



# Grants Report

**DRAFT**

County Executive Office/Legislative Affairs

August 11, 2026

Item No: 39

## County of Orange Report on Grant Applications/Awards

*The Grants Report is a condensed list of grant requests by County Agencies/Departments that allows the Board of Supervisors to discuss and approve grant submittals in one motion at a Board meeting. County policy dictates that the Board of Supervisors must approve all grant applications prior to submittal to the grantor. This applies to grants of all amounts, as well as to new grants and those that have been received by the County for many years as part of an ongoing grant. Receipt of grants \$50,000 or less is delegated to the County Executive Officer. Grant awards greater than \$50,000 must be presented to the Board of Supervisors for receipt of funds. This report allows for better tracking of county grant requests, the success rate of our grants, and monitoring of County's grants activities. It also serves to inform Orange County's Sacramento and Washington, D.C. advocates of County grant activities involving the State or Federal Governments.*

On August 11, 2026, the Board of Supervisors will consider the following actions:

### RECOMMENDED ACTIONS

Approve grant applications/awards as proposed and other actions as recommended.

### ACTION ITEMS:

1. Receive and File Grants Report
2. Approve Grant Application – CEO – Office of Care Coordination – FY2026 Continuum of Care Program - OC Outreach & Engagement Supportive Services Only – \$3,000,000
3. Approve Grant Application – CEO – Office of Care Coordination – FY2026 Continuum of Care (CoC) Program Notice of Funding Opportunity (NOFO) Competition - Coordinated Entry System Expansion Grant - \$500,000
4. Approve Grant Application – CEO – Office of Care Coordination – FY2026 Continuum of Care Program - Homeless Assistance Planning Grant - \$1,500,000
5. Approve Grant Application – CEO – Office of Care Coordination – FY 2026 Continuum of Care Program - Coordinated Entry System Supportive Services Only Grant – \$1,677,910
6. Approve Ratified Grant Application - CEO – Office of Care Coordination – Youth Homelessness Demonstration Project (YHDP) Notice of Funding Opportunity (NOFO) - Coordinated Entry System Supportive Services Only - \$500,000
7. Approve Ratified Grant Application - CEO – Office of Care Coordination – Youth Homelessness Notice of Funding Opportunity (NOFO) - Youth Homelessness Demonstration Program Planning Grant - \$750,000

If you or your staff have any questions or require additional information on any of the items in this report, please contact Charles Dulac at (714) 834-3141

8. Approve Grant Award and Adopt Resolution – District Attorney - Worker's Compensation Insurance Fraud Program - \$9,726,523
9. Approve Grant Award and Adopt Resolution – District Attorney - Human Trafficking Victim Advocacy Program - \$175,539
10. Approve Grant Award and Adopt Resolution – District Attorney - Victim/Witness Assistance Program - \$3,786,316
11. Approve Grant Application - Health Care Agency – FY 2026-27 HCA Continuing Funding Grants Matrix - \$108,487,719
12. Approve Grant Award – Health Care Agency – Voluntary Intergovernmental Transfer (IGT) Agreements - \$11,600,000
13. Approve Grant Award – Health Care Agency – Ending the HIV Epidemic (EHE): A Plan for America- Ryan White HIV/AIDS Program Parts A and B - \$2,652,082
14. Approve Retroactive Grant Award – Health Care Agency – Health Care Program for Children in Foster Care (HCPFC) - \$2,960,427
15. Approve Retroactive Grant Award - Health Care Agency – Future of Public Health - \$12,787,939
16. Approve Ratified Grant Award – OC Community Resources - Veterans Affairs Supportive Housing (VASH) Program - \$579,031
17. Approve Grant Application – OC Waste and Recycling - Mattress Collection Site Improvement Funding - \$15,000
18. Approve Ratified Grant Award- OC Waste and Recycling - INVEST CLEAN: Charging Infrastructure Deployment Incentive Program – \$756,000
19. Approve Grant Application – Sheriff-Coroner – FY 26/27 ABC-OTS Local Law Enforcement Grant – \$25,000
20. Approve Retroactive Grant Application – Sheriff-Coroner - FY 2026 Bridging Immigration-Related Deficits Experienced Nationwide (BIDEN) Program - \$7,554,490
21. Approve Retroactive Grant Award and Adopt Resolution – Sheriff-Coroner – FY 26/28 Cannabis Tax Fund Grant Program (CTFGP) - Toxicology Driving Under the Influence (DUI) - \$150,000
22. Approve Retroactive Grant Award and Adopt Resolution – Sheriff-Coroner - FY 26/27 Cannabis Tax Fund Grant Program (CTFGP) - DUI/DUID Law Enforcement Project - \$259,760
23. Approve Ratified Grant Award – Social Services Agency - Housing and Disability Advocacy Program - \$1,187,103

If you or your staff have any questions or require additional information on any of the items in this report, please contact Charles Dulac at (714) 834-3141.



## CEO-Legislative Affairs Office Grant Authorization eForm

### GRANT APPLICATION / GRANT AWARD

|                                                                                                                                                                                     |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Today's Date:</b>                                                                                                                                                                | August 4, 2026                                                                                                                                          |
| <b>Requesting Agency/Department:</b>                                                                                                                                                | CEO-Office of Care Coordination                                                                                                                         |
| <b>Grant Name and Project Title:</b>                                                                                                                                                | FY2026 Continuum of Care Program - OC Outreach & Engagement Supportive Services Only                                                                    |
| <b>Sponsoring Organization/ Grant Source:</b><br><small>(If the grant source is not a government entity, please provide a brief description of the organization/foundation)</small> | Department of Housing and Urban Development                                                                                                             |
| <b>Application Amount Requested:</b>                                                                                                                                                | \$3,000,000                                                                                                                                             |
| <b>Application Due Date:</b>                                                                                                                                                        | August 26, 2026                                                                                                                                         |
| <b>Board Date when Board Approved this Application:</b>                                                                                                                             | N/A                                                                                                                                                     |
| <b>Awarded Funding Amount:</b>                                                                                                                                                      | N/A                                                                                                                                                     |
| <b>Notification Date of Funding Awarded:</b>                                                                                                                                        | N/A                                                                                                                                                     |
| <b>Is this an Authorized Retroactive Grant Application/Award?</b> No                                                                                                                |                                                                                                                                                         |
| <b>Recurrence of Grant:</b>                                                                                                                                                         | No                                                                                                                                                      |
| <b>If this is a recurring grant, please list the funding amount applied for and awarded in the past:</b>                                                                            | N/A                                                                                                                                                     |
| <b>Does this grant require CEQA findings?</b>                                                                                                                                       | N/A                                                                                                                                                     |
| <b>What Type of Grant is this?</b>                                                                                                                                                  | Application - Competitive                                                                                                                               |
| <b>County Match?</b>                                                                                                                                                                | Yes                                                                                                                                                     |
| <b>How will the County Match be fulfilled?</b><br><small>(Please include the specific budget)</small>                                                                               | The County Office of Care Coordination will fulfill the match requirement using in-kind staff time and state funding grants.                            |
| <b>Will the grant/program create new part or full-time positions?</b>                                                                                                               | No                                                                                                                                                      |
| <b>Will this grant support a new or existing program?</b>                                                                                                                           | Existing                                                                                                                                                |
| <b>Purpose of Grant Funds:</b>                                                                                                                                                      | Provide summary and brief background on why the Board of Supervisors should accept this grant application/award, and how the grant will be implemented. |

The Continuum of Care (CoC) Program is the U.S. Department of Housing and Urban Development's (HUD) primary competitive grant program for addressing homelessness. Authorized under the McKinney-Vento Homeless Assistance Act, as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, it funds a coordinated community response to homelessness through permanent supportive housing, rapid rehousing, transitional housing, supportive services, Homeless Management Information System (HMIS) activity, and planning. Each year HUD makes these funds available through the CoC Program Notice of

Funding Opportunity (NOFO), which sets the requirements for Continuums of Care and for the individual project applicants included in each Continuum's submission.

HUD published the FY2026 CoC Program Competition and Youth Homelessness Demonstration Program Grants NOFO on June 1, 2026, making approximately \$4.04 billion available nationwide, with applications due August 26, 2026. Funds are awarded competitively to Continuums of Care and their project applicants, with awards divided into two funding tiers. Applications are submitted through HUD's eSNAPS system as a single consolidated application assembled by the Collaborative Applicant on behalf of the Continuum.

The CoC Program funds being applied for will support a Supportive Services Only (SSO) project for street outreach services. The proposed project will serve unsheltered adults and families residing in places not meant for human habitation throughout Orange County, including encampments, vehicles, parks, transit hubs, public spaces, and other outdoor locations across the North, Central, and South Service Planning Areas (SPAs). A defining feature of the proposed project is its operation during non-traditional hours, seven days per week, to intentionally reach individuals and families who are unable or unlikely to engage during conventional outreach hours.

|                                                                                                                                                                                                                                 |                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>Board Resolution Required?</b>                                                                                                                                                                                               | No                                                                                                              |
| <b>Deputy County Counsel Name:</b>                                                                                                                                                                                              | N/A                                                                                                             |
| <b>Recommended Action(s)</b><br>(Please specify below)                                                                                                                                                                          |                                                                                                                 |
| Authorize the Director of Care Coordination or designee to submit an application for the FY2026 Continuum of Care Program Grant for the OC Outreach & Engagement Supportive Services Only project in the amount of \$3,000,000. |                                                                                                                 |
| <b>Department Contact:</b>                                                                                                                                                                                                      | List the name and contact information (telephone, email) of the person to be contacted for further information. |
| Douglas Becht (714) 834-5000 Douglas.Becht@ceo.oc.gov Zulima Lundy 7148346805<br>Zulima.Lundy@ceo.oc.gov                                                                                                                        |                                                                                                                 |
| <b>Name of individual attending the Board Meeting:</b>                                                                                                                                                                          | List the name of the individual who will be attending the Board Meeting for this Grant item:                    |
| Douglas Becht                                                                                                                                                                                                                   |                                                                                                                 |



## CEO-Legislative Affairs Office Grant Authorization eForm

### GRANT APPLICATION / GRANT AWARD

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Today's Date:</b>                                                                                                                                                                | August 5, 2026                                                                                                                                          |
| <b>Requesting Agency/Department:</b>                                                                                                                                                | CEO-Office of Care Coordination                                                                                                                         |
| <b>Grant Name and Project Title:</b>                                                                                                                                                | FY2026 Continuum of Care (CoC) Program Notice of Funding Opportunity (NOFO) Competition - Coordinated Entry System Expansion Grant                      |
| <b>Sponsoring Organization/ Grant Source:</b><br><small>(If the grant source is not a government entity, please provide a brief description of the organization/foundation)</small> | Department of Housing and Urban Development                                                                                                             |
| <b>Application Amount Requested:</b>                                                                                                                                                | \$500,000                                                                                                                                               |
| <b>Application Due Date:</b>                                                                                                                                                        | August 26, 2026                                                                                                                                         |
| <b>Board Date when Board Approved this Application:</b>                                                                                                                             | N/A                                                                                                                                                     |
| <b>Awarded Funding Amount:</b>                                                                                                                                                      | N/A                                                                                                                                                     |
| <b>Notification Date of Funding Awarded:</b>                                                                                                                                        | N/A                                                                                                                                                     |
| <b>Is this an Authorized Retroactive Grant Application/Award?</b> No                                                                                                                |                                                                                                                                                         |
| <b>Recurrence of Grant:</b>                                                                                                                                                         | No                                                                                                                                                      |
| <b>If this is a recurring grant, please list the funding amount applied for and awarded in the past:</b>                                                                            | N/A                                                                                                                                                     |
| <b>Does this grant require CEQA findings?</b>                                                                                                                                       | No                                                                                                                                                      |
| <b>What Type of Grant is this?</b>                                                                                                                                                  | Application - Competitive                                                                                                                               |
| <b>County Match?</b>                                                                                                                                                                | Yes                                                                                                                                                     |
| <b>How will the County Match be fulfilled?</b><br><small>(Please include the specific budget)</small>                                                                               | The County Office of Care Coordination will provide in-kind staff time, and the Contractors will provide additional match.                              |
| <b>Will the grant/program create new part or full-time positions?</b>                                                                                                               | No                                                                                                                                                      |
| <b>Will this grant support a new or existing program?</b>                                                                                                                           | Existing                                                                                                                                                |
| <b>Purpose of Grant Funds:</b>                                                                                                                                                      | Provide summary and brief background on why the Board of Supervisors should accept this grant application/award, and how the grant will be implemented. |

The Continuum of Care (CoC) Program is the U.S. Department of Housing and Urban Development's (HUD) primary competitive grant program for addressing homelessness. Authorized under the McKinney-Vento Homeless Assistance Act, as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, it funds a coordinated community response to homelessness through permanent supportive housing, rapid rehousing, transitional housing, supportive services, Homeless Management Information System

(HMIS) activity, and planning. Each year HUD makes these funds available through the CoC Program Notice of Funding Opportunity (NOFO), which sets the requirements for Continuums of Care and for the individual project applicants included in each Continuum's submission.

HUD published the FY2026 CoC Program Competition and Youth Homelessness Demonstration Program Grants NOFO on June 1, 2026, making approximately \$4.04 billion available nationwide, with applications due August 26, 2026. Funds are awarded competitively to Continuums of Care and their project applicants, with awards divided into two funding tiers. Applications are submitted through HUD's eSNAPS system as a single consolidated application assembled by the Collaborative Applicant on behalf of the Continuum.

Orange County's Coordinated Entry System (CES) standardizes the homeless services assessment process and coordinates referrals to homeless services, including available housing resources and supportive services, in the Orange County Continuum of Care (CoC). The intent of the CES is to reduce the number of days that people experience homelessness by prioritizing access to limited housing resources by length of homelessness, vulnerability and needs as determined on a standardized assessment.

The CES grant as operated by the County Executive Office (CEO), Office of Care Coordination is following the U.S. Department of Housing and Urban Development (HUD) CoC Homeless Assistance Grant Program and implementation of Federal Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act requirements. All CoC funded programs, and a number of State funding sources are required to participate in the CES. Funds will be used for Office of Care Coordination staff time and subrecipients to develop and implement a CES that meets the needs of the homeless population, promotes regional coordination and collaboration across the three Service Planning Areas and aligns with the County of Orange's efforts to develop a System of Care.

The County of Orange, Office of Care Coordination, is the HUD-designated Collaborative Applicant for the Orange County CoC [CA-602]. In that capacity, the Collaborative Applicant is responsible for coordinating and submitting the Continuum's application under the FY2026 Continuum of Care (CoC) Program Notice of Funding Opportunity, including administration of the local selection process, review of project applications, and certification of consistency. This Coordinated Entry System expansion project is submitted to HUD by the Collaborative Applicant and is consistent with requirements for planning and project design. CEO-OCC will serve as the recipient and will be responsible for project-level implementation, performance monitoring, and reporting.

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| <b>Board Resolution Required?</b>                                                                                                                 | No                                                                                                              |
| <b>Deputy County Counsel Name:</b>                                                                                                                | N/A                                                                                                             |
| <b>Recommended Action(s)</b><br>(Please specify below)                                                                                            |                                                                                                                 |
| Authorize the Director of Care Coordination or designee to file a grant application for the CoC Program Coordinated Entry System Expansion Grant. |                                                                                                                 |
| <b>Department Contact:</b>                                                                                                                        | List the name and contact information (telephone, email) of the person to be contacted for further information. |
| Douglas Becht 714-834-5000 douglas.becht@ceo.oc.gov Zulima Lundy 714-834-6805 Zulima.Lundy@ceo.oc.gov                                             |                                                                                                                 |
| <b>Name of individual attending the Board Meeting:</b>                                                                                            | List the name of the individual who will be attending the Board Meeting for this Grant item:                    |
| Douglas Becht                                                                                                                                     |                                                                                                                 |



## CEO-Legislative Affairs Office Grant Authorization eForm

### GRANT APPLICATION / GRANT AWARD

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Today's Date:</b>                                                                                                                                                                                                                                                                                                   | August 4, 2026                                                                                                                                                       |
| <b>Requesting Agency/Department:</b>                                                                                                                                                                                                                                                                                   | CEO-Office of Care Coordination                                                                                                                                      |
| <b>Grant Name and Project Title:</b>                                                                                                                                                                                                                                                                                   | FY2026 Continuum of Care Program - Homeless Assistance Planning Grant                                                                                                |
| <b>Sponsoring Organization/ Grant Source:</b><br><small>(If the grant source is not a government entity, please provide a brief description of the organization/foundation)</small>                                                                                                                                    | Department of Housing and Urban Development                                                                                                                          |
| <b>Application Amount Requested:</b>                                                                                                                                                                                                                                                                                   | \$1,500,000                                                                                                                                                          |
| <b>Application Due Date:</b>                                                                                                                                                                                                                                                                                           | August 26, 2026                                                                                                                                                      |
| <b>Board Date when Board Approved this Application:</b>                                                                                                                                                                                                                                                                | N/A                                                                                                                                                                  |
| <b>Awarded Funding Amount:</b>                                                                                                                                                                                                                                                                                         | N/A                                                                                                                                                                  |
| <b>Notification Date of Funding Awarded:</b>                                                                                                                                                                                                                                                                           | N/A                                                                                                                                                                  |
| <b>Is this an Authorized Retroactive Grant Application/Award?</b> No                                                                                                                                                                                                                                                   |                                                                                                                                                                      |
| <b>Recurrence of Grant:</b>                                                                                                                                                                                                                                                                                            | Yes                                                                                                                                                                  |
| <b>If this is a recurring grant, please list the funding amount applied for and awarded in the past:</b>                                                                                                                                                                                                               | FY2023 Application: \$1,500,000. Award: \$1,500,000.<br>FY2024 Application: \$1,500,000. Award: \$1,500,000.<br>FY2025 Application: \$1,500,000. Award: \$1,500,000. |
| <b>Does this grant require CEQA findings?</b>                                                                                                                                                                                                                                                                          | No                                                                                                                                                                   |
| <b>What Type of Grant is this?</b>                                                                                                                                                                                                                                                                                     | Application - Competitive                                                                                                                                            |
| <b>County Match?</b>                                                                                                                                                                                                                                                                                                   | Yes                                                                                                                                                                  |
| <b>How will the County Match be fulfilled?</b><br><small>(Please include the specific budget)</small>                                                                                                                                                                                                                  | The County Office of Care Coordination will fulfill the match requirement using in-kind staff time and state funding grants.                                         |
| <b>Will the grant/program create new part or full-time positions?</b>                                                                                                                                                                                                                                                  | No                                                                                                                                                                   |
| <b>Will this grant support a new or existing program?</b>                                                                                                                                                                                                                                                              | Existing                                                                                                                                                             |
| <b>Purpose of Grant Funds:</b>                                                                                                                                                                                                                                                                                         | Provide summary and brief background on why the Board of Supervisors should accept this grant application/award, and how the grant will be implemented.              |
| <p>The Continuum of Care (CoC) Program is the U.S. Department of Housing and Urban Development's (HUD) primary competitive grant program for addressing homelessness. Authorized under the McKinney-Vento Homeless Assistance Act, as amended by the Homeless Emergency Assistance and Rapid Transition to Housing</p> |                                                                                                                                                                      |

(HEARTH) Act, it funds a coordinated community response to homelessness through permanent supportive housing, rapid rehousing, transitional housing, supportive services, Homeless Management Information System (HMIS) activity, and planning. Each year HUD makes these funds available through the CoC Program Notice of Funding Opportunity (NOFO), which sets the requirements for CoC and for the individual project applicants included in each Continuum's submission.

