Exhibit 7A

Private Nonprofit Status and Articles of Incorporation

Contractor: City of Glendale

Agreement Number: 2017CNGFH169

Exhibit 7B

Federal System for Award Management (SAM) Registration

Contractor: City of Glendale

Agreement Number: 2017CNGFH169

Exhibit 7C

Secretary of State Registration Printout

Contractor: City of Glendale

Agreement Number: 2017CNGFH169

Exhibit 7D
Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions
(on next page)

Contractor: City of Glendale

Agreement Number: 2017CNGFH169

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

Instructions for Certification

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 24 CFR Part 24 Section 24.510, Participants' Responsibilities.

1. By signing and submitting this document, the prospective recipient of federal assistance funds is providing the certification as 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 recipient of assistance funds 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 recipient of federal assistance funds shall provide immediate written notice to the person with whom this Agreement is entered into, if at any time the prospective recipient of federal assistance funds 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 Order 12549.

5. The prospective recipient of federal assistance funds 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 recipient of federal assistance funds 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 it 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, but is not required to, check the List of Parties Excluded from Procurement or Non-Procurement Programs.

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.

(continued)
Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

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 voluntary 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.

   The prospective recipient of federal assistance funds certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

   Where the prospective recipient of federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this Proposal.

Contractor:

Name and Title of Authorized Representative

_____ _____
SIGNATURE DATE

_____
NAME & TITLE

Attachment 7E

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Program/Activity Receiving Federal Grant Funding

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
Signature X	Date

form HUD-50070 (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

Exhibit 7F
Certification of Compliance With Equal Benefits Ordinance
(on next page)

Contractor: City of Glendale

Agreement Number: 2017CNGFH169

CITY OF LOS ANGELES
Department of Public Works
Bureau of Contract Administration
Office of Contract Compliance
1149 S. Broadway, 3rd Floor, Los Angeles, CA 90015
Phone: (213) 847-1922 - Fax: (213) 847-2777

EQUAL BENEFITS ORDINANCE COMPLIANCE FORM

Your company must be certified as complying with Los Angeles Administrative Code Section 10.8.2.1, Equal Benefits Ordinance, prior to the execution of a City agreement. This form must be returned to the City department awarding the agreement. If responding to a request for bid/proposal, submit this form with the bid/proposal.

City Dept. Awarding Contract: _____ **Contact/Phone:**

SECTION 1. CONTACT INFORMATION

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____ Contact Person: _____

_____ Phone: ____ Fax: _____ I am a one-person contractor, and I have no employees. O Yes O No (if you answered "Yes," go to Section 3) Approximate Number of Employees in the United States: _____

Are any of your employees covered by a collective bargaining agreement or union trust fund? O Yes O No

SECTION 2. COMPLIANCE QUESTIONS

Has your company previously submitted a Compliance Form and all supporting documentation? O Yes O No

If **Yes**, AND the benefits provided to your employees have not changed since that time, continue onto Section 3. If **No**, OR if the benefits provided to your employees have changed since that time, complete the rest of this form.

In the table below, check all benefits that your company currently provides to employees or to which your employees have access. Provide information for each benefits carrier if your employees have access to more than one carrier. Note: some benefits are available or apply to employees because they have a spouse or domestic partner to whom the benefit applies, such as bereavement leave that allows an employee time off because of the death of a spouse or domestic partner; other benefits are provided directly to the spouse or domestic partner, such as medical insurance that covers the spouse or domestic partner as a dependent.

