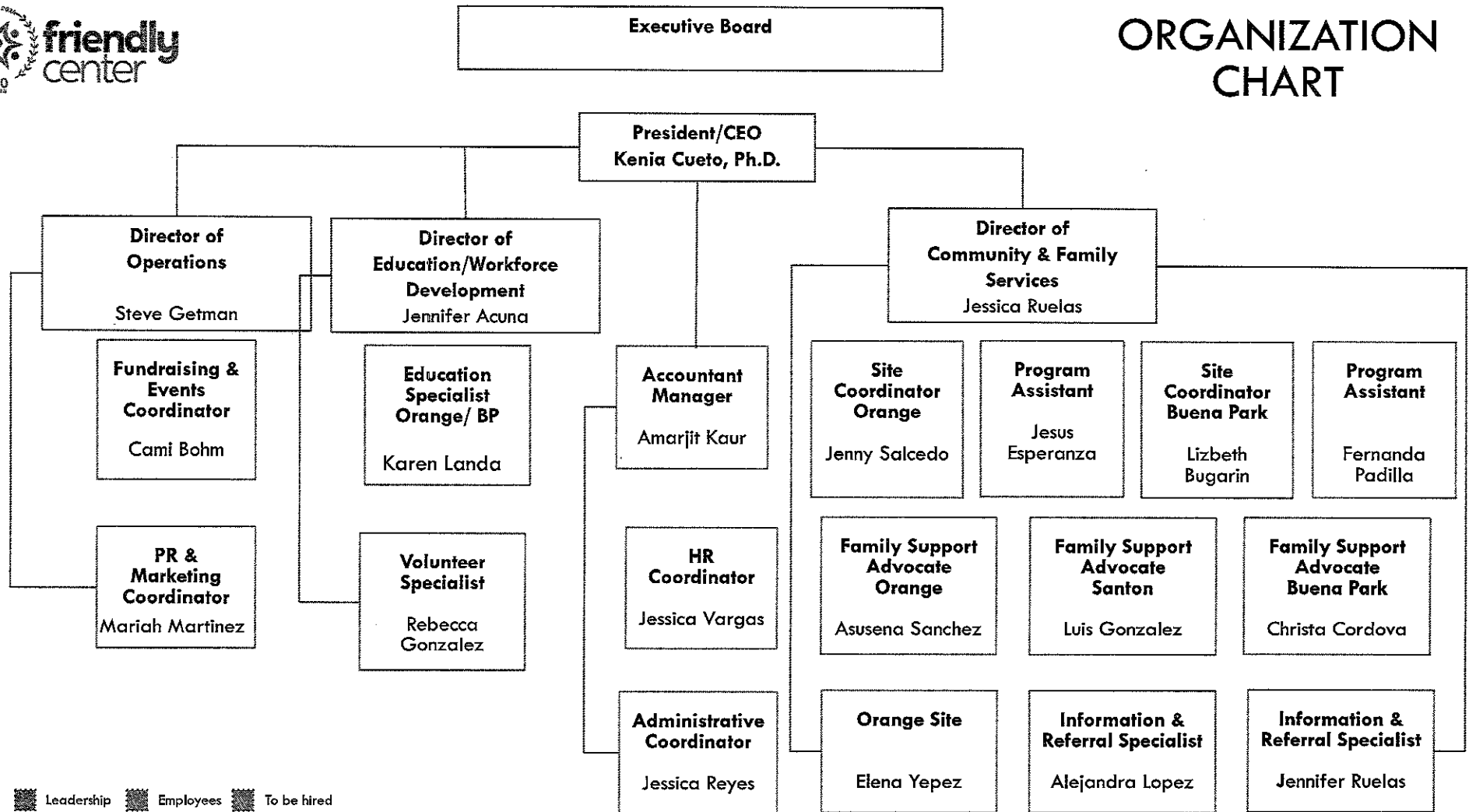
- Kenia Hernandez Cueto, Ph.D.

Board Members

- Marge Aguilar | Retired, Bank of America
- Dennis Corbett | Retired, Pacific Life Insurance Company
- Alisa Driscoll | Chapman University
- Kris Erickson | Law Offices of Kristin A. Erickson, Orange Unified School Board Trustee
- Ken Fisher | Pacific Life Insurance Company - Board Treasurer
- Gisela Meier | Philanthropist – Board Secretary
- Laura Rothafel, MA, MFT, LPCC | Marriage & Family Therapist
- Fred Whitaker | Cummins & White, LLP



ORGANIZATION CHART



**City of Buena Park
2026-2027 Community Development Block Grant (CDBG)**

Funding Proposal Summary Sheet

Organization Name: **Giving Children Hope**

Program Name: **We've Got Your Back (WGYB)**

Estimated Goal: **80 Individuals**

Funding Request: **\$25,000**

Organization Purpose:

Giving Children Hope (GCH) provides weekly food support to low-income Buena Park families through the We've Got Your Back (WGYB) program. GCH partners with local schools to identify families that are in need of food assistance. Some families rely on school lunches as their main source of weekly food and struggle to meet their nutritional needs on weekends. Each week, WGYB program staff deliver backpacks containing a weekend's worth of food for the family to the children's school to meet those needs.