HUD published the FY2026 CoC Program Competition and Youth Homelessness Demonstration Program Grants NOFO on June 1, 2026, making approximately \$4.04 billion available nationwide, with applications due August 26, 2026. Funds are awarded competitively to Continuums of Care and their project applicants, with awards divided into two funding tiers. Applications are submitted through HUD's eSNAPS system as a single consolidated application assembled by the Collaborative Applicant on behalf of the Continuum.

The County of Orange, County Executive Office, Office of Care Coordination, is the HUD-designated Collaborative Applicant for the Orange County CoC [CA-602] and is the only entity eligible to apply for CoC Planning funds. The CoC Program Homeless Assistance Planning Grant funds will be used by Office of Care Coordination staff and subrecipient contracts associated with the development and implementation of a comprehensive strategy to address homelessness in the Orange County CoC. These planning activities include, but are not limited to, the Point in Time sheltered and unsheltered count, implementation of Coordinated Entry System, enhanced utilization of the Homeless Management Information System, completion of CoC competitive grant application and development of performance measures and monitoring of CoC funded agencies.

|                                                                                                                                                                                                    |                                                                                                                 |
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| <b>Board Resolution Required?</b>                                                                                                                                                                  | No                                                                                                              |
| <b>Deputy County Counsel Name:</b>                                                                                                                                                                 | N/A                                                                                                             |
| <b>Recommended Action(s)</b><br>(Please specify below)                                                                                                                                             |                                                                                                                 |
| Authorize the Director of Care Coordination or designee to submit an application for the FY2026 Continuum of Care Program for the Homeless Assistance Planning Grant in the amount of \$1,500,000. |                                                                                                                 |
| <b>Department Contact:</b>                                                                                                                                                                         | List the name and contact information (telephone, email) of the person to be contacted for further information. |
| Douglas Becht 714-834-5000 douglas.becht@ceo.oc.gov Zulima Lundy 714-834-6805<br>Zulima.Lundy@ceo.oc.gov                                                                                           |                                                                                                                 |
| <b>Name of individual attending the Board Meeting:</b>                                                                                                                                             | List the name of the individual who will be attending the Board Meeting for this Grant item:                    |
| Douglas Becht                                                                                                                                                                                      |                                                                                                                 |



## CEO-Legislative Affairs Office Grant Authorization eForm

### GRANT APPLICATION / GRANT AWARD

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| <b>Today's Date:</b>                                                                                                                                                                | August 4, 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Requesting Agency/Department:</b>                                                                                                                                                | CEO-Office of Care Coordination                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Grant Name and Project Title:</b>                                                                                                                                                | FY 2026 Continuum of Care Program - Coordinated Entry System Supportive Services Only Grant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Sponsoring Organization/ Grant Source:</b><br><small>(If the grant source is not a government entity, please provide a brief description of the organization/foundation)</small> | Department of Housing and Urban Development                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Application Amount Requested:</b>                                                                                                                                                | \$1,677,910                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Application Due Date:</b>                                                                                                                                                        | August 26, 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Board Date when Board Approved this Application:</b>                                                                                                                             | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Awarded Funding Amount:</b>                                                                                                                                                      | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Notification Date of Funding Awarded:</b>                                                                                                                                        | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Is this an Authorized Retroactive Grant Application/Award?</b> No                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Recurrence of Grant:</b>                                                                                                                                                         | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>If this is a recurring grant, please list the funding amount applied for and awarded in the past:</b>                                                                            | <p>FY2018 Application: \$907,239. Award: \$907,239.</p> <p>FY2018 grant combined with a newly awarded grant during the FY2019 grant funding cycle.</p> <p>FY2019 Application: \$1,231,239. Award \$1,231,239.</p> <p>FY2020 Award: \$1,231,239. FY2020 Grant was automatically renewed due to COVID-19.</p> <p>FY2021 Application: \$1,231,239. Award: \$1,231,239</p> <p>FY2022 Application: \$1,231,239. Award: \$1,231,239</p> <p>FY2023 Application: \$1,481,239. Award: \$1,481,239</p> <p>FY2024 Application: \$1,481,239. Award: \$1,576,249</p> <p>FY2024 Application: \$1,576,249. Award: \$1,677,910</p> <p>FY2025 Application: \$1,677,910. Award: \$1,677,910</p> |
| <b>Does this grant require CEQA findings?</b>                                                                                                                                       | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>What Type of Grant is this?</b>                                                                                                                                                  | <b>Application</b> - Competitive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>County Match?</b>                                                                                                                                                                | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

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| <b>How will the County Match be fulfilled?</b><br>(Please include the specific budget)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | The County Office of Care Coordination will provide in-kind staff time, and the subcontractors will provide additional cash match.                      |
| <b>Will the grant/program create new part or full-time positions?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | No                                                                                                                                                      |
| <b>Will this grant support a new or existing program?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Existing                                                                                                                                                |
| <b>Purpose of Grant Funds:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Provide summary and brief background on why the Board of Supervisors should accept this grant application/award, and how the grant will be implemented. |
| <p>The Continuum of Care (CoC) Program is the U.S. Department of Housing and Urban Development's (HUD) primary competitive grant program for addressing homelessness. Authorized under the McKinney-Vento Homeless Assistance Act, as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, it funds a coordinated community response to homelessness through permanent supportive housing, rapid rehousing, transitional housing, supportive services only, Homeless Management Information System (HMIS) activity, and planning. Each year HUD makes these funds available through the CoC Program Notice of Funding Opportunity (NOFO), which sets the requirements for CoC and for the individual project applicants included in each Continuum's submission.</p> <p>HUD published the FY2026 CoC Program Competition and Youth Homelessness Demonstration Program Grants NOFO on June 1, 2026, making approximately \$4.04 billion available nationwide, with applications due August 26, 2026. Funds are awarded competitively to CoCs and their project applicants, with awards divided into two funding tiers. Applications are submitted through HUD's eSNAPS system as a single consolidated application assembled by the Collaborative Applicant on behalf of the Continuum.</p> <p>Orange County's Coordinated Entry System (CES) standardizes the homeless services assessment process and coordinates referrals to homeless services, including available housing resources and supportive services, in the Orange County CoC. The intent of the CES is to reduce the number of days that people experience homelessness by prioritizing access to limited housing resources by length of homelessness, vulnerability and needs as determined on a standardized assessment.</p> <p>The CES grant as operated by the County Executive Office (CEO), Office of Care Coordination is following the HUD CoC Homeless Assistance Grant Program and implementation of HEARTH Act requirements. All CoC funded programs, and a number of State funding sources are required to participate in the CES. Funds will be used for Office of Care Coordination staff time and subrecipients to develop and implement a CES that meets the needs of the homeless population, promotes regional coordination and collaboration across the three Service Planning Areas and aligns with the County of Orange's efforts to develop a System of Care.</p> |                                                                                                                                                         |
| <b>Board Resolution Required?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No                                                                                                                                                      |
| <b>Deputy County Counsel Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | N/A                                                                                                                                                     |
| <b>Recommended Action(s)</b><br>(Please specify below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                         |
| Authorize the Director of Care Coordination or designee to file a grant application for the FY2026 Continuum of Care Program, Coordinated Entry System Supportive Services Only Grant in the amount of \$1,677,910.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                         |
| <b>Department Contact:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | List the name and contact information (telephone, email) of the person to be contacted for further information.                                         |
| Douglas Becht 714-834-5000 douglas.becht@ceo.oc.gov Zulima Lundy 714-834-6805 Zulima.Lundy@ceo.oc.gov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                         |
| <b>Name of individual attending the Board Meeting:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | List the name of the individual who will be attending the Board Meeting for this Grant item:                                                            |
| Douglas Becht                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                         |



## CEO-Legislative Affairs Office Grant Authorization eForm

### GRANT APPLICATION / GRANT AWARD

|                                                                                                                                                                                     |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Today's Date:</b>                                                                                                                                                                | August 5, 2026                                                                                                                                          |
| <b>Requesting Agency/Department:</b>                                                                                                                                                | CEO-Office of Care Coordination                                                                                                                         |
| <b>Grant Name and Project Title:</b>                                                                                                                                                | Youth Homelessness Demonstration Project (YHDP) Notice of Funding Opportunity (NOFO) - Coordinated Entry System Supportive Services Only                |
| <b>Sponsoring Organization/ Grant Source:</b><br><small>(If the grant source is not a government entity, please provide a brief description of the organization/foundation)</small> | Department of Housing and Urban Development                                                                                                             |
| <b>Application Amount Requested:</b>                                                                                                                                                | \$500,000                                                                                                                                               |
| <b>Application Due Date:</b>                                                                                                                                                        | August 10, 2026                                                                                                                                         |
| <b>Board Date when Board Approved this Application:</b>                                                                                                                             | N/A                                                                                                                                                     |
| <b>Awarded Funding Amount:</b>                                                                                                                                                      | N/A                                                                                                                                                     |
| <b>Notification Date of Funding Awarded:</b>                                                                                                                                        | N/A                                                                                                                                                     |
| <b>Is this an Authorized Retroactive Grant Application/Award?</b> Ratified                                                                                                          |                                                                                                                                                         |
| <b>Recurrence of Grant:</b>                                                                                                                                                         | No                                                                                                                                                      |
| <b>If this is a recurring grant, please list the funding amount applied for and awarded in the past:</b>                                                                            | N/A                                                                                                                                                     |
| <b>Does this grant require CEQA findings?</b>                                                                                                                                       | No                                                                                                                                                      |
| <b>What Type of Grant is this?</b>                                                                                                                                                  | Application - Competitive                                                                                                                               |
| <b>County Match?</b>                                                                                                                                                                | Yes                                                                                                                                                     |
| <b>How will the County Match be fulfilled?</b><br><small>(Please include the specific budget)</small>                                                                               | The County Office of Care Coordination will provide in-kind staff time, and the Contractors will provide additional match.                              |
| <b>Will the grant/program create new part or full-time positions?</b>                                                                                                               | No                                                                                                                                                      |
| <b>Will this grant support a new or existing program?</b>                                                                                                                           | Existing                                                                                                                                                |
| <b>Purpose of Grant Funds:</b>                                                                                                                                                      | Provide summary and brief background on why the Board of Supervisors should accept this grant application/award, and how the grant will be implemented. |

The Youth Homelessness Demonstration Program (YHDP) is a U.S. Department of Housing and Urban Development (HUD) initiative that supports communities in developing and implementing a coordinated community approach to preventing and ending youth homelessness, and in sharing that experience to mobilize other communities toward the same end. The program serves youth age 24 and under who are experiencing homelessness, including unaccompanied youth and pregnant or parenting youth.

Selected communities are required to complete a youth-led, cross-system planning process resulting in a Coordinated Community Plan, which HUD requires as a condition of program participation. YHDP grant funds support the Continuum of Care (CoC) in completing that planning process, as well as the data and system infrastructure that supports it, and support the housing and supportive services projects the community identifies through the plan. The Orange County Continuum of Care is applying as a YHDP community, with the County of Orange's Office of Care Coordination serving as the Coordinated Entry System (CES) Lead.

Orange County's Coordinated Entry System (CES) standardizes the homeless services assessment process and coordinates referrals to homeless services, including available housing resources and supportive services, across the Orange County Continuum of Care (CoC). The intent of the CES is to reduce the number of days that people experience homelessness by prioritizing access to limited housing resources according to length of homelessness, vulnerability, and needs as determined through a standardized assessment. Recipients and subrecipients of CoC Program and YHDP funding are required to use CES and multiple of State funding sources also require the use of CES.

If awarded, the CES Supportive Services Only (SSO) project funds will support the development of a youth-specific component of CES which will support the prioritization and allocation of other YHDP funded programs, including Transitional Housing and SSO programs aimed at supporting youth end their homelessness. Grant funds will support Office of Care Coordination staff time and subrecipient activity to operate, develop, and improve a CES that meets the needs of young people experiencing homelessness, promotes regional coordination and collaboration across the three Service Planning Areas, and aligns with the County of Orange's efforts to develop a System of Care.

|                                                                                                                                                                                                                                         |                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>Board Resolution Required?</b>                                                                                                                                                                                                       | No                                                                                                              |
| <b>Deputy County Counsel Name:</b>                                                                                                                                                                                                      | N/A                                                                                                             |
| <b>Recommended Action(s)</b><br>(Please specify below)                                                                                                                                                                                  |                                                                                                                 |
| Authorize the Director of Care Coordination or designee to file a grant application for the Youth Homelessness Demonstration Program (YHDP) for a Coordinated Entry System Supportive Services Only project in the amount of \$500,000, |                                                                                                                 |
| <b>Department Contact:</b>                                                                                                                                                                                                              | List the name and contact information (telephone, email) of the person to be contacted for further information. |
| Douglas Becht 714-834-5000 douglas.becht@ceo.oc.gov Zulima Lundy 714-834-6805<br>Zulima.Lundy@ceo.oc.gov                                                                                                                                |                                                                                                                 |
| <b>Name of individual attending the Board Meeting:</b>                                                                                                                                                                                  | List the name of the individual who will be attending the Board Meeting for this Grant item:                    |
| Douglas Becht                                                                                                                                                                                                                           |                                                                                                                 |



# COUNTY OF ORANGE OFFICE OF CARE COORDINATION

(714) 834 - 5000 | [CareCoordination@ocgov.com](mailto:CareCoordination@ocgov.com) | [ceo.ocgov.com/office-care-coordination](http://ceo.ocgov.com/office-care-coordination)

**Date:** 8/4/2026

**To:** County Executive Office

**From:** Doug Becht, Director of Care Coordination

**Re:** Youth Homelessness Demonstration Program Notice of Funding Opportunity - Coordinated Entry System Supportive Services Only Project

**Subject:** Request to Approve Ratification Grant Application

This memo is being submitted to request that the County Executive Office (CEO) place the subject grant application on the August 11, 2026, Board of Supervisors (Board) Meeting Agenda. The Office of Care Coordination requests ratified approval as the application is due to the U.S. Department of Housing and Urban Development on August 10, 2026. Due to the timing between the publication of the Notice of Funding Opportunity and the scheduled Board of Supervisors meetings, this request for application approval could not be submitted until after the submission deadline.

The Office of Care Coordination now requests ratified approval to apply for the Youth Homelessness Demonstration Program Notice of Funding Opportunity for a Coordinated Entry System Supportive Services Only grant in the amount of \$500,000 for a 24-month grant term.

If you have any questions about the grant, please contact Zulima Lundy at (714) 834-6805.

Signed by:

*Doug Becht*

C0D009D93CB544B...

Department Head or

8/5/2026

Date

Signed by:

Designee

*KC Roestenberg*

74BFACE50F834F0...