	BENEFIT(S) YOUR COMPANY CURRENTLY OFFERS	This Benefit is Not Offered to Employees	This Benefit is Available to Employees	Available/Applies to Spouses of Employees	Available/Applies to Domestic Partners of Employees
1	**Health Insurance (List Name of Carrier(s))**				
	Health Carrier 1:	O	O	O	O
	Health Carrier 2:	O	O	O	O
	Oadditional carriers on attachment.				
2	**Dental Insurance (List Name of Carrier(s))**				
	Dental Carrier 1:	O	O	O	O
	Dental Carrier 2:	O	O	O	O
	O additional carriers on attachment.				
3	**Vision Plan (List Name of Carrier(s))**				
	Vision Carrier 1:	O	O	O	O
	Vision Carrier 2:	O	O	O	O
4	Pension/401(k) Plans	O	O	O	O
5	Bereavement Leave	O	O	O	O
6	Family Leave	O	O	O	O
7	Parental Leave	O	O	O	O
8	Employee Assistance Program	O	O	O	O
9	Relocation & Travel	O	O	O	O
10	Company Discount, Facilities & Events	O	O	O	O
11	Credit Union	O	O	O	O
12	Child Care	O	O	O	O
13	Other:	O	O	O	O
14	Other:	O	O	O	O

YOU MUST SUBMIT SUPPORTING DOCUMENTATION TO VERIFY EACH BENEFIT MARKED. Without proper documentation for **each carrier and each benefit marked**, your company cannot be certified as complying with the EBO. If documentation for a particular benefit does not exist, attach an explanation. Refer to the "Documentation to Verify Compliance with the Equal Benefits Ordinance" fact sheet for more information on the type of documentation that must be submitted to verify compliance with the EBO.

If in the Table in Section 2 you indicated that your company does not provide all benefits equally throughout its entire operations to all your employees with spouses and employees with domestic partners of the same and different sex, you may:

O **a. Request additional time to comply with the EBO.** Provisional Compliance may be granted to Contractors who agree to fully comply with the EBO but need more time to incorporate the requirements of the EBO into their operations. Submit the Application for Provisional Compliance (OCC/EBO-3) and supporting documentation with this Compliance Form.

O **b. Request to be allowed to comply with the EBO by providing affected employees with the cash equivalent.** Your company must agree to provide employees with a cash equivalent. In most cases, the cash equivalent is the amount of money equivalent to what your company pays for spousal benefits that are unavailable for domestic partners, or vice versa. Submit a completed Application for Reasonable Measures Determination (OCC/EBO-2) and supporting documentation with this Compliance Form.

O **c. Comply on a Contract-by-Contract Basis.** Compliance may be granted on a contract-by-contract basis for those Contractors who have multiple locations in the U.S. but cannot comply with the EBO throughout the Contractor's operations. Indicate below the compliance category you are requesting:

- O Contractor has multiple operations located both within and outside City limits. Contractor will comply with the EBO only for the operation(s) located within City limits and for employee(s) located elsewhere in the United States who perform work relating to the City agreement. Supporting documentation for the affected operation(s)/employees must be submitted.
- O Contractor has no offices within City limits but does have (an) employee(s) working on the City agreement located elsewhere in the United States. Contractor will comply with the EBO only for employee(s) located elsewhere in the United States who perform work relating to the City agreement. Supporting documentation for the affected employee(s) must be submitted.

SECTION 3. EXECUTE THE DECLARATION AND SUBMIT THE FORM TO THE AWARDING DEPARTMENT

This form must be returned to the City department awarding the agreement. If responding to a request for bid/proposal, submit this form with the bid/proposal to the awarding department. The awarding department will forward the form to the Department of Public Works, Bureau of Contract Administration, Office of Contract Compliance for review.

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

Executed this _____day of _____, in the year _____, at _____, _____
(City) (State)

Signature	Mailing Address
Name of Signatory (please print)	City, State, Zip Code
Title	Federal ID Number

CITY OF LOS ANGELES
Department of Public Works
Bureau of Contract Administration
Office of Contract Compliance
1149 S. Broadway Street, 3rd Floor, Los Angeles, CA 90015
Phone: (213) 847-1922 - Fax: (213) 847-2777

DOCUMENTATION TO VERIFY COMPLIANCE WITH THE EQUAL BENEFITS ORDINANCE

Section 2 of the Equal Benefits Ordinance Compliance Form (Form OCC/EBO-1) requires that you submit supporting documentation to the Office of Contract Compliance to verify that all benefits marked in your response(s) are offered in a nondiscriminatory manner. This list is intended to be used only as a guide for the type of documentation needed.