Description of Request:

Giving Children Hope is requesting CDBG funds to cover food and delivery costs related to their WGYB program. They are proposing to assist 20 families (approximately 80 children and parents) using this funding.

Analysis of Request:

WGYB meets the national objective of benefitting low-income Buena Park residents. Providing students with access to consistent nutritious food helps stabilize their household and supports community resilience. Investing CDBG funds in this program will provide more sustainable living conditions for children and families of Buena Park that are experiencing food insecurity.

Funding Recommendation:

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

**City of Buena Park
FY 2026-2027 Community Development Block Grant (CDBG) Program
Application Checklist**

Please complete, sign, and include this checklist with your application

Required For All Applicants:

- ☒ Completed FY 2026-2027 CDBG Grant Application
- ☒ Copy of current client intake form for proposed activity
 - ☐ N/A (only if activity is LMA)
- ☒ Signed Acknowledgement Regarding Bidder SAM Registration form (Attachment 4)
- ☒ Signed Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions form (Attachment 5)

Required For Nonprofit/Outside Organizations:

- ☒ Proof of active nonprofit status (IRS determination letter)
- ☒ List of Board of Directors (board member names and titles)
- ☒ Copy of current organizational chart
- ☐ Copy of current lease (if CDBG funding request involves rental expenses)
- ☒ Completed Zoning/Land Use Approval Form (Attachment 6), if located in the City of Buena Park

Organization/City Department Name: Community & Economic Development Department

Submitted By: Jacob Wilson, Grants & Systems Manager /  / 12/15/25
(Print Name, Title) (Sign) (Date)

RECEIVED
DEC 15 2025
ECONOMIC DEVELOPMENT

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

**FY 2026-2027 (July 1, 2026 – June 30, 2027)
CDBG FUNDING APPLICATION**

DUE BY DECEMBER 18, 2025 AT 5:00 PM

Organization/City Department Name	Community & Economic Development Department
Activity/Program Name	We've Got Your Back
Address	8332 Commonwealth Ave. Buena Park, CA 90621
Contact Person/Title	Jacob Wilson, Grants & Systems Manager
Email Address	jwilson@gchope.org
Phone Number	714-686-3785
Activity Type (select one)	☒ Public Service Activity ☐ Other CDBG Eligible Activity
Organization Type (select one)	☐ City Department ☒ Nonprofit 501(c) (3) organization ☐ Other (i.e. public agency)
Amount of CDBG Funds Requested	\$ 25,000

1. Estimated unduplicated individuals **or** households to be served by proposed activity during FY 2026-2027 *(including all persons regardless of residence)*:

Estimated Goal: 80 ☒ Individuals ☐ Households

2. Estimated unduplicated individuals **or** households to be served by proposed activity during FY 2026-2027 *(including ONLY Buena Park residents)*:

Estimated Goal: 80 ☒ Individuals ☐ Households

I certify under penalty of perjury that the information provided in this CDBG funding application is true to the best of my knowledge.



(Signature of authorized representative)

12/15/25

Date

Jacob Wilson, Grants & Systems Manager

(Print name and title of authorized representative)

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

1	ACTIVITY DESCRIPTION [24 CFR 570.200(a), 570.201-570.208, 570.503] 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. For 18 years, Giving Children Hope has partnered with Orange County schools to provide weekly food. Our We've Got Your Back program began in 2007 when Buena Park schools reached out to us because they needed food support for students who were struggling because of hunger. Since then, we've supported these students both through the delivery of food to their school in a backpack and during our weekly distributions hosted on our Buena Park campus. Our backpack delivery food assistance program is particularly important because, while food insecure children get free breakfast and lunch at school, during nights and weekends they are left hungry. During the 2025-26 school year, we had 12 Buena Park schools sign up to partner with us, 138 families who expressed they were experiencing hunger, and 57 families who preferred to have a backpack of food delivered to them because they lack time or transportation to get to our weekly distribution. The inability to get to a food distribution is a preventable failure of services that GCH's We've Got Your Back program will meet. With CDBG funds, we will provide 20 of these Buena Park families (approximately 80 children + parents), with food delivered to their school each week. Funds will cover food purchases and delivery costs and will be used to provide these services to families who are not currently receiving them. Each backpack delivered will provide 36 meals to a family every weekend.
2	TARGET POPULATION [24 CFR 570.200(a), 570.201-570.208, 570.503] Describe the target population/demographic for this activity and the number of estimated unduplicated Buena Park residents to be served from July 1, 2026 through June 30, 2027. - 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. Families are enrolled into WGYB because they have been identified as being food insecure, unstably housed, or living in poverty. This population is selected by school staff members who notice that these children are struggling and need assistance so they can achieve their full potential. Our incoming applications show 138 families who have been identified as such, and we estimate a similar number during the next fiscal year. GCH approximates this according to our history of serving the Buena Park community across the past 17 years. We will reach this population through our relationships with local schools. They refer families to us each year and sign them up through our application process. Generally, more than 90% of this population is Latino/a. According to our intake surveys this year, 75% of these families have felt high stress thinking they would run out of food some or all of the time. Nearly all of these families are low income (96%), 34% do not have a high school degree, and 57% are unstably housed. These factors leave children stuck in the cycle of need. Our food support gives them a foundation they can build upon, improving their educational outcomes, long term health, and providing stability.