KC Roestenberg, County  
Executive Officer

8/6/2026 | 9:32 AM PDT

Date

Approved:



## CEO-Legislative Affairs Office Grant Authorization eForm

### GRANT APPLICATION / GRANT AWARD

|                                                                                                                                                                                     |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Today's Date:</b>                                                                                                                                                                | August 4, 2026                                                                                                                                          |
| <b>Requesting Agency/Department:</b>                                                                                                                                                | CEO-Office of Care Coordination                                                                                                                         |
| <b>Grant Name and Project Title:</b>                                                                                                                                                | Youth Homelessness Notice of Funding Opportunity (NOFO) - Youth Homelessness Demonstration Program Planning Grant                                       |
| <b>Sponsoring Organization/ Grant Source:</b><br><small>(If the grant source is not a government entity, please provide a brief description of the organization/foundation)</small> | Department of Housing and Urban Development                                                                                                             |
| <b>Application Amount Requested:</b>                                                                                                                                                | \$750,000                                                                                                                                               |
| <b>Application Due Date:</b>                                                                                                                                                        | August 10, 2026                                                                                                                                         |
| <b>Board Date when Board Approved this Application:</b>                                                                                                                             | N/A                                                                                                                                                     |
| <b>Awarded Funding Amount:</b>                                                                                                                                                      | N/A                                                                                                                                                     |
| <b>Notification Date of Funding Awarded:</b>                                                                                                                                        | N/A                                                                                                                                                     |
| <b>Is this an Authorized Retroactive Grant Application/Award?</b> Ratified                                                                                                          |                                                                                                                                                         |
| <b>Recurrence of Grant:</b>                                                                                                                                                         | No                                                                                                                                                      |
| <b>If this is a recurring grant, please list the funding amount applied for and awarded in the past:</b>                                                                            | N/A                                                                                                                                                     |
| <b>Does this grant require CEQA findings?</b>                                                                                                                                       | No                                                                                                                                                      |
| <b>What Type of Grant is this?</b>                                                                                                                                                  | Application - Competitive                                                                                                                               |
| <b>County Match?</b>                                                                                                                                                                | Yes                                                                                                                                                     |
| <b>How will the County Match be fulfilled?</b><br><small>(Please include the specific budget)</small>                                                                               | The County of Orange's Office of Care Coordination will provide in-kind staff time, and the Contractors will provide additional cash match.             |
| <b>Will the grant/program create new part or full-time positions?</b>                                                                                                               | No                                                                                                                                                      |
| <b>Will this grant support a new or existing program?</b>                                                                                                                           | New                                                                                                                                                     |
| <b>Purpose of Grant Funds:</b>                                                                                                                                                      | Provide summary and brief background on why the Board of Supervisors should accept this grant application/award, and how the grant will be implemented. |

The Youth Homelessness Demonstration Program (YHDP) is a U.S. Department of Housing and Urban Development (HUD) initiative that supports communities in developing and implementing a coordinated community approach to preventing and ending youth homelessness, and in sharing that experience to mobilize other communities toward the same end. The program serves youth age 24 and under who are experiencing homelessness, including unaccompanied youth and pregnant or parenting youth.

Selected communities are required to complete a youth-led, cross-system planning process resulting in a Coordinated Community Plan, which HUD requires as a condition of program participation. YHDP grant funds support the Continuum of Care (CoC) in completing that planning process, as well as the data and system infrastructure that supports it, and support the housing and supportive services projects the community identifies through the plan. The Orange County CoC is applying as a YHDP community, with the County of Orange's Office of Care Coordination serving as Collaborative Applicant.

This YHDP Planning project, if awarded, will fund the operation and continued development of that homeless response system for youth. This will support the Office of Care Coordination's ability to provide services, planning, and staffing to for CoC-wide operations focused on youth. The Office of Care Coordination will operate in accordance with the requirements of HUD Continuum of Care Program and the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act.

|                                                                                                                                                                                       |                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>Board Resolution Required?</b>                                                                                                                                                     | No                                                                                                              |
| <b>Deputy County Counsel Name:</b>                                                                                                                                                    | N/A                                                                                                             |
| <b>Recommended Action(s)</b><br>(Please specify below)                                                                                                                                |                                                                                                                 |
| Authorize the Director of Care Coordination or designee to file a grant application for the Youth Homelessness Demonstration Program for a Planning Grant in the amount of \$750,000. |                                                                                                                 |
| <b>Department Contact:</b>                                                                                                                                                            | List the name and contact information (telephone, email) of the person to be contacted for further information. |
| Douglas Becht 714-834-5000 douglas.becht@ceo.oc.gov Zulima Lundy 714-834-6805<br>Zulima.Lundy@ceo.oc.gov                                                                              |                                                                                                                 |
| <b>Name of individual attending the Board Meeting:</b>                                                                                                                                | List the name of the individual who will be attending the Board Meeting for this Grant item:                    |
| Douglas Becht                                                                                                                                                                         |                                                                                                                 |



# COUNTY OF ORANGE OFFICE OF CARE COORDINATION

(714) 834 - 5000 | [CareCoordination@ocgov.com](mailto:CareCoordination@ocgov.com) | [ceo.ocgov.com/office-care-coordination](http://ceo.ocgov.com/office-care-coordination)

**Date:** 8/4/2026

**To:** County Executive Office

**From:** Doug Becht, Director of Care Coordination

**Re:** Youth Homelessness Demonstration Program Notice of Funding Opportunity - Planning Grant

**Subject:** Request to Approve Ratification Grant Application

This memo is being submitted to request that the County Executive Office (CEO) place the subject grant award on the August 11, 2026, Board of Supervisors (Board) Meeting Agenda. The Office of Care Coordination requests ratified approval as the application is due to the U.S. Department of Housing and Urban Development on August 10, 2026. Due to the timing between the publication of the Notice of Funding Opportunity and the scheduled Board meeting, this request for application approval could not be submitted until after the submission deadline.

The Office of Care Coordination now requests ratified approval to apply for the Youth Homelessness Demonstration Program Notice of Funding Opportunity for a Planning grant in the amount of \$750,000 for a 24-month grant term.

If you have any questions about the grant, please contact Zulima Lundy at (714) 834-6805.

Signed by:

*Doug Becht*

60B669D93CB544B...

Department Head or

8/5/2026

Date

Signed by:

Designee

*KC Roestenberg*

74BEA6E50F834F8...

KC Roestenberg, County  
Executive Officer

8/6/2026 | 9:32 AM PDT

Date

Approved:



## CEO-Legislative Affairs Office Grant Authorization eForm

### GRANT APPLICATION / GRANT AWARD

| <b>Today's Date:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            | August 5, 2026                                                                                                                                                                                                                                                                                                                                  |              |  |            |            |         |               |              |         |              |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--|------------|------------|---------|---------------|--------------|---------|--------------|--------------|
| <b>Requesting Agency/Department:</b>                                                                                                                                                                                                                                                                                                                                                                                                                            | District Attorney                                                                                                                                                                                                                                                                                                                               |              |  |            |            |         |               |              |         |              |              |
| <b>Grant Name and Project Title:</b>                                                                                                                                                                                                                                                                                                                                                                                                                            | Worker's Compensation Insurance Fraud Program                                                                                                                                                                                                                                                                                                   |              |  |            |            |         |               |              |         |              |              |
| <b>Sponsoring Organization/ Grant Source:</b><br><small>(If the grant source is not a government entity, please provide a brief description of the organization/foundation)</small>                                                                                                                                                                                                                                                                             | California Department of Insurance                                                                                                                                                                                                                                                                                                              |              |  |            |            |         |               |              |         |              |              |
| <b>Application Amount Requested:</b>                                                                                                                                                                                                                                                                                                                                                                                                                            | \$10,816,819                                                                                                                                                                                                                                                                                                                                    |              |  |            |            |         |               |              |         |              |              |
| <b>Application Due Date:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    | April 24, 2026                                                                                                                                                                                                                                                                                                                                  |              |  |            |            |         |               |              |         |              |              |
| <b>Board Date when Board Approved this Application:</b>                                                                                                                                                                                                                                                                                                                                                                                                         | March 24, 2026                                                                                                                                                                                                                                                                                                                                  |              |  |            |            |         |               |              |         |              |              |
| <b>Awarded Funding Amount:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$9,726,523                                                                                                                                                                                                                                                                                                                                     |              |  |            |            |         |               |              |         |              |              |
| <b>Notification Date of Funding Awarded:</b>                                                                                                                                                                                                                                                                                                                                                                                                                    | July 15, 2026                                                                                                                                                                                                                                                                                                                                   |              |  |            |            |         |               |              |         |              |              |
| <b>Is this an Authorized Retroactive Grant Application/Award?</b> No                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                 |              |  |            |            |         |               |              |         |              |              |
| <b>Recurrence of Grant:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes                                                                                                                                                                                                                                                                                                                                             |              |  |            |            |         |               |              |         |              |              |
| <b>If this is a recurring grant, please list the funding amount applied for and awarded in the past:</b>                                                                                                                                                                                                                                                                                                                                                        | <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>FY 2024-25</th> <th>FY 2025-26</th> </tr> </thead> <tbody> <tr> <td>Applied</td> <td>\$ 10,245,106</td> <td>\$ 8,553,472</td> </tr> <tr> <td>Awarded</td> <td>\$ 8,707,442</td> <td>\$ 9,100,158</td> </tr> </tbody> </table> |              |  | FY 2024-25 | FY 2025-26 | Applied | \$ 10,245,106 | \$ 8,553,472 | Awarded | \$ 8,707,442 | \$ 9,100,158 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | FY 2024-25                                                                                                                                                                                                                                                                                                                                      | FY 2025-26   |  |            |            |         |               |              |         |              |              |
| Applied                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$ 10,245,106                                                                                                                                                                                                                                                                                                                                   | \$ 8,553,472 |  |            |            |         |               |              |         |              |              |
| Awarded                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$ 8,707,442                                                                                                                                                                                                                                                                                                                                    | \$ 9,100,158 |  |            |            |         |               |              |         |              |              |
| <b>Does this grant require CEQA findings?</b>                                                                                                                                                                                                                                                                                                                                                                                                                   | No                                                                                                                                                                                                                                                                                                                                              |              |  |            |            |         |               |              |         |              |              |
| <b>What Type of Grant is this?</b>                                                                                                                                                                                                                                                                                                                                                                                                                              | Award - Competitive                                                                                                                                                                                                                                                                                                                             |              |  |            |            |         |               |              |         |              |              |
| <b>County Match?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            | No                                                                                                                                                                                                                                                                                                                                              |              |  |            |            |         |               |              |         |              |              |
| <b>How will the County Match be fulfilled?</b><br><small>(Please include the specific budget)</small>                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                 |              |  |            |            |         |               |              |         |              |              |
| <b>Will the grant/program create new part or full-time positions?</b>                                                                                                                                                                                                                                                                                                                                                                                           | No                                                                                                                                                                                                                                                                                                                                              |              |  |            |            |         |               |              |         |              |              |
| <b>Will this grant support a new or existing program?</b>                                                                                                                                                                                                                                                                                                                                                                                                       | Existing                                                                                                                                                                                                                                                                                                                                        |              |  |            |            |         |               |              |         |              |              |
| <b>Purpose of Grant Funds:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  | Provide summary and brief background on why the Board of Supervisors should accept this grant application/award, and how the grant will be implemented.                                                                                                                                                                                         |              |  |            |            |         |               |              |         |              |              |
| <p>The grant award is made pursuant to the provisions of California Insurance Code Section 1872.83, and shall be used solely for the purposes of enhanced investigation and prosecution of workers' compensation insurance fraud cases. This grant will provide continued funding for the vertical prosecution unit consisting of prosecutorial, investigative, and support staff to investigate and prosecute workers' compensation insurance fraud cases.</p> |                                                                                                                                                                                                                                                                                                                                                 |              |  |            |            |         |               |              |         |              |              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>Board Resolution Required?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes                                                                                                             |
| <b>Deputy County Counsel Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | James Steinmann                                                                                                 |
| <b>Recommended Action(s)</b><br>(Please specify below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                 |
| <p>CDI requires the Orange County District Attorney to submit a Board Resolution. County Counsel has reviewed and approved the attached Board Resolution.</p> <p>1. Authorize the District Attorney or his designee, to sign and execute, on behalf of the County of Orange, the Grant Agreement with the CDI accepting the grant award of \$9,726,523, for the Workers' Compensation Insurance Fraud Program for fiscal year 2026-27.</p> <p>2. Authorize the District Attorney, or his designee, to execute, on behalf of the County of Orange, any extensions or amendments that reflect the actual grant award but do not materially alter the terms of the grant award.</p> <p>3. Adopt the Resolution to receive funds for the Workers' Compensation Insurance Fraud Program.</p> |                                                                                                                 |
| <b>Department Contact:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | List the name and contact information (telephone, email) of the person to be contacted for further information. |
| Matthew Pettit (714) 347-8440 matthew.pettit@ocdistrictattorney.gov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |
| <b>Name of individual attending the Board Meeting:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | List the name of the individual who will be attending the Board Meeting for this Grant item:                    |
| Matthew Pettit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 |

RESOLUTION OF THE BOARD OF SUPERVISORS OF  
ORANGE COUNTY, CALIFORNIA

August 11, 2026

WHEREAS, the County of Orange desires to undertake its project designated “The Workers’ Compensation Insurance Fraud Program” to be funded in part from funds made available through California Insurance Code Section 1872.83 and administered by the California Department of Insurance (hereafter referred to as CDI).

NOW, THEREFORE, BE IT RESOLVED that this Board does hereby:

1. Authorize the District Attorney, or his designee, to sign and execute, on behalf of the County of Orange, a Grant Award Agreement with CDI for the Workers’ Compensation Insurance Fraud Program, effective from July 1, 2026, through June 30, 2027, in the amount not to exceed \$9,726,523.
2. Authorize the District Attorney, or his designee, to execute, on behalf of the County of Orange, any extensions or amendments that reflect the actual grant award amount but do not materially alter the terms of the grant award.
3. Assure that the County of Orange assumes any liability arising out of the County’s performance of this Grant Award Agreement, including civil court actions for damages. The State of California and the California Department of Insurance disclaim responsibility for any such liability.
4. Assure that the County of Orange will not use grant funds to supplant expenditures controlled by the Board of Supervisors.



## CEO-Legislative Affairs Office Grant Authorization eForm

### GRANT APPLICATION / GRANT AWARD

| <b>Today's Date:</b>                                                                                                                                                                | August 5, 2026                                                                                                                                                                                                                                                                                 |            |         |         |         |            |            |         |            |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|---------|---------|------------|------------|---------|------------|------------|
| <b>Requesting Agency/Department:</b>                                                                                                                                                | District Attorney                                                                                                                                                                                                                                                                              |            |         |         |         |            |            |         |            |            |
| <b>Grant Name and Project Title:</b>                                                                                                                                                | Human Trafficking Victim Advocacy Program                                                                                                                                                                                                                                                      |            |         |         |         |            |            |         |            |            |
| <b>Sponsoring Organization/ Grant Source:</b><br><small>(If the grant source is not a government entity, please provide a brief description of the organization/foundation)</small> | California Governor's Office of Emergency Services                                                                                                                                                                                                                                             |            |         |         |         |            |            |         |            |            |
| <b>Application Amount Requested:</b>                                                                                                                                                | \$175,539                                                                                                                                                                                                                                                                                      |            |         |         |         |            |            |         |            |            |
| <b>Application Due Date:</b>                                                                                                                                                        | September 9, 2026                                                                                                                                                                                                                                                                              |            |         |         |         |            |            |         |            |            |
| <b>Board Date when Board Approved this Application:</b>                                                                                                                             | N/A                                                                                                                                                                                                                                                                                            |            |         |         |         |            |            |         |            |            |
| <b>Awarded Funding Amount:</b>                                                                                                                                                      | \$175,539                                                                                                                                                                                                                                                                                      |            |         |         |         |            |            |         |            |            |
| <b>Notification Date of Funding Awarded:</b>                                                                                                                                        | July 16, 2026                                                                                                                                                                                                                                                                                  |            |         |         |         |            |            |         |            |            |
| <b>Is this an Authorized Retroactive Grant Application/Award?</b> No                                                                                                                |                                                                                                                                                                                                                                                                                                |            |         |         |         |            |            |         |            |            |
| <b>Recurrence of Grant:</b>                                                                                                                                                         | Yes                                                                                                                                                                                                                                                                                            |            |         |         |         |            |            |         |            |            |
| <b>If this is a recurring grant, please list the funding amount applied for and awarded in the past:</b>                                                                            | <table style="width: 100%; text-align: center;"> <thead> <tr> <th>Year</th> <th>Applied</th> <th>Awarded</th> </tr> </thead> <tbody> <tr> <td>FY25-26</td> <td>\$ 147,000</td> <td>\$ 147,000</td> </tr> <tr> <td>FY24-25</td> <td>\$ 147,000</td> <td>\$ 147,000</td> </tr> </tbody> </table> | Year       | Applied | Awarded | FY25-26 | \$ 147,000 | \$ 147,000 | FY24-25 | \$ 147,000 | \$ 147,000 |
| Year                                                                                                                                                                                | Applied                                                                                                                                                                                                                                                                                        | Awarded    |         |         |         |            |            |         |            |            |
| FY25-26                                                                                                                                                                             | \$ 147,000                                                                                                                                                                                                                                                                                     | \$ 147,000 |         |         |         |            |            |         |            |            |
| FY24-25                                                                                                                                                                             | \$ 147,000                                                                                                                                                                                                                                                                                     | \$ 147,000 |         |         |         |            |            |         |            |            |
| <b>Does this grant require CEQA findings?</b>                                                                                                                                       | No                                                                                                                                                                                                                                                                                             |            |         |         |         |            |            |         |            |            |
| <b>What Type of Grant is this?</b>                                                                                                                                                  | <b>Award</b> - Non Competitive                                                                                                                                                                                                                                                                 |            |         |         |         |            |            |         |            |            |
| <b>County Match?</b>                                                                                                                                                                | No                                                                                                                                                                                                                                                                                             |            |         |         |         |            |            |         |            |            |
| <b>How will the County Match be fulfilled?</b><br><small>(Please include the specific budget)</small>                                                                               | N/A                                                                                                                                                                                                                                                                                            |            |         |         |         |            |            |         |            |            |
| <b>Will the grant/program create new part or full-time positions?</b>                                                                                                               | No                                                                                                                                                                                                                                                                                             |            |         |         |         |            |            |         |            |            |
| <b>Will this grant support a new or existing program?</b>                                                                                                                           | Existing                                                                                                                                                                                                                                                                                       |            |         |         |         |            |            |         |            |            |
| <b>Purpose of Grant Funds:</b>                                                                                                                                                      | Provide summary and brief background on why the Board of Supervisors should accept this grant application/award, and how the grant will be implemented.                                                                                                                                        |            |         |         |         |            |            |         |            |            |

The Human Trafficking Victim Advocacy Program is supported by the Federal Victim of Crime Act. The program is designed to provide high quality, comprehensive services to victims/survivors of human trafficking. Applicants are required to have an existing partnership or coordination of services with an anti-human trafficking working group within the county and/or service area.