Health, Dental, Vision Insurance: A statement from your insurance provider that spouses and domestic partners receive equal coverage in your medical plan. This may be in a letter from your insurance provider or reflected in the eligibility section of your official insurance plan document. Note that "domestic partner" includes same-sex as well as different-sex partners so that the definition of "domestic partner" contained in the plan document must include different-sex partners.

Pension/401(k) Plans: Documentation should indicate that participating employees may designate a beneficiary to receive the amount payable upon the death of the employee. Submit a blank beneficiary designation form.

Bereavement Leave: Your bereavement leave or funeral leave policy indicating the benefit is offered equally. If your policy allows employees time off from work because of the death of a spouse, it should also allow for time off because of the death of a domestic partner. If the policy allows time off for the death of a parent in-law or other relative of a spouse, it must include time off for the death of a domestic partner's equivalent relative.

Family Leave: Your company's Family and Medical Leave Act policy. All companies with 50 or more employees must offer this benefit. Your policy should indicate that employees may take leave because of the serious medical condition of their spouse or domestic partner.

Parental Leave: Your company's policy indicating that employees may take leave for the birth or adoption of a child. If leave is available for step-children (the spouse's child) then leave should also be made available for the child of a domestic partner.

Employee Assistance Program (EAP): The benefit typically refers to programs that allow employees and their family members access to counselors who provide short-term counseling and referrals to assist in dealing with issues such as family problems, addiction, and financial and legal difficulties. Your company's EAP policy must confirm that spouses, domestic partners and their parents and children are equally eligible (or ineligible) for such benefits. If provided through a third party, a statement from the third party provider regarding eligibility is required.

Relocation & Travel: Your company's policy confirming that expenses for travel or relocation will be paid on the same basis for spouses and domestic partners of employees.

Company Discounts, Facilities & Events: Your company's policy confirming that to the extent discounts, facilities (such as a gym) and events (such as a company holiday party) are equally available to spouses and domestic partners of employees.

Credit Union: Documentation from the credit union indicating that spouses and domestic partners have equal access to credit union services.

Child Care: Documentation that the children of spouses (step-children) and children of domestic partners have equal access to child care services.

Other Benefits: Documentation of any other benefits listed to indicate that they are offered equally.

Exhibit 7G

List of Board of Directors and Current Organization Chart

Contractor: City of Glendale

Agreement Number: 2017CNGFH169

Exhibit 7H

Resumes of Key Staff

Contractor: City of Glendale

Agreement Number: 2017CNGFH169

LOS ANGELES HOMELESS SERVICES AUTHORITY

County of Los Angeles
Measure H Funding
Continuum of Care Funding Allocations
Fiscal Year 2017-2018

Homeless Initiative	Glendale Program Prorated 2-1-18 to 6-30-18	Glendale Admin (8%) 2-1-18 to 6-30-19	Subtotal Glendale
A5: Homeless Prevention Services for Individuals	$ 4,989	$ 471	$ 5,461
B3: Partner with Cities to Expand Rapid Re-Housing (Single Adults)	$ 35,280	$ 3,334	$ 38,613
E6: Countywide Street Outreach	$ 12,167	$ 1,150	$ 13,316
E7: Strengthen the Coordinated entry System (Housing Navigators & Housing Locators)	$ 11,579	$ 1,094	$ 12,673
E8: Enhance the Emergency Shelter System (funding for new shelter beds)	$ 21,943	$ 2,073	$ 24,016
E8: Enhance the Emergency Shelter System (funding for capital) *	$ 10,583	$ 1,000	$ 11,583
TOTAL	$ 96,541	$ 9,122	$ 105,663

Agency Name:	City of Glendale		
Program Name:	Glendale Continuum of Care		
Contract Number:	2017CNGF169		
For Period:	2/1/18 - 6/30/18		
Funding Source:	Measure H	$	96,541.00
Total Award:	$ 96,541	$	96,541.00