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 then explain in the space below: ☒ 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. GCH's We've Got Your Back program meets the "Benefit low- and moderate-income persons in Buena Park" objective. Every single person we serve falls into low-and-moderate income thresholds according to self-verified intake surveys. Our program gives these families breathing room, stability, and nourishment so they can work to break the cycle of need.																																																
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] Provide the total administrative and/or operational costs for the proposed activity. Cost Category may include: staff salaries and benefits, rent/lease, supplies, utilities, etc. <table border="1" data-bbox="219 1285 1430 1850"> <thead> <tr> <th>Cost Category</th> <th>CDBG Funding Request</th> <th>Other Funding Sources</th> <th>Total Cost</th> </tr> </thead> <tbody> <tr> <td>Personnel</td> <td>\$ 0</td> <td>\$ 351,000</td> <td>\$ 351,000</td> </tr> <tr> <td>Professional Fees</td> <td>\$ 0</td> <td>\$ 26,520</td> <td>\$ 26,520</td> </tr> <tr> <td>Equipment & Warehouse expenses</td> <td>\$ 0</td> <td>\$ 18,720</td> <td>\$ 18,720</td> </tr> <tr> <td>Occupancy expenses</td> <td>\$ 0</td> <td>\$ 48,360</td> <td>\$ 48,360</td> </tr> <tr> <td>Shipping/Delivery expenses</td> <td>\$ 0</td> <td>\$ 29,640</td> <td>\$ 29,640</td> </tr> <tr> <td>Office expenses</td> <td>\$ 0</td> <td>\$ 32,760</td> <td>\$ 32,760</td> </tr> <tr> <td>Insurance expenses</td> <td>\$ 0</td> <td>\$ 24,000</td> <td>\$ 24,000</td> </tr> <tr> <td>Food expenses</td> <td>\$ 25,000</td> <td>\$ 10,000</td> <td>\$ 35,000</td> </tr> <tr> <td></td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Total</td> <td>\$ 25,000</td> <td>\$ 541,000</td> <td>\$ 566,000</td> </tr> </tbody> </table>	Cost Category	CDBG Funding Request	Other Funding Sources	Total Cost	Personnel	\$ 0	\$ 351,000	\$ 351,000	Professional Fees	\$ 0	\$ 26,520	\$ 26,520	Equipment & Warehouse expenses	\$ 0	\$ 18,720	\$ 18,720	Occupancy expenses	\$ 0	\$ 48,360	\$ 48,360	Shipping/Delivery expenses	\$ 0	\$ 29,640	\$ 29,640	Office expenses	\$ 0	\$ 32,760	\$ 32,760	Insurance expenses	\$ 0	\$ 24,000	\$ 24,000	Food expenses	\$ 25,000	\$ 10,000	\$ 35,000		\$	\$	\$		\$	\$	\$	Total	\$ 25,000	\$ 541,000	\$ 566,000
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5	ELIGIBILITY DOCUMENTATION Describe the form of documentation that is 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. Each person receiving a backpack fills out an application where they verify their information including their income and address. This is self-verified and each person signs to attest the information is true. The application is typically filled out in the presence of a school staff member.
6	OUTCOME PERFORMANCE MEASUREMENT SYSTEM [24 CFR 570.200(a), 570.201-570.208, 570.503] Please indicate the activity's <u>Objective</u> and <u>Outcome</u> that will be used to measure and track the activity's performance. Refer to the definitions on Page 6 of the RFP. A. Select one <u>Objective</u>: ☒ Suitable Living Environment ☐ Decent Affordable Housing ☐ Economic Opportunities B. Select one <u>Outcome</u>: ☒ Availability/Accessibility ☐ Affordability ☐ Sustainability

We've Got Your Back (WGYB) Family Application

Please review the following requirements before submitting an application:

- One application per family – not per individual student.
- Eligible children – Only list children between 0–17 years old. (18-year-olds are allowed if they are still in high school. College students are not eligible.)
- Program description – The Backpack Program provides non-perishable food items, primarily canned goods. Please ensure families understand this and are willing to consume canned foods.

Email *

example@example.com

Name of School Representative completing this form. *

First Name

Last Name

Is the family receiving Medi-Cal, CalFresh or WIC? *

☐ Yes

☐ No

Backpack or Friday Distribution

We've Got Your Back Program Family Options

Giving Children Hope provides weekly nutrition support to families through two options:

1. Backpack Delivery

- We are currently securing food to launch our backpack delivery program.
- A start date has not yet been set, but we are working diligently to begin as soon as possible.
- If you select this option, you will be notified when backpack deliveries are ready to launch.

2. Friday Drive-Thru Distribution – Important Requirements

- Families may pick up food every Friday, 9:30 am – 11:30 am at our Buena Park warehouse (by vehicle or on foot). We will send out a flyer with details.
- You will receive weekly fresh produce, dairy, and protein items.
- By selecting this option, you agree to:

Participate in required classes and surveys (to be scheduled).

Drive safely and obey all on-site traffic instructions and staff directions while waiting or entering

the distribution area.

Keep your vehicle trunk clear of hazardous items and excessive clutter.

Maintain regular weekly attendance.

Complete and return all surveys or paperwork in a timely manner.