The District Attorney will be awarded \$175,539 to continue the program in FY 2026-27. These grant funds will be

utilized to support a specialized team within Waymakers. The team consist of a Victim Advocate, who focuses on direct victim support including case management court advocacy and resource referrals, and a Client Resource & Volunteer Coordinator who is responsible for overseeing, organizing and managing volunteers who work directly with human trafficking victims. The team collaborates with The Salvation Army, Orange County Social Services Agency, Public Law Center, and local law enforcement to provide trauma-informed and victim-centered comprehensive services. The collaboration has provided services to over 1,490 victims of human trafficking over the last decade.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>Board Resolution Required?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes                                                                                                             |
| <b>Deputy County Counsel Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | James Steinmann                                                                                                 |
| <b>Recommended Action(s)</b><br>(Please specify below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 |
| <p>Cal OES requires the District Attorney to submit a Board Resolution. County Counsel has reviewed and approved the attached Board Resolution.</p> <p>1. Authorize the Orange County District Attorney, or Director of Administration, or Senior Fiscal Manager, to submit the grant application, and to sign and execute, on behalf of the County of Orange, the Grant Agreement with CalOES accepting the grant award of \$175,539 to continue the Human Trafficking Victim Advocacy Program for fiscal years 2026-27.</p> <p>2. Authorize the District Attorney, or his designee, to execute, on behalf of the County of Orange, any extensions or amendments that reflect the actual grant award but do not materially alter the terms of the grant award.</p> <p>3. Adopt the Resolution to receive funds for the Human Trafficking Victim Advocacy Program.</p> |                                                                                                                 |
| <b>Department Contact:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | List the name and contact information (telephone, email) of the person to be contacted for further information. |
| Matthew Pettit (714) 347-8440 matthew.pettit@ocdistrictattorney.gov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 |
| <b>Name of individual attending the Board Meeting:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | List the name of the individual who will be attending the Board Meeting for this Grant item:                    |
| Matthew Pettit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                 |

RESOLUTION OF THE BOARD OF SUPERVISORS OF  
ORANGE COUNTY, CALIFORNIA

August 11, 2026

WHEREAS, the County of Orange desires to undertake its project designated “Human Trafficking Advocate Program” to be funded from funds made available through the Federal Victims of Crime Act administered by the California Governor’s Office of Emergency Services (hereafter referred to as Cal OES).

NOW, THEREFORE, BE IT RESOLVED that this Board does hereby:

1. Authorize the Orange County District Attorney, or Director of Administration, or Senior Fiscal Manager, to submit the grant application, and to sign and amend and execute, on behalf of the County of Orange, any actions necessary for the purpose of obtaining state financial assistance provided by the State of California for the Grant Subaward with Cal OES for the Human Trafficking Advocate Program, effective from January 1, 2027 to December 31, 2027, in the amount not to exceed \$175,539.
2. Assure that the County of Orange assumes any liability arising out of the County’s performance of this Grant Award Agreement, including civil court actions for damages. The State of California and Cal OES disclaim responsibility for any such liability.
3. Assure that the County of Orange will not use grant funds to supplant expenditures controlled by the Board of Supervisors.
4. Find that the proposed project is exempt from CEQA pursuant to 14 C.C.R. 15061(b)(3) because it does not impose a significant effect on the environment.



## CEO-Legislative Affairs Office Grant Authorization eForm

### GRANT APPLICATION / GRANT AWARD

| <b>Today's Date:</b>                                                                                                                                                                | August 5, 2026                                                                                                                                                                                                                                                                                                                                                                                |              |         |         |          |              |              |          |              |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------|---------|----------|--------------|--------------|----------|--------------|--------------|
| <b>Requesting Agency/Department:</b>                                                                                                                                                | District Attorney                                                                                                                                                                                                                                                                                                                                                                             |              |         |         |          |              |              |          |              |              |
| <b>Grant Name and Project Title:</b>                                                                                                                                                | Victim/Witness Assistance Program                                                                                                                                                                                                                                                                                                                                                             |              |         |         |          |              |              |          |              |              |
| <b>Sponsoring Organization/ Grant Source:</b><br><small>(If the grant source is not a government entity, please provide a brief description of the organization/foundation)</small> | California Governor's Office of Emergency Services                                                                                                                                                                                                                                                                                                                                            |              |         |         |          |              |              |          |              |              |
| <b>Application Amount Requested:</b>                                                                                                                                                | \$3,786,316                                                                                                                                                                                                                                                                                                                                                                                   |              |         |         |          |              |              |          |              |              |
| <b>Application Due Date:</b>                                                                                                                                                        | September 4, 2026                                                                                                                                                                                                                                                                                                                                                                             |              |         |         |          |              |              |          |              |              |
| <b>Board Date when Board Approved this Application:</b>                                                                                                                             | N/A                                                                                                                                                                                                                                                                                                                                                                                           |              |         |         |          |              |              |          |              |              |
| <b>Awarded Funding Amount:</b>                                                                                                                                                      | \$3,786,316                                                                                                                                                                                                                                                                                                                                                                                   |              |         |         |          |              |              |          |              |              |
| <b>Notification Date of Funding Awarded:</b>                                                                                                                                        | July 16, 2026                                                                                                                                                                                                                                                                                                                                                                                 |              |         |         |          |              |              |          |              |              |
| <b>Is this an Authorized Retroactive Grant Application/Award?</b> No                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                               |              |         |         |          |              |              |          |              |              |
| <b>Recurrence of Grant:</b>                                                                                                                                                         | Yes                                                                                                                                                                                                                                                                                                                                                                                           |              |         |         |          |              |              |          |              |              |
| <b>If this is a recurring grant, please list the funding amount applied for and awarded in the past:</b>                                                                            | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Year</th> <th style="text-align: left;">Applied</th> <th style="text-align: left;">Awarded</th> </tr> </thead> <tbody> <tr> <td>FY 25-26</td> <td>\$ 3,243,868</td> <td>\$ 3,243,868</td> </tr> <tr> <td>FY 24-25</td> <td>\$ 3,243,868</td> <td>\$ 3,243,868</td> </tr> </tbody> </table> | Year         | Applied | Awarded | FY 25-26 | \$ 3,243,868 | \$ 3,243,868 | FY 24-25 | \$ 3,243,868 | \$ 3,243,868 |
| Year                                                                                                                                                                                | Applied                                                                                                                                                                                                                                                                                                                                                                                       | Awarded      |         |         |          |              |              |          |              |              |
| FY 25-26                                                                                                                                                                            | \$ 3,243,868                                                                                                                                                                                                                                                                                                                                                                                  | \$ 3,243,868 |         |         |          |              |              |          |              |              |
| FY 24-25                                                                                                                                                                            | \$ 3,243,868                                                                                                                                                                                                                                                                                                                                                                                  | \$ 3,243,868 |         |         |          |              |              |          |              |              |
| <b>Does this grant require CEQA findings?</b>                                                                                                                                       | No                                                                                                                                                                                                                                                                                                                                                                                            |              |         |         |          |              |              |          |              |              |
| <b>What Type of Grant is this?</b>                                                                                                                                                  | <b>Award</b> - Non Competitive                                                                                                                                                                                                                                                                                                                                                                |              |         |         |          |              |              |          |              |              |
| <b>County Match?</b>                                                                                                                                                                | No                                                                                                                                                                                                                                                                                                                                                                                            |              |         |         |          |              |              |          |              |              |
| <b>How will the County Match be fulfilled?</b><br><small>(Please include the specific budget)</small>                                                                               | N/A                                                                                                                                                                                                                                                                                                                                                                                           |              |         |         |          |              |              |          |              |              |
| <b>Will the grant/program create new part or full-time positions?</b>                                                                                                               | No                                                                                                                                                                                                                                                                                                                                                                                            |              |         |         |          |              |              |          |              |              |
| <b>Will this grant support a new or existing program?</b>                                                                                                                           | Existing                                                                                                                                                                                                                                                                                                                                                                                      |              |         |         |          |              |              |          |              |              |
| <b>Purpose of Grant Funds:</b>                                                                                                                                                      | Provide summary and brief background on why the Board of Supervisors should accept this grant application/award, and how the grant will be implemented.                                                                                                                                                                                                                                       |              |         |         |          |              |              |          |              |              |

The Victim/Witness Assistance Program is supported by the Federal Victim of Crime Act. The program provides high quality, comprehensive services that address the individual needs of victims and witnesses of violent crime. This District Attorney will be awarded \$3,786,316 for FY 2026-27.

Grant funds support a specialized team within Waymakers to provide coordination for the appearance of all subpoenaed witnesses in misdemeanor trials, preliminary trials, preliminary felony hearings and felony trials at

the request of the OCDA. Service requirements include placing witnesses "on-call", making case status and disposition available to the witness, notification and intervention with the witness' employer, arranging transport of the witness to court, and "call-off" of witnesses. The team consists of program directors, victim advocates and coordinators to assist victims.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>Board Resolution Required?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes                                                                                                             |
| <b>Deputy County Counsel Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | James Steinmann                                                                                                 |
| <b>Recommended Action(s)</b><br>(Please specify below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 |
| <p>Cal OES requires the District Attorney to submit a Board Resolution. County Counsel has reviewed and approved the attached Board Resolution.</p> <ol style="list-style-type: none"> <li>1. Authorize the Orange County District Attorney, or Director of Administration, or Senior Fiscal Manager to submit the grant application, and to sign and amend and execute, on behalf of the County of Orange, the Grant Agreement with CalOES accepting the grant award of \$3,786,316 to continue the Victim/ Witness Assistance Program for fiscal year 2026-27.</li> <li>2. Authorize the District Attorney, or his designee, to execute, on behalf of the County of Orange, any extensions or amendments that reflect the actual grant award but do not materially alter the terms of the grant award.</li> <li>3. Adopt the Resolution to receive funds for the Victim Witness Assistance Program.</li> </ol> |                                                                                                                 |
| <b>Department Contact:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | List the name and contact information (telephone, email) of the person to be contacted for further information. |
| Matthew Pettit (714) 347-8440 matthew.pettit@ocdistrictattorney.gov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |
| <b>Name of individual attending the Board Meeting:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | List the name of the individual who will be attending the Board Meeting for this Grant item:                    |
| Matthew Pettit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 |

RESOLUTION OF THE BOARD OF SUPERVISORS OF  
ORANGE COUNTY, CALIFORNIA

August 11, 2026

WHEREAS, the County of Orange desires to undertake its project designated “The Victim/Witness Assistance Program” to be funded from funds made available through the Federal Victim of Crime Act administered by the California Governor’s Office of Emergency Services (hereafter referred to as Cal OES).

NOW, THEREFORE, BE IT RESOLVED that this Board does hereby:

1. Authorize the Orange County District Attorney, or Director of Administration, or Senior Fiscal Manager, to submit the grant application, and to sign and amend and execute, on behalf of the County of Orange, any actions necessary for the purpose of obtaining state financial assistance provided by the State of California for the Grant Subaward with Cal OES for the Victim/Witness Assistance Program, effective from October 1, 2026, to September 30, 2027, in the amount not to exceed \$3,786,316.
2. Assure that the County of Orange assumes any liability arising out of the County’s performance of this Grant Award Agreement, including civil court actions for damages. The State of California and Cal OES disclaim responsibility for any such liability.
3. Assure that the County of Orange will not use grant funds to supplant expenditures controlled by the Board of Supervisors.
4. Find that the proposed project is exempt from CEQA pursuant to 14 C.C.R. 15061(b)(3) because it does not impose a significant effect on the environment.



## CEO-Legislative Affairs Office Grant Authorization eForm

Attachment A

### GRANT APPLICATION / GRANT AWARD

|                                                                                                                                                                                                                                                      |                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Today's Date:</b>                                                                                                                                                                                                                                 | August 3, 2026                                                                                                                                          |
| <b>Requesting Agency/Department:</b>                                                                                                                                                                                                                 | Health Care Agency                                                                                                                                      |
| <b>Grant Name and Project Title:</b>                                                                                                                                                                                                                 | FY 2026-27 HCA Continuing Funding Grants Matrix                                                                                                         |
| <b>Sponsoring Organization/ Grant Source:</b><br>(If the grant source is not a government entity, please provide a brief description of the organization/foundation)                                                                                 | Various – see attached Grant Application Table                                                                                                          |
| <b>Application Amount Requested:</b>                                                                                                                                                                                                                 | \$108,487,719                                                                                                                                           |
| <b>Application Due Date:</b>                                                                                                                                                                                                                         | N/A                                                                                                                                                     |
| <b>Board Date when Board Approved this Application:</b>                                                                                                                                                                                              | N/A                                                                                                                                                     |
| <b>Awarded Funding Amount:</b>                                                                                                                                                                                                                       | N/A                                                                                                                                                     |
| <b>Notification Date of Funding Awarded:</b>                                                                                                                                                                                                         | N/A                                                                                                                                                     |
| <b>Is this an Authorized Retroactive Grant Application/Award?</b> No                                                                                                                                                                                 |                                                                                                                                                         |
| <b>Recurrence of Grant:</b>                                                                                                                                                                                                                          | Yes                                                                                                                                                     |
| <b>If this is a recurring grant, please list the funding amount applied for and awarded in the past:</b>                                                                                                                                             | Various – see attached Grant Application Table                                                                                                          |
| <b>Does this grant require CEQA findings?</b>                                                                                                                                                                                                        | No                                                                                                                                                      |
| <b>What Type of Grant is this?</b>                                                                                                                                                                                                                   | <b>Application</b> - Various – see attached Grant Application Table                                                                                     |
| <b>County Match?</b>                                                                                                                                                                                                                                 | Yes                                                                                                                                                     |
| <b>How will the County Match be fulfilled?</b><br>(Please include the specific budget)                                                                                                                                                               | See attached Grant Application Table                                                                                                                    |
| <b>Will the grant/program create new part or full-time positions?</b>                                                                                                                                                                                | No                                                                                                                                                      |
| <b>Will this grant support a new or existing program?</b>                                                                                                                                                                                            | Existing                                                                                                                                                |
| <b>Purpose of Grant Funds:</b>                                                                                                                                                                                                                       | Provide summary and brief background on why the Board of Supervisors should accept this grant application/award, and how the grant will be implemented. |
| The Health Care Agency requests Board authorization to apply for funding for recurring grants and allocations per the attached FY 2026-27 Annual Grants Application Table. These revenue funds are to support health care services in Orange County. |                                                                                                                                                         |
| <b>Board Resolution Required?</b>                                                                                                                                                                                                                    | No                                                                                                                                                      |
| <b>Deputy County Counsel Name:</b>                                                                                                                                                                                                                   | N/A                                                                                                                                                     |

|                                                                                                                                                                                                                            |                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>Recommended Action(s)</b><br>(Please specify below)                                                                                                                                                                     |                                                                                                                 |
| Authorize Health Care Agency Director or designee to apply for recurring grants and allocations included on the FY 2026-27 Annual Grants Application Table and sign any forms required as part of the application process. |                                                                                                                 |
| <b>Department Contact:</b>                                                                                                                                                                                                 | List the name and contact information (telephone, email) of the person to be contacted for further information. |
| Daniel Lorraine, Assistant Agency Director 714-834-4418 LDaniel@ochca.com                                                                                                                                                  |                                                                                                                 |
| <b>Name of individual attending the Board Meeting:</b>                                                                                                                                                                     | List the name of the individual who will be attending the Board Meeting for this Grant item:                    |
| Veronica Kelley                                                                                                                                                                                                            |                                                                                                                 |

**AGENCY/DEPARTMENT: Health Care Agency**  
FY 2026-27 Annual Grants Application Table

**Summary of Anticipated Grant Applications for FY 2026-27**

| #                                 | Name of Grant                                                                                                            | Application Amount to be Requested (Estimated) | Grant Source                                                   | Application Due Date (Estimated) | Grant Status (New or Recurring) | County Match Required? (\$ amount or %) | New Full or Part-time Positions | Project Name and Purpose of Grant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Does this Grant Require CEQA Findings? |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------|----------------------------------|---------------------------------|-----------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>Behavioral Health Services</b> |                                                                                                                          |                                                |                                                                |                                  |                                 |                                         |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |
| 1                                 | Forensic Conditional Release Program (CONREP)                                                                            | \$2,493,421                                    | California Department of State Hospitals                       | n/a                              | Recurring                       |                                         | No new positions                | Funding is received from the Dept. of State Hospitals for ConRep for the Forensic Conditional Release Program (CONREP). CONREP provides community outpatient treatment services and supervision of judicially committed mentally disordered offenders.                                                                                                                                                                                                                                                                                                                                | No                                     |
| 2                                 | Early Access and Stabilization Services (EASS)                                                                           | \$1,041,590                                    | California Department of State Hospitals                       | March                            | Recurring                       |                                         | No new positions                | Funding is received from the Dept. of State Hospitals (DSH) for Early Access for Stabilization Services (EASS). EASS will provide treatment for Felony Incompetent to Stand Trial (IST) individuals admitted to this program by the Department of State Hospitals (DSH) Patient Management Unit (PMU) at the Orange County (OC) Jails in California. Treatment will include medication, individual therapy, groups, education, and competency to stand trial education. This program is meant to be a short term program while awaiting placement at another DSH facility or program. | No                                     |
| 3                                 | Projects for Assistance in Transition from Homelessness (PATH)                                                           | \$564,842                                      | State of California, Department of Health Care Services (DHCS) | May                              | Recurring                       | 33%                                     | No new positions                | Federal McKinney Projects for Assistance in Transition from Homelessness (PATH). The PATH grant is authorized under the Stewart B. McKinney Homeless Assistance Amendments Act of 1990 (Public Law 101-645, Title V, Subtitle B). The grant provides funds to states for the provision of services to individuals who have a serious mental illness, or who have co-occurring serious mental illness and substance use disorders, and who are homeless or at imminent risk of becoming homeless.                                                                                      | No                                     |
| 4                                 | Substance Abuse and Mental Health Services Administration (SAMHSA), Community Mental Health Services Block Grant (MHBG). | \$3,479,077                                    | State of California, Department of Health Care Services (DHCS) | May                              | Recurring                       |                                         | No new positions                | State of California, Department of Health Care Services (DHCS) provides the Federal Block Grant funds to County for Substance Abuse & Mental Health Services Administration (SAMHSA), Community Mental Health Services Block Grant (MHBG).                                                                                                                                                                                                                                                                                                                                            | No                                     |