Funding Allocation - By Funding Source/Contract

Program Component	County Measure H A5	County Measure H B3	County Measure H E6	County Measure H E7	County Measure H E8	County Measure H E8 Capital	Admin Cost	Total
Crisis Housing (8)	$ -	$ -	$ -	$ -	$ 21,943		$ 2,073.00	$ 24,016
Capital Costs	$ -	$ -	$ -	$ -	$ -	$ 10,583	$ 1,000.00	$ 11,583
Street Outreach	$ -	$ -	$ 12,167	$ -	$ -	$ -	$ 1,150.00	$ 13,317
Housing Navigation (12a)	$ -	$ -	$ -	$ 11,579	$ -	$ -	$ 1,094.00	$ 12,673
Rapid Rehousing (12,13)	$ -	$ 35,280	$ -	$ -	$ -	$ -	$ 3,334.00	$ 38,614
Prevention Diversion	$ 4,989	$ -	$ -	$ -	$ -	$ -	$ 471.00	$ 5,460
Total	$ 4,989	$ 35,280	$ 12,167	$ 11,579	$ 21,943	$ 10,583	$ 9,122	$ 105,663

BUDGET JUSTIFICATION GUIDELINES

Please provide a budget justification that includes detailed information and calculations to support the costs being requested in the proposal's budget including detailed budgets for any subcontractors' you are requesting in your proposal.

The following guidelines are to be used when completing the Budget Justification.

1. The budget justification is to be included on the budget justification tab of the budget template.
2. All costs must be adequately justified providing details of the benefit to the program.
3. Calculations must be accurate.
4. All totals must be rounded to the nearest dollar. For example; $2,859.55 rounds to $2,860.
5. Detail the formula used to arrive at the dollar amount for each line item.

Examples:

- The annual salary for each position multiplied by the FTE (examples in Salaries and Benefits below);
- The number of square feet of office space to be utilized multiplied by the rate per square foot.
- For facility and operating costs if shared with other programs, the proportional cost allocation must be provided.

Salaries and Benefits

List position title, a brief overview of the position's responsibilities in the project, the minimum qualifications for the position (education and experience) (not the individual currently holding the position).

Provide the mathematical formula that includes the full-time equivalent (FTE) and the annual salary used to arrive at the budgeted amount. Funding terms that are not for a full 12 month term should have the term adjustment made in the formula. Note: an FTE is based on the number of hrs worked in a one-week period (a 1.0 FTE works 40 hours per week; a 0.5 FTE works 20 hrs per week).

Example 1:

Housing Navigator: Responsible for assist clients in collection necessary documents for housing applications, accompany clients to housing appointments and assist clients in navigating the entire housing search and placement process. Minimum Qualifications: Bachelor's degree; 2 years experience employment training.

1.0 FTE X $35,000 per year = $35,000 or 0.5 FTE x $35,000 per year = $17,500.

Example 2:
If the exhibit term is less than 12 months, show salary formulas as follows (using the example above, with an 11-month exhibit term);

0.5 FTE x $35,000 per year / 12 months = $2,917 per month x 11 months = $32,087 or
0.5 FTE x $35,000 per year = $17,500 / 12 months = $1,458 per month x 11 months = $16,038

Non-Personnel Costs

Provide justification of all costs being requested by line item and the purpose for the program. Include the formula used in the calculation of each line item expenditure.

Sample line items with examples of justifications and calculations are listed below.

Space Costs
Lease of facility $5,000 mo x 12 months = $60,000

Maintenance/Repair.
Maintenance of facility $1,000 mo x 50% of facility x 12 months = $6,000.

Materials and Supplies
Office Supplies, Postage: Desk supplies for program staff and materials for Life Skills group sessions and presentations = $300; postage for flyers/publicity = $100; total = $400.

Printing and Reproduction:

Printing costs for 3,000 brochures = $750; reproduction costs = $1,000; total = $1,750.