Note: If any of these expectations are violated or not met consistently, your family may be reassigned to the Backpack Delivery option for the duration of the program. This option allows families to begin receiving food support immediately.

Were you enrolled in the WGYB program last school year? *

☐ Yes

☐ No

Would you like to have your food delivered to your school in a backpack or would you like to participate in Friday Distribution? *

☐ Backpack at school

☐ Friday Distribution

Parent Backpack Agreement

Participation in the We've Got Your Back nutrition program requires you to contribute volunteer hours and/or participation in parent enrichment classes being offered. This will be determined by your school representative. *

☐ I agree

You agree to complete any paperwork or surveys that are sent out to you. *

☐ I agree

You agree to pick up your backpack on a weekly basis unless otherwise stated by your school representative. *

☐ I agree

You agree to return the backpack to the school every week. If the backpack is not returned then you run the risk your delivery being interrupted. *

☐ I agree

Friday Distribution Parent Agreement

You agree to participate in at least one series of classes that will be offered. You will be given more details after. *

☐ I agree

You agree to have a trunk clear of chemicals and clutter. *

☐ I agree

You agree to have regular weekly attendance. *

☐ I agree

You agree to return any surveys or paperwork that is given to you. *

☐ I agree

You agree to follow the driving laws while you wait to enter our driveway. If we receive complaints about your driving and lack of respect for others, you will be removed from Friday Distribution and be switched to a backpack. *

☐ I agree

Food Access Survey

	Always	Sometimes	Rarely	Never
Have you felt high stress levels thinking you would run out of food?	☐	☐	☐	☐
Were you able to acquire fruits and vegetables for your family?	☐	☐	☐	☐
Have you ever worried about where the next day's food would come from?	☐	☐	☐	☐
Was there a time when you couldn't give your children a balanced meal?	☐	☐	☐	☐
Was there a time when your household ran out of food?	☐	☐	☐	☐

Home Address

Where are you and your family currently staying? *

☐ Rent/Own my own home or apartment

☐ Temporarily with another family because we cannot afford or find affordable housing (doubled up)

- ☐ With an adult that is not a parent or legal guardian or alone without an adult (doubled up/
unaccompanied minor)
- ☐ In a hotel/motel
- ☐ In a vehicle of any kind, a campground, abandoned building, or substandard housing (unsheltered)
- ☐ In an emergency/transitional shelter (sheltered)
- ☐ A park or on the street.
- ☐ Other

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number *

Please enter a valid phone number.

Cell Phone Number

Please enter a valid phone number.

May we text you about events, updates or news? *

- ☐ Yes
- ☐ No

Parent Email *

example@example.com

Do you own a vehicle and can drive to pick up food? *

- ☐ Yes
- ☐ No

CHILD #1

IMPORTANT REMINDER: The first student listed MUST BE the student that is at your school site. This student's name will be used for all communication.

Please select your school. * Please note- this is to be the student that is responsible for the backpack at the appropriate school. ***

Please Select

Child #1 (Student must be at above selected school site) *

First Name

Last Name

Grade Level *

- ☐ Pre School
- ☐ Transitional Kinder
- ☐ Kindergarten
- ☐ 1st
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ 6th
- ☐ 7th
- ☐ 8th
- ☐ 9th
- ☐ 10th
- ☐ 11th
- ☐ 12th

Gender *

- ☐ Male
- ☐ Female
- ☐ Decline to state
- ☐ Other

Date of Birth *

Month Day Year

Age *

Race *

- ☐ American Indian/Alaska Native American
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White

Ethnicity *

- ☐ Hispanic
- ☐ Non Hispanic

Is this child disabled? If yes, what type of disability? ***Do you have more children? ***

- ☐ Yes
- ☐ No

CHILD #2**Child #2 ***

First Name

Last Name

Grade Level *

- ☐ Pre School
- ☐ Transitional Kinder
- ☐ Kindergarten
- ☐ 1st
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ 6th
- ☐ 7th

- ☐ 8th
- ☐ 9th
- ☐ 10th
- ☐ 11th
- ☐ 12th
- ☐ Not in School (newborn to toddler)

Gender *

- ☐ Male
- ☐ Female
- ☐ Decline to state
- ☐ Other

Date of Birth *

Month Day Year

Age *

Race *

- ☐ American Indian/Alaska Native American
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White

Ethnicity *

- ☐ Hispanic
- ☐ Non Hispanic

Is this child disabled? If yes, what type of disability? *

Do you have more children? *

- ☐ Yes
- ☐ No

CHILD #3

Child #3 *

First Name

Last Name

Grade Level *

- ☐ Pre School
- ☐ Transitional Kinder
- ☐ Kindergarten
- ☐ 1st
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ 6th
- ☐ 7th
- ☐ 8th
- ☐ 9th
- ☐ 10th
- ☐ 11th
- ☐ 12th
- ☐ Not in School (newborn to toddler)