## Summary of Anticipated Grant Applications for FY 2026-27

| # | Name of Grant                                                                                                        | Application Amount to be Requested (Estimated) | Grant Source                                                   | Application Due Date (Estimated) | Grant Status (New or Recurring) | County Match Required? (\$ amount or %) | New Full or Part-time Positions | Project Name and Purpose of Grant                                                                                                                                                                                                                                                                                                                                                                                                         | Does this Grant Require CEQA Findings? |
|---|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------|----------------------------------|---------------------------------|-----------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 5 | Integrated Plan for Provision of Specialty Mental Health Services (SMHS) and Drug Medi-Cal Delivery System (DMC-ODS) |                                                | State of California, Department of Health Care Services (DHCS) | January                          | Recurring                       |                                         | No new positions                | The State Department of Health Care Services (DHCS) contracts for the provision of specialty mental health services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) to eligible Medi-Cal beneficiaries. The Health Care Agency (HCA) administers this integrated health plan on behalf of the County.                                                                                                                        | No                                     |
| 6 | Substance Abuse Prevention and Treatment Block Grant (SABG)                                                          | \$19,216,499                                   | State of California, Department of Health Care Services (DHCS) | May                              | Recurring                       |                                         | No new positions                | The Department of Health Care Services (DHCS) allocates SABG funding to counties to establish or expand state and local alcohol and other drug abuse prevention, care, treatment, and rehabilitation programs.                                                                                                                                                                                                                            | No                                     |
| 7 | Friday Night Live (FNL)                                                                                              | \$92,000                                       | Tulare County Office of Education                              | Varies                           | Recurring                       |                                         | No new positions                | Tulare County Office of Education provides funding to implement Friday Night Live (FNL), Club Live (CL), Friday Night Live Kids (FNLK), and/or Friday Night Live Mentoring utilizing FNL Standards of Practice a safe environment, opportunities for community engagement, leadership, to build caring and meaningful relationships with peers and adults, engage in interesting and relevant skill building activities.                  | No                                     |
| 8 | Performance Contract                                                                                                 | \$0                                            | State of California, Department of Health Care Services (DHCS) | N/A                              | Recurring                       |                                         | No new positions                | The Performance Contract is to provide services to identified target populations which include; serious emotionally disturbed children, adults and older adults who have a serious mental disorder, adults who require or are at risk of requiring acute psychiatric inpatient care, and/or adults who have a substance abuse disorder. This Contract includes provisions for application agreements; MHBG, PATH, SABG and BHSA Services. | No                                     |

## Summary of Anticipated Grant Applications for FY 2026-27

| #                             | Name of Grant                                                                         | Application Amount to be Requested (Estimated) | Grant Source                                                 | Application Due Date (Estimated) | Grant Status (New or Recurring) | County Match Required? (\$ amount or %) | New Full or Part-time Positions | Project Name and Purpose of Grant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Does this Grant Require CEQA Findings? |
|-------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------|----------------------------------|---------------------------------|-----------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>Public Health Services</b> |                                                                                       |                                                |                                                              |                                  |                                 |                                         |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |
| 9                             | Population Needs Assessment                                                           | \$150,000                                      | Kaiser Foundation Health Plan Inc.                           | June                             | Recurring                       |                                         | No new positions                | Pursuant to guidance from the California Department of Health Care Services (DHCS), Managed Care Plans (MCPs) are required to meaningfully participate with Local Health Jurisdictions (LHJs) in a coordinated effort to develop and implement Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The Population Needs Assessment Funding by Kaiser Foundation Health Plan, Inc. will support the resources required for Health Care Agency (HCA) to facilitate the development, coordination, and implementation of these CHA and CHIP activities in partnership with MCPs and community stakeholders. | No                                     |
| 10                            | Population Needs Assessment Funding Agreement – community health improvement planning | \$990,678                                      | CalOptima                                                    | June                             | Recurring                       |                                         | No new positions                | Pursuant to guidance from the California Department of Health Care Services (DHCS), Managed Care Plans (MCPs) are required to meaningfully participate with Local Health Jurisdictions (LHJs) in a coordinated effort to develop and implement Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The Population Needs Assessment Funding by Kaiser Foundation Health Plan, Inc. will support the resources required for Health Care Agency (HCA) to facilitate the development, coordination, and implementation of these CHA and CHIP activities in partnership with MCPs and community stakeholders. | No                                     |
| 11                            | AIDS Drug Assistance Program (ADAP)                                                   | Fee for Service                                | California Department of Public Health, State Office of AIDS | Varies                           | Recurring                       |                                         | No new positions                | ADAP grant provides funding to screen HIV-positive individuals for HIV medications and other programs an individuals may be eligible to receive.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | No                                     |
| 12                            | Adolescent Family Life Program (AFLP)                                                 | \$884,709                                      | California Department of Public Health                       | Varies                           | Recurring                       | 53.99%                                  | No new positions                | The County receives AFLP funding from the Maternal and Child Health (MCH) State Branch to implement the strength-based case management program, Positive Youth Development (PYD) Model, with expectant and parenting youth under age 21 in Orange County.                                                                                                                                                                                                                                                                                                                                                                            | No                                     |

## Summary of Anticipated Grant Applications for FY 2026-27

| #  | Name of Grant                                                    | Application Amount to be Requested (Estimated) | Grant Source                                  | Application Due Date (Estimated) | Grant Status (New or Recurring) | County Match Required? (\$ amount or %) | New Full or Part-time Positions | Project Name and Purpose of Grant                                                                                                                                                                                                                                                                                                     | Does this Grant Require CEQA Findings? |
|----|------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|----------------------------------|---------------------------------|-----------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 13 | California Home Visiting Program (CHVP) Nurse Family Partnership | \$3,350,158                                    | California Department of Public Health        | Varies                           | Recurring                       | -                                       | No new positions                | The County receives CHVP State General Fund funding from the Maternal and Child Health (MCH) State Branch to implement the evidence-based home visiting program, Nurse Family Partnership, to improve the health, well-being and self-sufficiency of low-income, first-time parents and their children.                               | No                                     |
| 14 | California Home Visiting Program (CHVP) Innovation 3.0 Grant     | \$696,266                                      | California Department of Public Health        | Varies                           | New                             | -                                       | No new positions                | CHVP home visitation innovation funds are to be used for implementing innovative home visiting or home visiting related programs or projects with a focus on meeting a locally identified challenge in providing relevant, responsive, well-integrate home visiting services to pregnant and parenting families in their communities. | No                                     |
| 15 | Health Care Program for Children in Foster Care Stand Alone      | \$2,883,592                                    | California Department of Health Care Services | Varies                           | Recurring                       | -                                       | No new positions                | The State and Federal Governments provide funding for the Health Care Program for Children in Foster Care (HCPFC). HCPFC provides public health nursing expertise in meeting the medical, dental, mental and developmental health needs of children and youth in out-of-home placement or foster care.                                | No                                     |
| 16 | Childhood Lead Poisoning Prevention Program                      | \$1,826,091                                    | California Department of Public Health        | Varies                           | Recurring                       | -                                       | No new positions                | This funding supports the Childhood Lead Poisoning Prevention Program. The Program goals are to prevent childhood lead poisoning through education, community outreach, identification of lead sources and case management of lead-burdened children.                                                                                 | No                                     |

## Summary of Anticipated Grant Applications for FY 2026-27

| #  | Name of Grant                                                       | Application Amount to be Requested (Estimated) | Grant Source                                                                                        | Application Due Date (Estimated) | Grant Status (New or Recurring) | County Match Required? (\$ amount or %) | New Full or Part-time Positions | Project Name and Purpose of Grant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Does this Grant Require CEQA Findings? |
|----|---------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|-----------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 17 | STI Prevention and Collaboration                                    | \$952,068                                      | California Department of Public Health, State Office of AIDS, STD Control Branch                    | Varies                           | Recurring                       | -                                       | No new positions                | The STI Prevention and Collaboration funds must be used for the implementation of public health activities related to monitoring, prevention, testing, and linkage to and retention in care activities for the most vulnerable and underserved individuals living with, or at high risk for, STIs in collaboration with community-based organizations (CBOs) providing services within the local health jurisdiction (LHJ). Key activities for STI prevention and collaboration workplan are to: conduct surveillance and disease investigation activities; conduct STI prevention, testing, linkages to care, care coordination, and treatment, among vulnerable and underserved clients at high risk for STI, with an emphasis on priority settings and populations; and increase community-level capacity to deliver STI prevention, testing, navigation, linkages to care, care coordination, and treatment for vulnerable and underserved people at high risk for STIs. No less than 50 percent of the funds shall be provided to community-based organizations (CBOs) to accomplish these activities. | No                                     |
| 18 | Combatting Antimicrobial Resistant Gonorrhea and Other STIs (CARGO) | \$30,000                                       | California Department of Public Health/Public Health Foundation Enterprises, Inc. DBA Heluna Health | Varies                           | Recurring                       | -                                       | No new positions                | The goal of CARGO is to improve the ability to detect changes in susceptibility patterns and detect resistant infections sooner and inform efforts to maximize specificity of surveillance. CARGO is an expansion of current goals of the Gonococcal Isolate Surveillance Program (GISP) for testing and surveillance, to continue to proactively monitor Gonococcal infections within the County. The grant funds will support the Public Health Lab testing and shipping of samples to the outside laboratories.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | No                                     |

## Summary of Anticipated Grant Applications for FY 2026-27

| #  | Name of Grant                                                                                                            | Application Amount to be Requested (Estimated) | Grant Source                                                 | Application Due Date (Estimated) | Grant Status (New or Recurring) | County Match Required? (\$ amount or %) | New Full or Part-time Positions | Project Name and Purpose of Grant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Does this Grant Require CEQA Findings? |
|----|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------|----------------------------------|---------------------------------|-----------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 19 | Strengthening Healthcare-Associated Infections and Antimicrobial Resistance (HAI/AR) Program Capacity                    | \$680,000                                      | California Department of Public Health                       | Varies                           | Recurring                       | -                                       | No new positions                | The State of California received additional funding through the American Rescue Plan Act of 2021 to provide funding to support expansion of antimicrobial resistance (AR) surveillance in California via screening activities for carbapenemase-producing organisms (CPOs) and Candida auris, as well as supporting additional capacity for other optional activities including Whole Genome Sequencing (WGS) for Healthcare-Associated Infections and Antimicrobial Resistance (HAI/AR) pathogens and establishing capacity for antimicrobial susceptibility testing (AST) of <i>Neisseria gonorrhoeae</i> .                                       | No                                     |
| 20 | El Toro Marine Corps Air Station (MCAS)                                                                                  | \$12,000                                       | Department of Toxic Substances Control                       | February                         | Recurring                       | -                                       | No new positions                | The Department of Toxic Substances Control (DTSC) has entered into a contract with OC Health Care Agency to provide project management, report reviews, electronic/letter correspondence, file review/management associated with site inspections at the El Toro Marine Corps Air Station (MCAS) military facility site currently or formerly owned by the U.S. Department of Defense (DoD).                                                                                                                                                                                                                                                        | No                                     |
| 21 | Ending the HIV Epidemic (EHE-HRSA)                                                                                       | \$2,000,000                                    | U.S. Department of Health and Human Services (HRSA)          | Varies                           | Recurring                       | -                                       | No new positions                | The EHE HRSA funding is provided in the form of cooperative agreement. The HCA collaborates with HRSA's HIV/AIDS Bureau and its Ryan White HIV/AIDS Program Parts A and B to achieve program goals, specifically focused on pillars 2 and 4 of the Ending the Epidemic: A Plan for America.                                                                                                                                                                                                                                                                                                                                                         | No                                     |
| 22 | High Impact Human Immunodeficiency Virus (HIV) Prevention and Surveillance Program - Ending the HIV Epidemic Component A | \$1,054,521                                    | California Department of Public Health, State Office of AIDS | Varies                           | Recurring                       | -                                       | No new positions                | The Centers for Disease Control (CDC) provides funding through California Department of Public Health (CDPH), Office of AIDS (OA) to implement comprehensive HIV programs at the local level to support Ending the HIV Epidemic (EHE) activities, which complement existing programs, such as the Ryan White program, designed to support Ending the HIV Epidemic by leveraging data, tools and resources to reduce new HIV infections. Through the County Testing Treatment and Care Clinic and community-based providers this funding is intended to address the following four pillars of the EHE Initiative: Diagnose, Treat, Prevent, Respond. | No                                     |

## Summary of Anticipated Grant Applications for FY 2026-27

| #  | Name of Grant                                                    | Application Amount to be Requested (Estimated) | Grant Source                                                 | Application Due Date (Estimated) | Grant Status (New or Recurring) | County Match Required? (\$ amount or %) | New Full or Part-time Positions | Project Name and Purpose of Grant                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Does this Grant Require CEQA Findings? |
|----|------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------|----------------------------------|---------------------------------|-----------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 23 | Hepatitis C Virus Collaboration Project                          | \$235,947                                      | California Department of Public Health, STD Control Branch   | Varies                           | Recurring                       | -                                       | No new positions                | The funds must be used to develop and implement a public education and outreach program to raise hepatitis C awareness in high-risk groups, physician's offices, among health care workers, and in health care facilities by including hepatitis C counseling, education, and testing, as appropriate, into local state funded programs.                                                                                                                                          | No                                     |
| 24 | Future of Public Health Funding                                  | \$12,787,938                                   | California Department of Public Health                       | Varies                           | Recurring                       | -                                       | No new positions                | The Future of Public Health (FoPH) funding aims to improve public health workforce and infrastructure. These funds are considered ongoing funds and part of the ongoing baseline state budget. As required by statute, at least 70 percent of the funding must be spent on expanding permanent public health workforce. Remaining funds, not to exceed 30%, may be used for supplies and minor equipment and other administrative purposes such as travel and similar activities. | No                                     |
| 25 | High Impact HIV Prevention and Surveillance Program              | \$860,551                                      | California Department of Public Health, State Office of AIDS | Varies                           | Recurring                       | -                                       | No new positions                | The HIV Prevention Program funds various prevention strategies including: 1. Improving Pre-Exposure Prophylaxis (PrEP) utilization, 2. Increase and improve HIV routine testing in healthcare settings, 3. Expand partner Services, 4. Improve HIV linkage to medical care, 5. Increase and improve HIV Prevention and support services, and 6. Increase availability of STD self test services.                                                                                  | No                                     |
| 26 | Human Immunodeficiency Virus (HIV) Surveillance                  | \$399,971                                      | Department of Public Health, State Office of AIDS            | Varies                           | Recurring                       | -                                       | No new positions                | The HIV Surveillance funding ensures accurate and timely reporting of HIV/AIDS cases in Orange County.                                                                                                                                                                                                                                                                                                                                                                            | No                                     |
| 27 | Leaking Underground Storage Tanks, Local Oversight Program (LOP) | \$1,184,500                                    | State Water Resources Control Board                          | Varies                           | Recurring                       | -                                       | No new positions                | Environmental Health receives State funds to provide staffing, materials, and equipment necessary to conduct an underground storage tank corrective action program to identify and oversee the investigation and cleanup of unauthorized releases of petroleum related products within the County.                                                                                                                                                                                | No                                     |
| 28 | Local Enforcement Agency (LEA) Grant Program                     | \$47,637                                       | Department of Resources Recycling and Recovery (CalRecycle)  | May                              | Recurring                       | -                                       | No new positions                | The Local Enforcement Agency grant is a non-competitive, recurring grant offered to local enforcement agencies to support solid waste/landfill regulatory activities.                                                                                                                                                                                                                                                                                                             | No                                     |