Rental of Equipment:

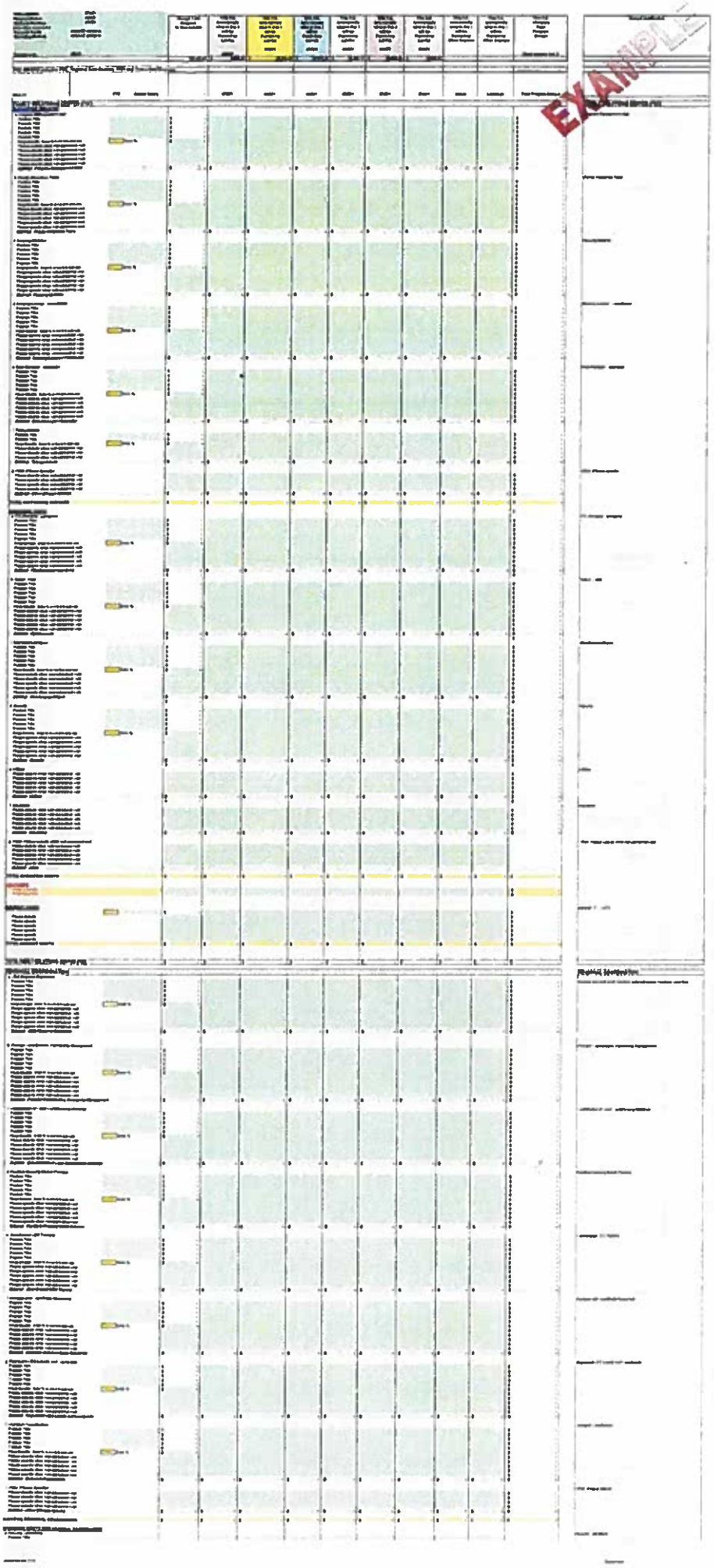
Copier lease 12 mos x $120 = $1,440

Staff Travel:

Provide justification of costs and purpose for all staff travel expenses. 226 miles (based on last years' experience) x $0.575 per mile = $129.95. Staff will travel to scattered sites for case management. Note: When mileage is charged, the sub recipient must have auto insurance coverage.

Subcontractor/Consultant (if applicable)

If there is a subcontractor/consultant, a separate detailed budget for the subcontractor **must** be provided using the RFP template, including justification of all costs. Provide a brief explanation of the subcontracting arrangement, as well as a budget breakdown.