Gender *

- ☐ Male
- ☐ Female
- ☐ Decline to state
- ☐ Other

Date of Birth *

Month Day Year

Age *

Race *

- ☐ American Indian/Alaska Native American
- ☐ Asian

- ☐ Black/African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White

Ethnicity *

- ☐ Hispanic
- ☐ Non Hispanic

Is this child disabled? If yes, what type of disability? *

Do you have more children? *

- ☐ Yes
- ☐ No

CHILD #4

Child #4 *

----------------------	----------------------

First Name

Last Name

Grade Level *

- ☐ Pre School
- ☐ Transitional Kinder
- ☐ Kindergarten
- ☐ 1st
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ 6th
- ☐ 7th
- ☐ 8th
- ☐ 9th
- ☐ 10th
- ☐ 11th
- ☐ 12th
- ☐ Not in School (newborn to toddler)

Gender *

☐ Male

☐ Female

☐ Decline to state

☐ Other

Date of Birth *

Month Day Year

Age ***Race ***

☐ American Indian/Alaska Native American

☐ Asian

☐ Black/African American

☐ Native Hawaiian/Pacific Islander

☐ White

Ethnicity *

☐ Hispanic

☐ Non Hispanic

Is this child disabled? If yes, what type of disability? ***Do you have more children? ***

☐ Yes

☐ No

CHILD #5

Child #5 *

--	--

First Name

Last Name

Grade Level *

- ☐ Pre School
- ☐ Transitional Kinder
- ☐ Kindergarten
- ☐ 1st
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ 6th
- ☐ 7th
- ☐ 8th
- ☐ 9th
- ☐ 10th
- ☐ 11th
- ☐ 12th
- ☐ Not in School (newborn to toddler)

Gender *

- ☐ Male
- ☐ Female
- ☐ Decline to state
- ☐ Other

Date of Birth *

--	--	--

Month

Day

Year

Age *

--

Race *

- ☐ American Indian/Alaska Native American
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White

Ethnicity *

- ☐ Hispanic
- ☐ Non Hispanic

Is this child disabled? If yes, what type of disability? ***Do you have more children? ***

- ☐ Yes
- ☐ No

CHILD #6**Child #6 ***

First Name

Last Name

Grade Level *

- ☐ Pre School
- ☐ Transitional Kinder
- ☐ Kindergarten
- ☐ 1st
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ 6th
- ☐ 7th
- ☐ 8th
- ☐ 9th
- ☐ 10th

- ☐ 11th
- ☐ 12th
- ☐ Not in School (newborn to toddler)

Gender *

- ☐ Male
- ☐ Female
- ☐ Decline to state
- ☐ Other

Date of Birth *

Month Day Year

Age *

Race *

- ☐ American Indian/Alaska Native American
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White

Ethnicity *

- ☐ Hispanic
- ☐ Non Hispanic

Is this child disabled? If yes, what type of disability? *

Do you have more children? *

- ☐ Yes
- ☐ No

CHILD #7

Child #7 *

First Name Last Name

Grade Level *

- ☐ Pre School
- ☐ Transitional Kinder
- ☐ Kindergarten
- ☐ 1st
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ 6th
- ☐ 7th
- ☐ 8th
- ☐ 9th
- ☐ 10th
- ☐ 11th
- ☐ 12th
- ☐ Not in School (newborn to toddler)

Gender *

- ☐ Male
- ☐ Female
- ☐ Decline to state
- ☐ Other

Date of Birth *

Month Day Year

Age *

Race *

- ☐ American Indian/Alaska Native American
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White

Ethnicity *

- ☐ Hispanic
- ☐ Non Hispanic

Is this child disabled? If yes, what type of disability? *

Do you have more children? *

- ☐ Yes
- ☐ No

CHILD #8

Child #8 *

First Name

Last Name

Grade Level *

- ☐ Pre School
- ☐ Transitional Kinder
- ☐ Kindergarten
- ☐ 1st
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ 6th
- ☐ 7th
- ☐ 8th
- ☐ 9th
- ☐ 10th

- ☐ 11th
- ☐ 12th
- ☐ Not in School (newborn to toddler)

Gender *

- ☐ Male
- ☐ Female
- ☐ Decline to state
- ☐ Other

Date of Birth *

Month Day Year

Age *

Race *

- ☐ American Indian/Alaska Native American
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White

Ethnicity *

- ☐ Hispanic
- ☐ Non Hispanic

Is this child disabled? If yes, what type of disability? *

Do you have more children? *

- ☐ Yes
- ☐ No

CHILD #9

Child #9 *

--	--

First Name

Last Name

Grade Level *

- ☐ Pre School
- ☐ Transitional Kinder
- ☐ Kindergarten
- ☐ 1st
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ 6th
- ☐ 7th
- ☐ 8th
- ☐ 9th
- ☐ 10th
- ☐ 11th
- ☐ 12th
- ☐ Not in School (newborn to toddler)

Gender *

- ☐ Male
- ☐ Female
- ☐ Decline to state
- ☐ Other

Date of Birth *

--	--	--

Month

Day

Year

Age *

--

Race *

- ☐ American Indian/Alaska Native American
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White

Ethnicity *

- ☐ Hispanic
- ☐ Non Hispanic

Is this child disabled? If yes, what type of disability? *

Do you have more children? *

- ☐ Yes
- ☐ No

CHILD #10

Child 10 *

First Name

Last Name

Grade Level *

- ☐ Pre School
- ☐ Transitional Kinder
- ☐ Kindergarten
- ☐ 1st
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ 6th
- ☐ 7th
- ☐ 8th
- ☐ 9th
- ☐ 10th