## Summary of Anticipated Grant Applications for FY 2026-27

| #  | Name of Grant                                                                                                                                                                                        | Application Amount to be Requested (Estimated) | Grant Source                                      | Application Due Date (Estimated) | Grant Status (New or Recurring) | County Match Required? (\$ amount or %) | New Full or Part-time Positions | Project Name and Purpose of Grant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Does this Grant Require CEQA Findings? |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------|----------------------------------|---------------------------------|-----------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 29 | Local Oral Health Program                                                                                                                                                                            | \$761,180                                      | California Department of Public Health            | Varies                           | Recurring                       | -                                       | No new positions                | The Local Oral Health Program provides activities that support the state oral health plan to build capacity at the local level for the facilitation and implementation of education, prevention, linkage to treatment, surveillance, and case management services in the community.                                                                                                                                                                                                                                                                                                                                                                   | No                                     |
| 30 | Maternal, Child and Adolescent Health (MCAH)                                                                                                                                                         | \$1,885,073                                    | California Department of Public Health            | Varies                           | Recurring                       | 59.65%                                  | No new positions                | The County receives MCAH allocation through Maternal and Child Health (MCH) State Branch to provide leadership in planning, developing, and supporting comprehensive systems of preventive and primary care for the maternal, child, and adolescent population. This includes assessment of needs, coordinating and planning efforts at both state and local levels, and evaluation of program outcomes. Public Health Nurses provide home visitation and case management services to monitor growth and development, and link clients to community resources to support the health and well-being of the maternal, child, and adolescent population. | No                                     |
| 31 | Memorandum of Understanding between Children and Families Commission of Orange County and Orange County for Provision of Public Health Nursing Services for Bridges Prenatal-to-Three Health Network | \$1,500,000                                    | Children and Families Commission of Orange County | Varies                           | Recurring                       | -                                       | No new positions                | The Bridges Network is comprised of hospitals, community-based programs, and Public Health Nursing services focused on developing strategic and responsive services that promote health early childhood of young children birth through age five. This Agreement directly funds Public Health Nursing staff and allows HCA to leverage Title XIX funds in programs supporting prenatal, infant and child populations.                                                                                                                                                                                                                                 | No                                     |

## Summary of Anticipated Grant Applications for FY 2026-27

| #  | Name of Grant                                    | Application Amount to be Requested (Estimated) | Grant Source                                                                                  | Application Due Date (Estimated) | Grant Status (New or Recurring) | County Match Required? (\$ amount or %) | New Full or Part-time Positions | Project Name and Purpose of Grant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Does this Grant Require CEQA Findings? |
|----|--------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|-----------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 32 | Pediatric Immunization Project                   | \$647,624                                      | California Department of Public Health                                                        | Varies                           | Recurring                       | -                                       | No new positions                | The State contracts with the County for the Pediatric Immunization Project. This project provides vaccine management and accountability at the provider level; increases and supports provider participation in the local immunization registry; provides Quality Assurance site visits, education, training and technical assistance to providers; manages the local Perinatal Hepatitis B Prevention program; works collaboratively with local public and private/nonprofit, agencies, and professional organizations to increase influenza immunization; develops and disseminates consumer information and educational materials, including vaccine benefit and risk communication; and facilitates reporting of school and population assessments. | No                                     |
| 33 | Pre-Exposure Prophylaxis (PrEP) Provider Network | Fee for Service                                | California Department of Public Health, State Office of AIDS                                  | Varies                           | Recurring                       | -                                       | No new positions                | The Pre-Exposure Prophylaxis Assistance Program (PrEP-AP) assists at risk individuals with PrEP-AP related medical costs for uninsured clients and PrEP-AP related medical co-pays, deductibles, and drug costs not covered by a client's health insurance plan or the manufacturer's assistance program for insured clients.                                                                                                                                                                                                                                                                                                                                                                                                                           | No                                     |
| 34 | Public Beach Safety Monitoring                   | \$364,225                                      | State Water Resources Control Board                                                           | Varies                           | Recurring                       | -                                       | No new positions                | Funds are used to monitor and test the ocean waters at public beaches that are adjacent to storm drains that flow into the ocean during summer months, to respond to sewage spills, to post warnings or closure of ocean and bay waters when there is a violation of standards, and to provide public notification through a 24-hour a day telephone hotline, in an effort to reduce the risk of exposure to disease-causing microorganisms in the water at beaches.                                                                                                                                                                                                                                                                                    | No                                     |
| 35 | Refugee Health Assessment Program (RHAP)         | \$257,746                                      | California Department of Public Health - State of California Health and Human Services Agency | Varies                           | Recurring                       | -                                       | No new positions                | Medical Screenings for the provision of health assessment services to refugees, asylees, entrants from Haiti and Cuba, special visa immigrants, federally certified victims of human trafficking, and other eligible entrants.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | No                                     |

## Summary of Anticipated Grant Applications for FY 2026-27

| #  | Name of Grant                                                               | Application Amount to be Requested (Estimated) | Grant Source                                                       | Application Due Date (Estimated) | Grant Status (New or Recurring) | County Match Required? (\$ amount or %) | New Full or Part-time Positions | Project Name and Purpose of Grant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Does this Grant Require CEQA Findings? |
|----|-----------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------|----------------------------------|---------------------------------|-----------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 36 | Ryan White Act, Part A and Minority AIDS initiative (MAI)                   | \$4,532,966                                    | U.S. Department of Health and Human Services (HRSA)                | Varies                           | Recurring                       | -                                       | No new positions                | The Ryan White HIV/AIDS Program (HIV Emergency Relief Project Grants) serves as a crucial safety net for individuals living with HIV/AIDS. It's primary funding purpose is to provide outpatient care, treatment and support services to those without health insurance, filling gaps in coverage and assisting with costs for those with insurance limitations. Ryan White Part A Program funds are utilized as payor of last resort.                                                                                                                                                                                                                                         | No                                     |
| 37 | Ryan White Act, Part B - HIV Care Program                                   | \$1,985,122                                    | California Department of Public Health, State Office of AIDS       | Varies                           | Recurring                       | -                                       | No new positions                | The Ryan White Part B HIV Care Program (HCP) funds are used to provide HIV Care and treatment services to low-income people living with HIV in the County of Orange, which align with the following goals: 1. Minimize new HIV infections 2. Maximize the number of people with HIV who access appropriate care, treatment, and support 3. Reduce HIV/AIDS-related health disparities. Services provided under this funding includes Outpatient Ambulatory Health Services, Early Intervention Services, Medical Case Management, Medical Nutrition Therapy, Non-Medical Case Management, Referral for Health Care Services, Outreach Services, and Oral Health Care Services. | No                                     |
| 38 | Ryan White Act, Part C Outpatient Early Intervention Services (EIS) Program | \$703,104                                      | U.S. Department of Health and Human Services (HRSA)                | Varies                           | Recurring                       | -                                       | No new positions                | The Ryan White Act, Part C funding provides comprehensive and effective HIV care treatment and support services to eligible individuals for early detection of HIV, rapid linkage to medical care, ultimately resulting in HIV viral load suppression and reduced HIV transmission.                                                                                                                                                                                                                                                                                                                                                                                            | No                                     |
| 39 | Sexually Transmitted Disease Surveillance Network (SSuN)                    | \$150,740                                      | California Department of Public Health, STD Control Branch (STDCB) | Varies                           | Recurring                       | -                                       | No new positions                | The SSuN funds are used for STI surveillance activities in the County of Orange, which includes 1. Obtaining STI testing and treatment data from HCA Testing, Treatment, and Care Clinic (TTC) 2. Conducting HIV Registry matching for all TTC clinic visit records 3. Implementing patient surveys at TTC 4. Sharing data with the CDPH STDCB through secure data transfers.                                                                                                                                                                                                                                                                                                  | No                                     |

## Summary of Anticipated Grant Applications for FY 2026-27

| #  | Name of Grant                                                                                       | Application Amount to be Requested (Estimated) | Grant Source                                                                     | Application Due Date (Estimated) | Grant Status (New or Recurring) | County Match Required? (\$ amount or %) | New Full or Part-time Positions | Project Name and Purpose of Grant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Does this Grant Require CEQA Findings? |
|----|-----------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------|---------------------------------|-----------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 40 | Syphilis Outbreak Strategy (SOS)                                                                    | \$286,512                                      | California Department of Public Health, STD Control Branch (STDCB)               | Varies                           | Recurring                       | -                                       | No new positions                | The SOS funding is to support innovative and impactful syphilis and congenital syphilis prevention and control activities, with a focus on disproportionately impacted populations as determined by local or regional syphilis and congenital syphilis epidemiology.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | No                                     |
| 41 | Disease Intervention Specialist (DIS) Workforce Development                                         | \$563,567                                      | California Department of Public Health, STD Control Branch (STDCB)               | Varies                           | Recurring                       | -                                       | No new positions                | The DIS Workforce Development funding is to develop, expand, train, and sustain the DIS workforce and address jurisdictional prevention and response needs for sexually transmitted infections (STI), HIV, Hepatitis C Virus (HCV), and mpox over the performance period.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | No                                     |
| 42 | Tuberculosis Local Assistance Base Award and Food, Shelter, Incentives and Enables Allotment (FSIE) | \$1,113,769                                    | California Department of Public Health, Tuberculosis Control Branch              | Varies                           | Recurring                       | -                                       | No new positions                | The County receives Tuberculosis Local Assistance funds to support tuberculosis control, prevention and treatment, and housing and food for homeless tuberculosis patients. Food, Shelter, Incentives and Enables (FSIE) are used to enhance treatment adherence, prevent homelessness, and/or promote less restrictive alternatives that decrease or obviate the need for detention.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | No                                     |
| 43 | Civil Surgeon Tuberculosis Funding – Local Assistance.                                              | \$244,000                                      | California Department of Public Health(CDPH), Tuberculosis Control Branch (TBCB) | Varies                           | Recurring                       | -                                       | No new positions                | The California Department of Public Health (CDPH), Tuberculosis Control Branch (TBCB) awarded funding to the Orange County Health Care Agency (HCA) Pulmonary Disease Services (PDS) Program through the Centers for Disease Control (CDC) and Prevention grant. This grant is for Strengthening Civil Surgeon's capacity to improve Latent Tuberculosis Infection (LTBI) Surveillance and Outcomes among status adjusters grant. The Civil Surgeon grant funds aim to improve Public Health surveillance of LTBI among status adjusters, improve linkage to LTBI care, and treatment through the health department's collaboration with civil surgeons. Status adjusters are non-citizens residing in the US on temporary visas who are applying for legal permanent residency. Civil surgeons are physicians who complete the required medical exam for status adjusters. | No                                     |

## Summary of Anticipated Grant Applications for FY 2026-27

| #  | Name of Grant                                                               | Application Amount to be Requested (Estimated) | Grant Source                                                           | Application Due Date (Estimated) | Grant Status (New or Recurring) | County Match Required? (\$ amount or %) | New Full or Part-time Positions | Project Name and Purpose of Grant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Does this Grant Require CEQA Findings? |
|----|-----------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------|----------------------------------|---------------------------------|-----------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 44 | Intergovernmental Transfer Opportunity to Support Public Health Initiatives | \$10,026,842                                   | State of California, Department of Health Care Services (DHCS)         | March                            | Recurring                       | 36%                                     | No new positions                | Intergovernmental Transfers (IGT) began statewide in 2006 and have been used by other counties in California to offset the cost of uncompensated health care provided by county health departments, public hospitals and other local care providers. The Federal Centers for Medicare & Medicaid Services (CMS) provides a rate range for Medi-Cal managed care services, but the actual reimbursement rates that plans receive are set by the California Department of Health Care Services (DHCS). The difference between the federal allowable rate and state actual rate represents the potential amount of federal reimbursement that Orange County can claim through the IGT. The Health Care Agency (HCA) was invited by the Orange County Health Authority dba CalOptima Health (CalOptima) to participate in the IGT to obtain federal reimbursement for uncompensated health care provided to their patients. | No                                     |
| 45 | Tobacco Use Prevention Program                                              | \$589,296                                      | California Department of Public Health, Tobacco Control Program        | Varies                           | Recurring                       | -                                       | No new positions                | Tobacco Use Prevention Program receives State funding from Proposition 99/56 tobacco taxes. The goal of the program is to reduce the prevalence of tobacco use through educational programs. The program educates youth about the health risks of tobacco use, conducts media campaigns promoting smoking cessation, provides assistance to help nonsmokers avoid exposure to secondhand smoke, and educates merchants about existing laws that prohibit selling tobacco to minors.                                                                                                                                                                                                                                                                                                                                                                                                                                     | No                                     |
| 46 | Used Oil Payment Program (OPP)                                              | \$324,372                                      | California Department of Resources Recycling and Recovery (CalRecycle) | June                             | Recurring                       | -                                       | No new positions                | Used Oil Payment Program - HCA/Environmental Health serves as lead agency on behalf of the County and any "opt-in" participating cities to promote recycling of used motor oil and provides certification to used oil collection centers to accept used oil from the public.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | No                                     |
| 47 | Waste Tire Enforcement (TEA)                                                | \$430,500                                      | Department of Resources Recycling and Recovery (CalRecycle)            | December                         | Recurring                       | -                                       | No new positions                | Local Government Waste Tire Enforcement Grant is a non-competitive, recurring grant to investigate illegal tire disposal and perform waste tire inspections.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | No                                     |

## Summary of Anticipated Grant Applications for FY 2026-27

| #                                   | Name of Grant                                                    | Application Amount to be Requested (Estimated) | Grant Source                                                     | Application Due Date (Estimated) | Grant Status (New or Recurring) | County Match Required? (\$ amount or %) | New Full or Part-time Positions | Project Name and Purpose of Grant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Does this Grant Require CEQA Findings? |
|-------------------------------------|------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------|----------------------------------|---------------------------------|-----------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 48                                  | Women, Infants and Children (WIC) Supplemental Nutrition Program | \$4,335,681                                    | California Department of Public Health                           | Varies                           | Recurring                       | -                                       | No new positions                | The WIC Supplemental Nutrition program is funded by the State with Federal Department of Agriculture pass-through funds. Program goals are to provide nutrition education, counseling and diet supplementation (through the distribution of food vouchers) to low-income pregnant and lactating women and to infants and children who are found to be nutritionally at-risk.                                                                                                                                                                                                                                                                                                                                                                                                 | No                                     |
| <b>Specialized Medical Services</b> |                                                                  |                                                |                                                                  |                                  |                                 |                                         |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |
| 49                                  | California Children's Services (CCS) Administrative Program      | \$6,789,875                                    | California Department of Health Care Services-Children's Medical | 6/30/2026                        | Recurring                       | \$520,757                               | No new positions                | The State and Federal governments fund the CCS Administrative Program. The program provides case management, service authorization, eligibility determination, and office support in the treatment of children with eligible medical conditions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | No                                     |
| 50                                  | California Children's Services (CCS) Medical Therapy Program     | \$9,301,752                                    | California Department of Health Care Services-Children's Medical | 6/30/2026                        | Recurring                       | \$9,301,752                             | No new positions                | The State government funds the CCS Medical Therapy Program (MTP). The program provides diagnostic and treatment services including physical and occupational therapy in the treatment of children with eligible medical conditions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | No                                     |
| 51                                  | Public Health Emergency Preparedness                             | \$3,779,718                                    | California Department of Public Health                           | July                             | Recurring                       | -                                       | No new positions                | Grant funds are used to strengthen local jurisdiction's preparedness, response and recovery capabilities to bioterrorism, infectious disease outbreaks and other public health emergencies. These funds emphasize assessing, measuring and sustaining preparedness capabilities. The funding helps build and sustain the following capabilities: Community Preparedness, Community Recovery, Emergency Operations Coordination, Public Information & Warning, Fatality Management, Information Sharing, Mass Care, Medical Countermeasure Dispensing, Medical Material Management and Distribution, Medical Surge, Non-Pharmaceutical Interventions, Public Health Laboratory Testing, PH Surveillance & Epi Investigation, Responder Health & Safety, Volunteer Management. | No                                     |
| <b>Grand Total</b>                  |                                                                  | <b>\$108,487,719</b>                           |                                                                  |                                  |                                 |                                         |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |



## CEO-Legislative Affairs Office Grant Authorization eForm

### GRANT APPLICATION / GRANT AWARD

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Today's Date:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | August 5, 2026                                                                                                                                          |
| <b>Requesting Agency/Department:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Health Care Agency                                                                                                                                      |
| <b>Grant Name and Project Title:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Voluntary Intergovernmental Transfer (IGT) Agreements                                                                                                   |
| <b>Sponsoring Organization/ Grant Source:</b><br>(If the grant source is not a government entity, please provide a brief description of the organization/foundation)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | California Department of Health Care Services                                                                                                           |
| <b>Application Amount Requested:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$7,000,000                                                                                                                                             |
| <b>Application Due Date:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | N/A                                                                                                                                                     |
| <b>Board Date when Board Approved this Application:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | August 12, 2025                                                                                                                                         |
| <b>Awarded Funding Amount:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$11,600,000                                                                                                                                            |
| <b>Notification Date of Funding Awarded:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | July 17, 2026                                                                                                                                           |
| <b>Is this an Authorized Retroactive Grant Application/Award?</b> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                         |
| <b>Recurrence of Grant:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes                                                                                                                                                     |
| <b>If this is a recurring grant, please list the funding amount applied for and awarded in the past:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CY 2022 total \$9,809,602<br>CY 2023 total \$10,704,601<br>CY 2024 total \$10,157,369                                                                   |
| <b>Does this grant require CEQA findings?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | No                                                                                                                                                      |
| <b>What Type of Grant is this?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Award - IGT</b>                                                                                                                                      |
| <b>County Match?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes                                                                                                                                                     |
| <b>How will the County Match be fulfilled?</b><br>(Please include the specific budget)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FY 26-27 County match is approximately \$4,600,000 in Health Realignment                                                                                |
| <b>Will the grant/program create new part or full-time positions?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | No                                                                                                                                                      |
| <b>Will this grant support a new or existing program?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Existing                                                                                                                                                |
| <b>Purpose of Grant Funds:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Provide summary and brief background on why the Board of Supervisors should accept this grant application/award, and how the grant will be implemented. |
| <p>Since 2006, the California Department of Health Care Services (DHCS) has offered local governments that provide health care the opportunity to secure additional Medi-Cal revenues by participating in a voluntary Intergovernmental Transfer (IGT) program with their local Medi-Cal managed care plan. Orange County Health Authority dba CalOptima (CalOptima) is the Medi-Cal managed care plan that services Orange County, CA.</p> <p>The federal Centers for Medicare and Medicaid Services (CMS) provides a rate range for Medi-Cal managed care services, but the actual reimbursement rates that plans receive are set by the DHCS. The difference</p> |                                                                                                                                                         |

between the federal allowable rate and state actual rate represents the potential amount of federal reimbursement that counties can claim through a rate range IGT to offset the cost of uncompensated health care provided by the county health departments, public hospitals, and other local care providers.