EXAMPLE

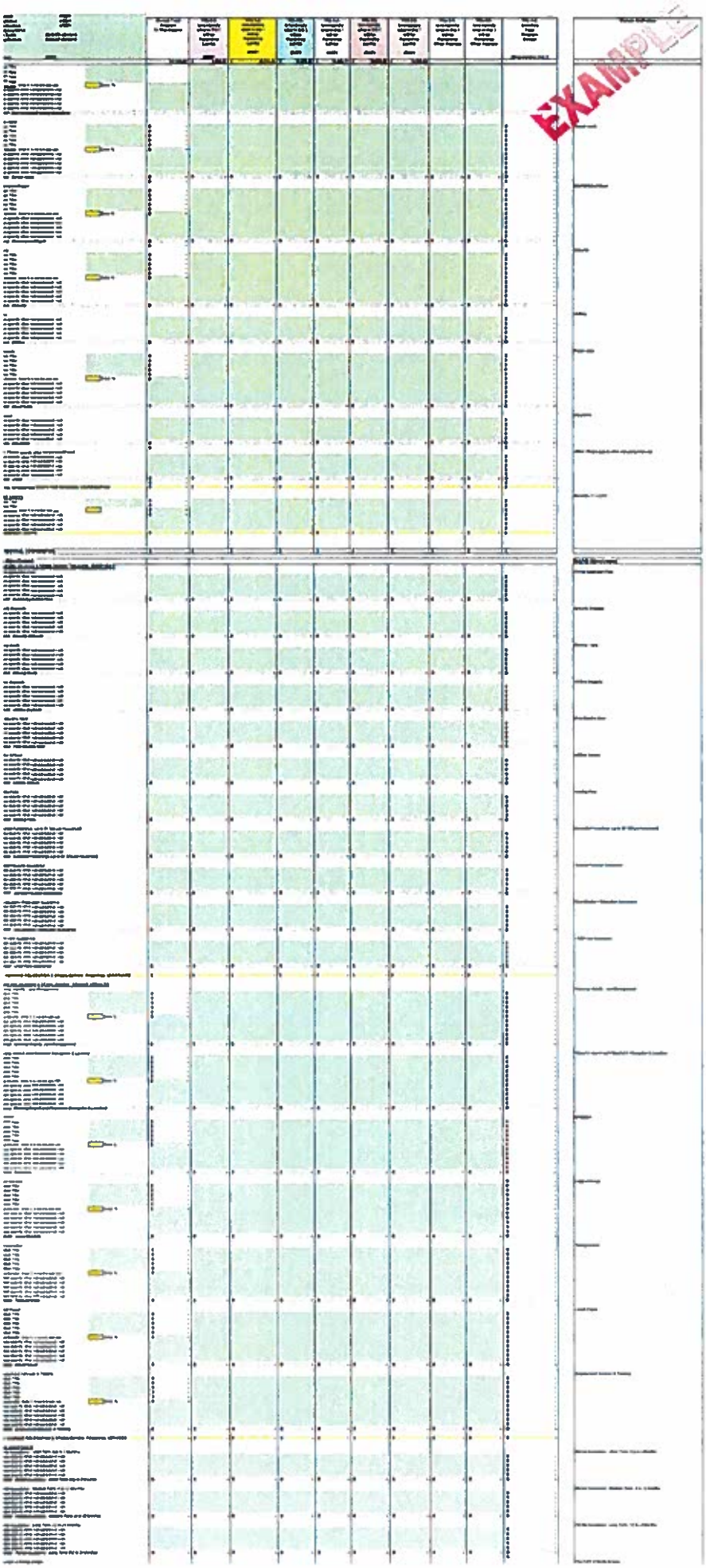

EXAMPLE

Exhibit 7J

Budget Form

Contractor: City of Glendale

Agreement Number: 2017CNGFH169

Exhibit 7K

OMB Single Audit or Audited Financial Statements

Contractor: City of Glendale

Agreement Number: 2017CNGFH169