- ☐ 11th
☐ 12th
☐ Not in School (newborn to toddler)

Gender *

- ☐ Male
☐ Female
☐ Decline to state
☐ Other

Date of Birth *

Month Day Year

Age *

Race *

- ☐ American Indian/Alaska Native American
☐ Asian
☐ Black/African American
☐ Native Hawaiian/Pacific Islander
☐ White

Ethnicity *

- ☐ Hispanic
☐ Non Hispanic

Is this child disabled? If yes, what type of disability? *

Parent/Guardian #1

Parent/Guardian 1 Relationship to Children *

- ☐ Mother
☐ Father

- ☐ Stepmother
- ☐ Stepfather
- ☐ Guardian
- ☐ Foster

Parent/ Guardian #1 Name *

--	--

First Name

Last Name

Date of Birth *

--	--	--

Month

Day

Year

Are you the head of household? *

- ☐ Yes
- ☐ No

What is your highest level of education? *

- ☐ Elementary School
- ☐ Junior High/ Middle School
- ☐ High School
- ☐ Some College
- ☐ Trade School
- ☐ College Graduate

Please read this question carefully: What is your gross monthly income? *

--

Are you a veteran? *

- ☐ Yes
- ☐ No

Do you have a work permit? *

- ☐ Yes
- ☐ No

Are you disabled? *

- ☐ Yes
- ☐ No

Is there another parent/ guardian living with the student/s? *

- ☐ Yes
☐ No

Parent/Guardian #2

Parent/Guardian 2 Relationship to Children *

- ☐ Mother
☐ Father
☐ Stepmother
☐ Stepfather
☐ Guardian
☐ Foster

Parent/ Guardian #2 Name *

First Name

Last Name

Date of Birth *

Month Day Year

Are you the head of household? *

- ☐ Yes
☐ No

What is your highest level of education? *

- ☐ Elementary School
☐ Junior High/ Middle School
☐ High School
☐ Some College
☐ Trade School
☐ College Graduate

Please read this question carefully: What is your gross monthly income? *

Are you a veteran? *

- Yes
- No

Do you have a work permit? *

- Yes
- No

Are you disabled? *

- Yes
- No

Income

Please be as accurate as possible. Only check one option.

How many people are in your immediate family and how much is your gross YEARLY income?

	\$19,720 and under	\$19,721 to \$24,860	\$24,861 to \$30,000	\$30,001 to \$35,140	\$35,141 to \$40,280	\$40,281 to \$45,420	\$45,421 and over
2 family members	☐	☐	☐	☐	☐	☐	☐
3 family members	☐	☐	☐	☐	☐	☐	☐
4 family members	☐	☐	☐	☐	☐	☐	☐
5 family members	☐	☐	☐	☐	☐	☐	☐
6 family members	☐	☐	☐	☐	☐	☐	☐
7 family members	☐	☐	☐	☐	☐	☐	☐
8 or more family members	☐	☐	☐	☐	☐	☐	☐

Goal Setting

With the nutritional support that you will be receiving from our program what financial goal/s do you hope to accomplish for this year? *

Additional Services

What additional services are you currently receiving? Select all that apply. *

- ☐ CalOptima
- ☐ Cash Aid
- ☐ Child Support
- ☐ Disability/SSI
- ☐ Food Stamps/Cal Fresh
- ☐ Medi-Cal
- ☐ WIC
- ☐ None

Signature

I hereby attest that all information provided is, to the best of my knowledge accurate and given in all honesty. Any falsified information is subject to immediate removal from Giving Children Hope's, We've Got Your Back program. As a participant of Giving Children Hope's (GCHope) We've Got Your Back: Weekend Nutrition Club, I consent and allow Giving Children Hope permission to be featured in publications or marketing material that are pertinent to the We've Got Your Back: Weekend Nutrition Club.

Por la presente doy fe de que toda la información proporcionada es, a mi leal saber y entender, precisa y proporcionada con toda honestidad. Cualquier información falsificada está sujeta a eliminación inmediata del programa We've Got Your Back de Giving Children Hope. Como participante de Giving Children Hope (GCHope) del club de nutrición, doy mi consentimiento y doy permiso a Giving Children Hope para aparecer en publicaciones o material de marketing que sean pertinentes para We've Got Your Back: Weekend Club de Nutrición.

☐ By checking here I agree with the above statement.

Parent Name

First Name

Last Name

Submit

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 bidder's SAM registration:

Entity Name: Giving Children Hope

Address: 8332 Commonwealth Ave

City: Buena Park State: CA Zip: 90621

Unique Entity ID (UEI): ZEEXFTQCGH19 Expiration Date: 12/15/26

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)

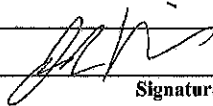
- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principles are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (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: Giving Children Hope

Address: 8332 Commonwealth Ave.

Jacob Wilson

Name and Title of Authorized Representative



Signature

12/15/25

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.



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
PO Box 2508
Cincinnati, OH 45201

GIVING CHILDREN HOPE
8332 COMMONWEALTH AVE
BUENA PARK, CA 90621

Date:
May 17, 2024
Employer ID number:
95-3464287
Form 990 required:
Yes
Person to contact:
Name: Ms. Zwick
ID number: 0195586

Dear Sir or Madam:

We're responding to your request dated March 06, 2024, about your tax-exempt status.