The OC Health Care Agency (HCA) was invited by CalOptima to participate in an IGT to obtain federal reimbursement for uncompensated health care provided to their patients during the service period of January 1, 2025, to December 31, 2025. The reimbursement by CMS is a dollar-for-dollar match of non-federal funds, which combined covers the cost of eligible healthcare expenditures incurred. HCA estimates \$7,000,000 million in federal matching funds above the original match of health realignment funds for a total funding amount of \$11,600,000.

Because the federal funding is intended to offset Public Health expenditures, all funds received will be used to support Public Health initiatives in Orange County. Funds received by HCA will offset net County costs to support Public Health Services that promote health and prevent the spread of communicable diseases.

**Board Resolution Required?**

No

**Deputy County Counsel Name:**

N/A

**Recommended Action(s)**

(Please specify below)

The Health Care Agency requests that the Board of Supervisors:

- 1) Approve the Intergovernmental Agreement Regarding Transfer of Public Funds with the California Department of Health Care Services for the transfer of approximately \$4,600,000 from Health Care Agency to the California Department of Health Care Services.
- 2) Direct the Auditor-Controller, upon notification from the Health Care Agency Director or designee to issue payments as required for the Intergovernmental Transfer.
- 3) Authorize the Health Care Agency Director, or designee, to execute the Approval of Intergovernmental Agreement Regarding Transfer of Public Funds Contract # IGT 25-0039 with the California Department of Health Care Services upon review and approval by County Counsel.
- 4) Authorize the Health Care Agency Director, or designee, to execute the Approval of Health Plan-Provider Agreement for Intergovernmental Transfer Medi-Cal Managed Care Rate Range Increases the service period of January 1, 2025 through December 31, 2025 upon review and approval by County Counsel.

**Department Contact:**

List the name and contact information (telephone, email) of the person to be contacted for further information.

Jennifer Sarin (714) 834-4099 jsarin@ochca.com

**Name of individual attending the Board Meeting:**

List the name of the individual who will be attending the Board Meeting for this Grant item:

Veronica Kelley



## CEO-Legislative Affairs Office Grant Authorization eForm

Attachment A

### GRANT APPLICATION / GRANT AWARD

|                                                                                                                                                                      |                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Today's Date:</b>                                                                                                                                                 | August 4, 2026                                                                                                                                                 |
| <b>Requesting Agency/Department:</b>                                                                                                                                 | Health Care Agency                                                                                                                                             |
| <b>Grant Name and Project Title:</b>                                                                                                                                 | Ending the HIV Epidemic (EHE): A Plan for America- Ryan White HIV/AIDS Program Parts A and B                                                                   |
| <b>Sponsoring Organization/ Grant Source:</b><br>(If the grant source is not a government entity, please provide a brief description of the organization/foundation) | Health Resources Services Administration                                                                                                                       |
| <b>Application Amount Requested:</b>                                                                                                                                 | \$652,082                                                                                                                                                      |
| <b>Application Due Date:</b>                                                                                                                                         | N/A                                                                                                                                                            |
| <b>Board Date when Board Approved this Application:</b>                                                                                                              | August 12, 2025                                                                                                                                                |
| <b>Awarded Funding Amount:</b>                                                                                                                                       | \$2,652,082                                                                                                                                                    |
| <b>Notification Date of Funding Awarded:</b>                                                                                                                         | July 27, 2026                                                                                                                                                  |
| <b>Is this an Authorized Retroactive Grant Application/Award?</b> No                                                                                                 |                                                                                                                                                                |
| <b>Recurrence of Grant:</b>                                                                                                                                          | Yes                                                                                                                                                            |
| <b>If this is a recurring grant, please list the funding amount applied for and awarded in the past:</b>                                                             | 03/01/2025 - 02/28/2026 Award = \$3,402,000 (includes carryover)<br>03/01/2024 - 02/28/2025 Award = \$2,000,000<br>03/01/2023 - 02/28/2024 Award = \$2,000,000 |
| <b>Does this grant require CEQA findings?</b>                                                                                                                        | No                                                                                                                                                             |
| <b>What Type of Grant is this?</b>                                                                                                                                   | Award - Competitive                                                                                                                                            |
| <b>County Match?</b>                                                                                                                                                 | No                                                                                                                                                             |
| <b>How will the County Match be fulfilled?</b><br>(Please include the specific budget)                                                                               | N/A                                                                                                                                                            |
| <b>Will the grant/program create new part or full-time positions?</b>                                                                                                | No                                                                                                                                                             |
| <b>Will this grant support a new or existing program?</b>                                                                                                            | Existing                                                                                                                                                       |
| <b>Purpose of Grant Funds:</b>                                                                                                                                       | Provide summary and brief background on why the Board of Supervisors should accept this grant application/award, and how the grant will be implemented.        |
| The goals of the EHE initiative funding are to address the following strategies/pillars:<br>Pillar 1: Diagnose all people with HIV as early as possible;             |                                                                                                                                                                |

Pillar 2: Treat people with HIV rapidly and effectively to reach sustained viral suppression;

Pillar 3: Prevent new HIV transmissions by using proven interventions; and

Pillar 4: Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Funding is provided in the form of cooperative agreement. The Health Care Agency collaborates with HRSA's HIV/AIDS Bureau and its Ryan White HIV/AIDS Program Parts A and B to achieve program goals specifically focused on pillars 2 and 4 of the EHE initiative.

The HCA previously received, and the Board of Supervisors approved to accept the base award of EHE funding on June 23, 2026, in the amount of \$2,000,000. HRSA, on July 27, 2026, awarded the HCA an additional amount of \$652,082 in carryover dollars to fund EHE activities in the current grant period of March 1, 2026, through February 28, 2027.

**Board Resolution Required?**

No

**Deputy County Counsel Name:**

N/A

**Recommended Action(s)**

(Please specify below)

The Health Care Agency requests that the Board of Supervisors:

1. Accept the award of the Ending the HIV Epidemic: Plan for America- Ryan White HIV/AIDS Program Parts A and B grant funding for the term of March 1, 2026 through February 28, 2027, in the carryover amount of \$652,082, for total funding in the amount of \$2,652,082 for the grant period.

2. Authorize the Health Care Agency Director, or designee, to sign and execute the Grant Award Agreement, upon review and approval by County Counsel, and authorize the Health Care Agency Director, or designee, to sign and execute Agreement and any related documents for this award and to make such future amendments thereto that do not change the Agreement amount by more than 10% of the original amount and/or make immaterial, ministerial changes to the Agreement.

**Department Contact:**

List the name and contact information (telephone, email) of the person to be contacted for further information.

Jenna Sarin 714-834-4099 jsarin@ochca.com April Orozco 714-834-7799 aorozco@ochca.com

**Name of individual attending the Board Meeting:**

List the name of the individual who will be attending the Board Meeting for this Grant item:

Veronica Kelley



## CEO-Legislative Affairs Office Grant Authorization eForm

### GRANT APPLICATION / GRANT AWARD

|                                                                                                                                                                      |                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Today's Date:</b>                                                                                                                                                 | August 4, 2026                                                                                                                                                                           |
| <b>Requesting Agency/Department:</b>                                                                                                                                 | Health Care Agency                                                                                                                                                                       |
| <b>Grant Name and Project Title:</b>                                                                                                                                 | Health Care Program for Children in Foster Care (HCPFC)                                                                                                                                  |
| <b>Sponsoring Organization/ Grant Source:</b><br>(If the grant source is not a government entity, please provide a brief description of the organization/foundation) | California Department of Health Care Services (DHCS) - Health Care Program for Children in Foster Care                                                                                   |
| <b>Application Amount Requested:</b>                                                                                                                                 | \$2,960,427                                                                                                                                                                              |
| <b>Application Due Date:</b>                                                                                                                                         | N/A                                                                                                                                                                                      |
| <b>Board Date when Board Approved this Application:</b>                                                                                                              | August 12, 2025                                                                                                                                                                          |
| <b>Awarded Funding Amount:</b>                                                                                                                                       | \$2,960,427                                                                                                                                                                              |
| <b>Notification Date of Funding Awarded:</b>                                                                                                                         | July 7, 2026                                                                                                                                                                             |
| <b>Is this an Authorized Retroactive Grant Application/Award?</b> Retroactive                                                                                        |                                                                                                                                                                                          |
| <b>Recurrence of Grant:</b>                                                                                                                                          | Yes                                                                                                                                                                                      |
| <b>If this is a recurring grant, please list the funding amount applied for and awarded in the past:</b>                                                             | FY 25-26 Awarded: \$2,883,591.00<br>FY 24-25 Awarded: \$2,857,933. 00<br>FY 23-24 Awarded: \$2,394,351.00                                                                                |
| <b>Does this grant require CEQA findings?</b>                                                                                                                        | No                                                                                                                                                                                       |
| <b>What Type of Grant is this?</b>                                                                                                                                   | <b>Award</b> - Non Competitive                                                                                                                                                           |
| <b>County Match?</b>                                                                                                                                                 | Yes                                                                                                                                                                                      |
| <b>How will the County Match be fulfilled?</b><br>(Please include the specific budget)                                                                               | The award amount includes the Federal Title XIX dollars. The agency budgeted realignment funds are used for Title XIX match. Approx. 6% of the total award amount will be used to match. |
| <b>Will the grant/program create new part or full-time positions?</b>                                                                                                | No                                                                                                                                                                                       |
| <b>Will this grant support a new or existing program?</b>                                                                                                            | Existing                                                                                                                                                                                 |
| <b>Purpose of Grant Funds:</b>                                                                                                                                       | Provide summary and brief background on why the Board of Supervisors should accept this grant application/award, and how the grant will be implemented.                                  |

The California Department of Health Care Services (DHCS) administers the federal and state funds to local health jurisdictions to administer the Health Care Program for Children in Foster Care Program. The OC Health Care Agency provides public health nursing services in the child welfare services program set forth by the California Department of Social Services (CDSS) and DHCS to meet the federal requirements for the provision of health care to minor and nonminor dependents in foster care. The DHCS HCPFC grant funds the HCPFC Public Health Nursing program within Community and Nursing Services Division to promote and enhance the physical, mental, dental, and developmental well-being of children in the child welfare system, including Children

and Youth with Special Health Care Needs and those requiring Psychotropic Medication Monitoring and Oversight.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>Board Resolution Required?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | No                                                                                                              |
| <b>Deputy County Counsel Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | N/A                                                                                                             |
| <b>Recommended Action(s)</b><br>(Please specify below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |
| <p>The Health Care Agency requests that the Board of Supervisors:</p> <ol style="list-style-type: none"> <li>1) Accept the grant funding award from the <b>California Department of Health Care Services</b> for the term of <b>July 1, 2026, through June 30, 2027</b>, in the amount of <b>\$2,960,427.00</b>.</li> <li>2) Authorize the Health Care Agency Director, or designee, to execute the Grant Award Agreement, upon review and approval by County Counsel, and delegate authority to the Health Care Agency Director, or designee, to sign and execute the Acceptance of Award, Agreement and/or any documents related to this award, and to make such future amendments thereto that do not change the Agreement amount by more than 10% of the original amount and/or make immaterial, ministerial changes to the Agreement.</li> </ol> |                                                                                                                 |
| <b>Department Contact:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | List the name and contact information (telephone, email) of the person to be contacted for further information. |
| Jennifer Sarin 714-834-4099 JSarin@ochca.com April Orozco 714-834-7799 AOrozco@ochca.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |
| <b>Name of individual attending the Board Meeting:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | List the name of the individual who will be attending the Board Meeting for this Grant item:                    |
| Veronica Kelley                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                 |



**VERONICA KELLEY, DSW, LCSW**  
AGENCY DIRECTOR

**JENNIFER SARIN, MSN, RN, PHN**  
PUBLIC HEALTH AND NURSING SERVICES  
DIRECTOR

405 West 5th Street, 7th Floor  
Santa Ana, California 92701

July 15, 2026

To: KC Roestenberg, Interim County Executive Officer

From: Veronica Kelley, DSW, LCSW, Agency Director  
Jennifer Sarin, MSN, RN, PHN, Director of Public Health and Nursing

Re: Retroactive Request to Accept Award – California Department of Health Care  
Services (DHCS), Health Care Program for Children in Foster Care (HCPFC) Award

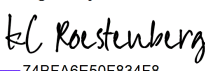
This memo is being submitted to request that the County Executive Officer place the  
subject grant award on the August 11, 2026, Board of Supervisors Meeting Agenda.

On July 7, 2026, DHCS awarded OC Health Care Agency an award of \$2,960,427.00 for the  
Health Care Program for Children in Foster Care program. The term of the agreement is  
July 1, 2026, through June 30, 2027. This is a standard annual agreement which is included  
in the FY 2026-27 adopted budget. Due to there being no available Board dates in the  
month of July, it was not possible to submit the request for acceptance of award to the  
Board within 30 days of notification. HCA is respectfully requesting approval to accept the  
DHCS award of \$2,960,427.00 to HCA's Health Care Program for Children in Foster Care  
program.

If you have any questions about the grant award, please contact Jennifer Sarin, Director of  
Public Health and Nursing Services at (714) 834-4099.

Thank you for your consideration,  
for Dr. Kelley

  
Veronica Kelley, DSW, LCSW  
Agency Director

Signed by:  
  
8/6/2026 | 9:32 AM PDT



## CEO-Legislative Affairs Office Grant Authorization eForm

### GRANT APPLICATION / GRANT AWARD

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Today's Date:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | August 4, 2026                                                                                                                                          |
| <b>Requesting Agency/Department:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Health Care Agency                                                                                                                                      |
| <b>Grant Name and Project Title:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Future of Public Health                                                                                                                                 |
| <b>Sponsoring Organization/ Grant Source:</b><br><small>(If the grant source is not a government entity, please provide a brief description of the organization/foundation)</small>                                                                                                                                                                                                                                                                                                                                                                                                      | California Department of Public Health                                                                                                                  |
| <b>Application Amount Requested:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$12,787,939                                                                                                                                            |
| <b>Application Due Date:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | N/A                                                                                                                                                     |
| <b>Board Date when Board Approved this Application:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | N/A                                                                                                                                                     |
| <b>Awarded Funding Amount:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$12,787,939                                                                                                                                            |
| <b>Notification Date of Funding Awarded:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | July 1, 2026                                                                                                                                            |
| <b>Is this an Authorized Retroactive Grant Application/Award?</b> Retroactive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                         |
| <b>Recurrence of Grant:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes                                                                                                                                                     |
| <b>If this is a recurring grant, please list the funding amount applied for and awarded in the past:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | FY 2022/23 \$13,351,733<br>FY 2023/24 \$13,351,733<br>FY 2024/25 \$12,787,939<br>FY 2025/26 \$12,787,939                                                |
| <b>Does this grant require CEQA findings?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | No                                                                                                                                                      |
| <b>What Type of Grant is this?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Award</b> - Allocation                                                                                                                               |
| <b>County Match?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | No                                                                                                                                                      |
| <b>How will the County Match be fulfilled?</b><br><small>(Please include the specific budget)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | N/A                                                                                                                                                     |
| <b>Will the grant/program create new part or full-time positions?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | No                                                                                                                                                      |
| <b>Will this grant support a new or existing program?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Existing                                                                                                                                                |
| <b>Purpose of Grant Funds:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Provide summary and brief background on why the Board of Supervisors should accept this grant application/award, and how the grant will be implemented. |
| <p>The 2024 Budget Act provides allocation of \$188,200,000 annually and ongoing to local health jurisdictions for public health workforce and infrastructure, referred to as the Future of Public Health Funding. California Department of Public Health</p> <p>(CDPH)'s objective to transform public health in the state into a modernized public health system and transition to a resilient system rather than one dependent on intermittent short-term funding for various public health emergencies with the goal of protecting and improving the health of all Californians.</p> |                                                                                                                                                         |

These funds are considered ongoing funds and part of the ongoing baseline state budget, which must be approved in the annual state budget process. Funding requirements provide that at least 70 percent of funds to support the hiring of permanent county staff, including benefits and training, with remaining funds, not to exceed 30 percent, may be used for equipment, supplies, and other administrative purposes such as facility space, furnishings, and travel.

Funding memo dated July 1, 2026 provides FY2026-27 allocation for funding service period July 1, 2026 - June 30, 2027 for Orange County in the amount of \$12,787,939

**Board Resolution Required?**

No

**Deputy County Counsel Name:**

N/A

**Recommended Action(s)**

(Please specify below)

The Health Care Agency requests that the Board of Supervisors:

1. Accept the grant funding award from the California Department of Public Health for Future of Public Health funding for the term July 1, 2026 through June 30, 2027, in the amount of \$12,787,939.
2. Authorize the Health Care Agency Director, or designee, to sign the Acknowledgment of Allocation Letter and/or any documents related to this award, and to make such future amendments thereto that do not change the amount by more than 10% of the original amount and/or make material changes to the scope of work.