We issued you a determination letter in July 1982, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Under IRC Section 170, donors may be eligible to deduct contributions they make to you exclusively for the charitable purposes specified in Section 501(c)(3). If you solicit contributions or gifts for non-501(c)(3) purposes, you must include a statement indicating that these payments aren't deductible as charitable contributions for federal income tax purposes.

In the heading, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period.

- Form 990, Return of Organization Exempt From Income Tax
- Form 990-EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely,

Stephen A. Martin

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Letter 4168 (Rev. 9-2020)
Catalog Number 66666G



Giving Children Hope

Board Members 2024

NAME:	BOARD TITLE COMMITTEE:	EMAIL:
Victor Perrin President of Lee and Perrin Real Estate, Inc.	Chairman Executive Committee Finance Committee	Perrinv64@gmail.com
James Wilcox President of Raymond Handling Solutions	Director Executive Committee	JWilcox@raymondhs.net
Heather Huarte CEO and Owner of Arizona Tile	Director Development Committee	Hshuarte@gmail.com
Carlos Franco Buena Park Councilman	Director NextGen Committee	be.culture.fluent@gmail.com
Carolyn Corbin Corp VP of Human Resources for Raymond Handling Solutions	Director Governance Committee	Carolyn.corbin@raymondwest.com
Mike Nanda Vice President of Global Operations at Amway	Director NextGen Committee	Mike.nanda@amway.com
Jolynn Mahoney Insurance Agent/Producer at Huggins Dreckman Insurance	Director (Chair) Development Committee	Jolynn@eletters.com
Ron Hodges Business Trial Lawyer at Goe Forsyth & Hodges, LLP	Director (Chair) Governance Committee	RHodges@goeforlaw.com

Erik Leggio

Land Use Associate at
Rutan & Tucker, LLP

Board Secretary
Finance Committee
NextGen Committee

ELeggio@rutan.com

Colin Tait

Senior Associate at
Tait & Associate, Inc.

Director
NextGen Committee

Colintait@tait.com

Toni Tartamella

Lending Advisor at Chase Home

Director

Tonitartamella@gmail.com

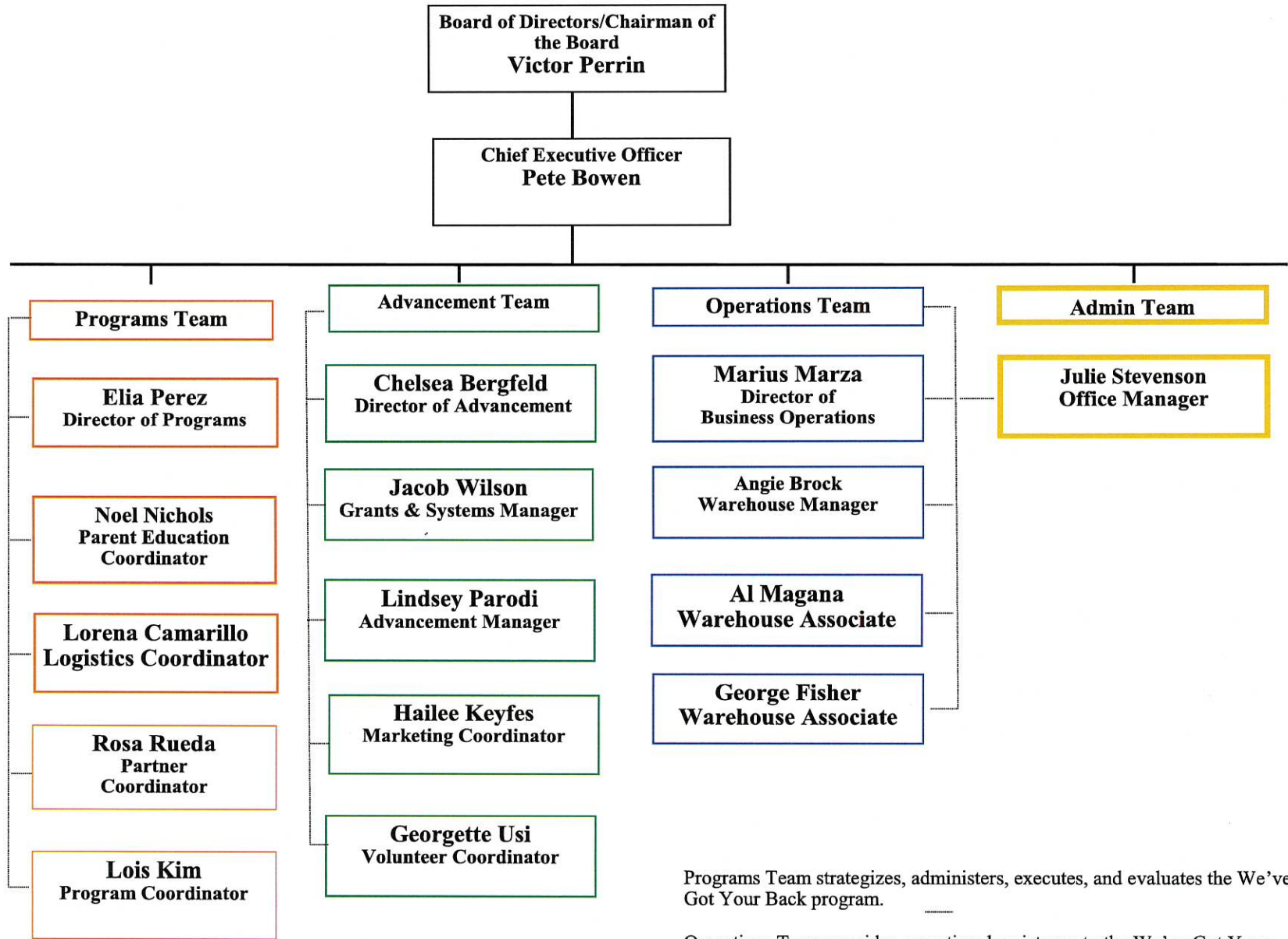
Gabriella Paladino

Employee Benefit Consultant

Director
NextGen Committee

Gpaladino@mcgriff.com

Giving Children Hope Staff Organizational Chart



**CITY OF BUENA PARK
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM
FY 2026-2027 CDBG FUNDING APPLICATION**

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.

Giving Children Hope
Name of organization

8332 Commonwealth Ave Buena Park, CA 90621
Address of organization

Jacob Wilson, Grants & Systems Manager
Applicant name and title

714-686-3785 / jwilson@gchope.org
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)

Giving Children Hope is a nonprofit (501c3) that hosts food distributions, parent/youth leadership classes, and basic needs distributions to food insecure, LMI, and unstably housed children and families. We receive, store, and distribute items from the address provided above.


Applicant's Signature

12/15/25
Date

To be completed by the City of Buena Park Planning Department

Use classification

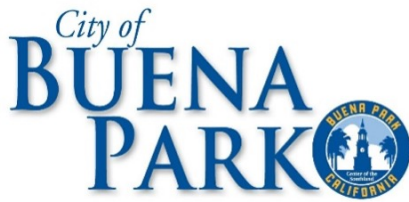
Zoning

- ☐ Permitted Use
☐ Conditional Use Permit Required

Comments: _____

Signature of Planning Department Representative

Date



February 23, 2026
DISCUSSION AND ACTION ITEMS
Item No. 7A.

Community Development Block Grant Committee Agenda Report

DISCUSSION OF THE FISCAL YEAR 2026-2027 CDBG FUNDING RECOMMENDATIONS

PREPARED BY	PRESENTED BY
Sarabeth Suarez, Housing and CDBG Analyst	Sarabeth Suarez, Housing and CDBG Analyst
DEPARTMENT HEAD APPROVAL	
Matt Foulkes, Director of Community & Economic Development	

RECOMMENDED ACTION

Discuss and approve the Fiscal Year 2026-2027 Community Development Block Grant (CDBG) Program activities and budget recommendation for City Council's consideration.

Attachments

[DRAFT 26-27 CDBG Budget Matrix 2.19.26.pdf](#)

2026-2027 Community Development Block Grant (CDBG) Budget Matrix

REVISED 2.19.2026

Estimated Fiscal Year (FY) 2026-2027 CDBG Allocation	\$751,385
Estimated Unprogrammed Funds/Program Income	\$277,325
TOTAL	\$1,028,710

Administrative & Planning Cap 20%	\$150,277
Public Service Cap 15%	\$112,707

	2025-2026 Approved Budget	2026-2027 Sub-Recipient Requests	Staff Recommendation	CDBG Committee Recommendation 2/23/2026
Grant Administration				
Program Administration	\$ 134,730	\$ 140,000	\$ 135,255	
Fair Housing Foundation	\$ 15,530	\$ 16,000	\$ 15,000	
Sub-Total	\$ 150,260	\$ 156,000	\$ 150,255	\$ -
Residential Rehabilitation Program Administration/Senior Outreach Program	\$ 239,980	\$ 255,955	\$ 255,955	
Residential Rehabilitation Loans	\$ 244,884	\$ 260,000	\$ 260,000	
Neighborhood Imp./Code Enforcement	\$ 220,390	\$ 279,490	\$ 230,000 \$ 250,000	
Buena Park Library District – Service Desk Improvements	\$ -	\$ 80,000	APPLICATION WITHDRAWN	
Sub-Total	\$ 705,254	\$ 875,445	\$ 765,955	\$ -
Public Services				
Graffiti Removal Program	\$ 16,700	\$ 24,750	\$ 16,000	
Senior Transportation Program	\$ 26,790	\$ 33,690	\$ 26,000	
Homeless Outreach Program	\$ 19,410	\$ 20,000	\$ 19,500	
Mercy House Living Centers	\$ 26,790	\$ 30,000	\$ 26,000	
Friendly Center	\$ 13,300	\$ 87,000	\$ 15,000	
Giving Children Hope	\$ -	\$ 25,000	\$ 10,000	
Harm Reduction Circle	\$ -	\$ 22,750	\$ -	
Boys and Girls Club	\$ 9,710			
Sub-Total	\$ 112,700	\$ 195,440	\$ 112,500	\$ -
GRAND TOTAL	\$ 968,214	\$ 1,226,885	\$ 1,028,710	\$ -