**Department Contact:**

List the name and contact information (telephone, email) of the person to be contacted for further information.

Jennifer Sarin 714-834-4099 jsarin@ochca.com

**Name of individual attending the Board Meeting:**

List the name of the individual who will be attending the Board Meeting for this Grant item:

Veronica Kelley



**VERONICA KELLEY, DSW, LCSW**  
AGENCY DIRECTOR

**LORRAINE DANIEL, MPA**  
ASSISTANT AGENCY DIRECTOR

**JENNIFER SARIN, MSN, RN, PHN**  
PUBLIC HEALTH AND NURSING SERVICES  
DIRECTOR

405 West 5th Street, 7th Floor  
Santa Ana, California 92701

Date: July 7, 2026

To: KC Roestenberg, County Executive Officer

From: Veronica Kelley, DSW, LCSW, Agency Director

Lorraine Daniel, Assistant Agency Director 

Jennifer Sarin, MSN, RN, PHN, Director of Public Health and Nursing 

Re: Ratified Request to Accept Award for Future of Public Health (FoPH) Grant

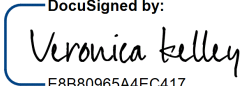
This memo is being submitted to request that the County Executive Officer place the subject grant award on the August 11, 2026, Board of Supervisors (Board) Meeting Agenda.

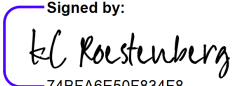
The State of California provides funding to the Orange County Health Care Agency (HCA) as part of the FoPH grant focused on transforming, modernizing, and strengthening public health services in key services including: workforce development, emergency preparedness, information technology, communications, community partnerships, and community health improvement.

On July 1, 2026, the HCA received the funding memo, for funding in the amount of \$12,787,939, for the term of July 1, 2026, through June 30, 2027. The process to accept the funds was initiated, however, based on timing of available Board of Supervisor meeting dates and review of documents, HCA was unable to present this item within the 30-day timeframe of the Grants policy.

If you have any questions about the grant, please contact Jennifer Sarin, Director of Public Health and Nursing.

Thank you for your consideration,

DocuSigned by:  
  
E8B80965A4EC417...  
Veronica Kelley, DSW, LCSW  
Agency Director

Signed by:  
  
74BFA6E50F834F8...  
7/15/2026 | 2:31 PM PDT



# CEO-Legislative Affairs Office Grant Authorization eForm

Attachment A

## GRANT APPLICATION / GRANT AWARD

| <b>Today's Date:</b>                                                                                                                                                 | August 3, 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                            |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------|----------------|----------------|------|----|-----------|-----------|------|----|-----------|-----------|------|----|-----------|-----------|------|----|-----------|-----------|------|----|-----------|-----------|------|-----|-------------|-------------|------|-----|-------------|-------------|------|-----|-------------|-------------|------|----|-----------|-----------|------|-----|-------------|-------------|------|-----|-------------|-------------|------|----|-----------|-----------|------|----|-----------|-----------|------|-----|-------------|-------------|
| <b>Requesting Agency/Department:</b>                                                                                                                                 | OC Community Resources                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |                            |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| <b>Grant Name and Project Title:</b>                                                                                                                                 | Veterans Affairs Supportive Housing (VASH) Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                            |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| <b>Sponsoring Organization/ Grant Source:</b><br>(If the grant source is not a government entity, please provide a brief description of the organization/foundation) | U.S. Department of Housing and Urban Development (HUD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |                            |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| <b>Application Amount Requested:</b>                                                                                                                                 | \$579,031                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                            |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| <b>Application Due Date:</b>                                                                                                                                         | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                            |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| <b>Board Date when Board Approved this Application:</b>                                                                                                              | June 24, 2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                            |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| <b>Awarded Funding Amount:</b>                                                                                                                                       | \$579,031                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                            |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| <b>Notification Date of Funding Awarded:</b>                                                                                                                         | June 25, 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                            |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| <b>Is this an Authorized Retroactive Grant Application/Award?</b> Ratified                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                            |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| <b>Recurrence of Grant:</b>                                                                                                                                          | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                            |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| <b>If this is a recurring grant, please list the funding amount applied for and awarded in the past:</b>                                                             | <table border="1"> <thead> <tr> <th>Year Awarded</th><th>Number of Vouchers Applied</th><th>Amount Applied</th><th>Amount Awarded</th></tr> </thead> <tbody> <tr><td>2025</td><td>50</td><td>\$961,170</td><td>\$961,170</td></tr> <tr><td>2023</td><td>10</td><td>\$168,348</td><td>\$168,348</td></tr> <tr><td>2022</td><td>10</td><td>\$155,460</td><td>\$155,460</td></tr> <tr><td>2021</td><td>30</td><td>\$458,341</td><td>\$458,341</td></tr> <tr><td>2019</td><td>32</td><td>\$364,050</td><td>\$364,050</td></tr> <tr><td>2018</td><td>100</td><td>\$1,137,656</td><td>\$1,137,656</td></tr> <tr><td>2017</td><td>100</td><td>\$1,114,873</td><td>\$1,114,873</td></tr> <tr><td>2016</td><td>133</td><td>\$1,471,512</td><td>\$1,471,512</td></tr> <tr><td>2015</td><td>44</td><td>\$487,450</td><td>\$487,450</td></tr> <tr><td>2014</td><td>110</td><td>\$1,181,836</td><td>\$1,181,836</td></tr> <tr><td>2013</td><td>100</td><td>\$1,117,272</td><td>\$1,117,272</td></tr> <tr><td>2012</td><td>75</td><td>\$884,560</td><td>\$884,560</td></tr> <tr><td>2011</td><td>75</td><td>\$927,747</td><td>\$927,747</td></tr> <tr><td>2010</td><td>150</td><td>\$1,667,412</td><td>\$1,667,412</td></tr> </tbody> </table> | Year Awarded   | Number of Vouchers Applied | Amount Applied | Amount Awarded | 2025 | 50 | \$961,170 | \$961,170 | 2023 | 10 | \$168,348 | \$168,348 | 2022 | 10 | \$155,460 | \$155,460 | 2021 | 30 | \$458,341 | \$458,341 | 2019 | 32 | \$364,050 | \$364,050 | 2018 | 100 | \$1,137,656 | \$1,137,656 | 2017 | 100 | \$1,114,873 | \$1,114,873 | 2016 | 133 | \$1,471,512 | \$1,471,512 | 2015 | 44 | \$487,450 | \$487,450 | 2014 | 110 | \$1,181,836 | \$1,181,836 | 2013 | 100 | \$1,117,272 | \$1,117,272 | 2012 | 75 | \$884,560 | \$884,560 | 2011 | 75 | \$927,747 | \$927,747 | 2010 | 150 | \$1,667,412 | \$1,667,412 |
| Year Awarded                                                                                                                                                         | Number of Vouchers Applied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Amount Applied | Amount Awarded             |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| 2025                                                                                                                                                                 | 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$961,170      | \$961,170                  |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| 2023                                                                                                                                                                 | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$168,348      | \$168,348                  |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| 2022                                                                                                                                                                 | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$155,460      | \$155,460                  |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| 2021                                                                                                                                                                 | 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$458,341      | \$458,341                  |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| 2019                                                                                                                                                                 | 32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$364,050      | \$364,050                  |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| 2018                                                                                                                                                                 | 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$1,137,656    | \$1,137,656                |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| 2017                                                                                                                                                                 | 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$1,114,873    | \$1,114,873                |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| 2016                                                                                                                                                                 | 133                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$1,471,512    | \$1,471,512                |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| 2015                                                                                                                                                                 | 44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$487,450      | \$487,450                  |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| 2014                                                                                                                                                                 | 110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$1,181,836    | \$1,181,836                |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| 2013                                                                                                                                                                 | 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$1,117,272    | \$1,117,272                |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| 2012                                                                                                                                                                 | 75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$884,560      | \$884,560                  |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| 2011                                                                                                                                                                 | 75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$927,747      | \$927,747                  |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| 2010                                                                                                                                                                 | 150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$1,667,412    | \$1,667,412                |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| <b>Does this grant require CEQA findings?</b>                                                                                                                        | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                            |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| <b>What Type of Grant is this?</b>                                                                                                                                   | <b>Award</b> - Non Competitive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                            |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| <b>County Match?</b>                                                                                                                                                 | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                            |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |
| <b>How will the County Match be fulfilled?</b>                                                                                                                       | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                            |                |                |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |    |           |           |      |     |             |             |      |     |             |             |      |     |             |             |      |    |           |           |      |     |             |             |      |     |             |             |      |    |           |           |      |    |           |           |      |     |             |             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Please include the specific budget)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                         |
| <b>Will the grant/program create new part or full-time positions?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | No                                                                                                                                                      |
| <b>Will this grant support a new or existing program?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Existing                                                                                                                                                |
| <b>Purpose of Grant Funds:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Provide summary and brief background on why the Board of Supervisors should accept this grant application/award, and how the grant will be implemented. |
| <p>The U.S. Department of Housing and Urban Development (HUD) –Veterans’ Affairs Supportive Housing (VASH) program combines HUD Housing Choice Voucher rental assistance for homeless veterans with case management and clinical services provided by the U.S. Department of Veterans Affairs. This partnership is designed to help Veterans experiencing homelessness secure stable housing and receive the supportive services necessary to maintain long-term stability.</p> <p>On June 25, 2026, HUD notified OC Community Resources/Orange County Housing Authority (OCHA) of an award of 30 HUD-VASH vouchers in the amount of \$579,031 under Notice PIH 2025-21 allocation with the effective date of the award of August 1, 2026. Acceptance of this award will provide OCHA with additional resources to expand housing opportunities for Veteran in Orange County.</p> <p>With this award, the total number of HUD-VASH Program vouchers administered by OCHA increases to 1,119.</p> |                                                                                                                                                         |
| <b>Board Resolution Required?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No                                                                                                                                                      |
| <b>Deputy County Counsel Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | N/A                                                                                                                                                     |
| <b>Recommended Action(s)</b><br>(Please specify below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                         |
| 1. Authorize the OC Community Resources Director or designee to accept the funding award for 30 HUD-VASH vouchers in the amount of \$579,031 and administer the VASH Program utilizing said fund.<br>2. Authorize the OC Community Resources Director or designee to execute any related documents, agreements, and terms necessary to accept the funding award.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                         |
| <b>Department Contact:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | List the name and contact information (telephone, email) of the person to be contacted for further information.                                         |
| Dylan Wright 7144802788 dylan.wright@occr.ocgov.com Julia Bidwell 7144802991 julia.bidwell@occr.ocgov.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                         |
| <b>Name of individual attending the Board Meeting:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | List the name of the individual who will be attending the Board Meeting for this Grant item:                                                            |
| Dylan Wright                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                         |



## Grant Retroactive/Ratification Memorandum

**Date:** 7/27/2026  
**To:** County Executive Office  
**From:** Dylan Wright, Director, OC Community Resources  
**Re:** Veterans Affairs Supportive Housing (VASH) Program  
**Subject:** Request for Retroactive Approval of Grant Award

The U.S. Department of Housing and Urban Development (HUD) – Veterans Affairs Supportive Housing (VASH) program combines HUD Housing Choice Voucher rental assistance for homeless veterans with case management and clinical services provided by the U.S. Department of Veterans Affairs. This partnership is designed to help Veterans experiencing homelessness secure stable housing and receive the supportive services necessary to maintain long-term stability.

On June 25, 2026, HUD notified the OC Community Resources/Orange County Housing Authority (OCHA) of an award of 30 HUD-VASH vouchers in the amount of \$579,031 under Notice PIH 2025-21 allocation with the effective date of the award August 1, 2026. Acceptance of this award will expand OCHA's capacity to increase housing opportunities for Veterans in Orange County.

With this allocation, OCHA's total number of HUD-VASH vouchers increases to 1,119.

Due to the timing of the award notification and the limited availability of Board meeting dates, the earliest opportunity to request Board approval is August 11, 2026. OCHA is therefore requesting retroactive approval to accept this grant award.

Signed by:

*Dylan Wright*

Dylan Wright, Director  
 OC Community Resources

7/27/2026

Date

Approved:

Signed by:

*KC Roostenberg*

KC Roostenberg, Interim County Executive Officer  
 County Executive Office

8/3/2026 | 4:54 PM PDT

Date



## CEO-Legislative Affairs Office Grant Authorization eForm

### GRANT APPLICATION / GRANT AWARD

|                                                                                                                                                                      |                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Today's Date:</b>                                                                                                                                                 | August 5, 2026                                                                                                                                          |
| <b>Requesting Agency/Department:</b>                                                                                                                                 | OC Waste & Recycling                                                                                                                                    |
| <b>Grant Name and Project Title:</b>                                                                                                                                 | Mattress Collection Site Improvement Funding                                                                                                            |
| <b>Sponsoring Organization/ Grant Source:</b><br>(If the grant source is not a government entity, please provide a brief description of the organization/foundation) | Mattress Recycling Council                                                                                                                              |
| <b>Application Amount Requested:</b>                                                                                                                                 | \$15,000                                                                                                                                                |
| <b>Application Due Date:</b>                                                                                                                                         | N/A                                                                                                                                                     |
| <b>Board Date when Board Approved this Application:</b>                                                                                                              | N/A                                                                                                                                                     |
| <b>Awarded Funding Amount:</b>                                                                                                                                       | N/A                                                                                                                                                     |
| <b>Notification Date of Funding Awarded:</b>                                                                                                                         | N/A                                                                                                                                                     |
| <b>Is this an Authorized Retroactive Grant Application/Award?</b> No                                                                                                 |                                                                                                                                                         |
| <b>Recurrence of Grant:</b>                                                                                                                                          | No                                                                                                                                                      |
| <b>If this is a recurring grant, please list the funding amount applied for and awarded in the past:</b>                                                             | N/A                                                                                                                                                     |
| <b>Does this grant require CEQA findings?</b>                                                                                                                        | No                                                                                                                                                      |
| <b>What Type of Grant is this?</b>                                                                                                                                   | Application - Non Competitive                                                                                                                           |
| <b>County Match?</b>                                                                                                                                                 | No                                                                                                                                                      |
| <b>How will the County Match be fulfilled?</b><br>(Please include the specific budget)                                                                               | N/A                                                                                                                                                     |
| <b>Will the grant/program create new part or full-time positions?</b>                                                                                                | No                                                                                                                                                      |
| <b>Will this grant support a new or existing program?</b>                                                                                                            | Existing                                                                                                                                                |
| <b>Purpose of Grant Funds:</b>                                                                                                                                       | Provide summary and brief background on why the Board of Supervisors should accept this grant application/award, and how the grant will be implemented. |

The Olinda Alpha Landfill (OAL) has operated a Material Recovery Operation (MRO) system for over five years, where recyclable metals and mattresses are collected. The facility receives a high volume of mattresses and box springs from self-haul customers for recycling. To improve operations, OAL established a designated mattress unloading area. Previously, mattresses were unloaded in the public unloading area, requiring laborers to collect and relocate them. Today, all mattresses and box springs are directed to the designated unloading area, where a dedicated laborer manages the collection process.

The laborer manually stacks the first three mattresses and then uses a compact track loader (CTL) or telehandler to build stacks of seven to eight mattresses high. The stacked mattresses are loaded into a trailer using the telehandler, with any remaining gaps filled manually to maximize trailer capacity. Once the trailer is full, the site supervisor coordinates with MRC to replace it with an empty trailer, and the process continues. The consistently high volume of mattresses received demonstrates the ongoing demand for mattress recycling at OAL. The facility has an established collection process, dedicated personnel, and existing equipment to support mattress recycling. Grant funding would help strengthen these operations, improve handling efficiency, and support the continued diversion of recyclable mattresses and box springs from landfill disposal.

The purchase of a forklift loading ramp will significantly improve the efficiency, safety, and overall effectiveness of mattress collection and handling operations at OAL. The facility receives a consistently high volume of mattresses and box springs from self-haul customers, requiring trailers to be loaded and exchanged quickly to maintain adequate capacity within the designated mattress unloading area.

Currently, mattresses are loaded into transport trailers using a telehandler, requiring the operator to carefully position and stack mattresses while laborers manually fill remaining void spaces. This process is time-consuming and limits the number of trailers that can be loaded each day. A forklift loading ramp will provide direct access into the trailer, allowing equipment operators to place mattress stacks more efficiently and accurately while reducing the amount of manual handling required. This will decrease trailer loading times, improve trailer utilization, and enable trailers to be exchanged more quickly, minimizing interruptions to collection operations.

The loading ramp will also improve worker safety and productivity by reducing repetitive manual lifting, climbing, and repositioning of mattresses during the loading process. Faster trailer turnaround will help maintain a clear and organized unloading area, ensuring that self-haul customers can continue to unload mattresses without delays while reducing congestion within the MRO.

By increasing loading efficiency and operational throughput, the project will strengthen OAL's existing mattress recycling program and enhance its ability to manage the growing volume of mattresses received each day. The improved loading process will support the continued diversion of recyclable mattresses and box springs from landfill disposal, maximize the use of available transportation resources, and help ensure the long-term sustainability of the landfill's mattress collection operations.

|                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>Board Resolution Required?</b>                                                                                              | No                                                                                                              |
| <b>Deputy County Counsel Name:</b>                                                                                             | N/A                                                                                                             |
| <b>Recommended Action(s)</b><br>(Please specify below)                                                                         |                                                                                                                 |
| Authorize the OC Waste and Recycling Director or designee to apply for the Mattress Collection Site Improvement Funding grant. |                                                                                                                 |
| <b>Department Contact:</b>                                                                                                     | List the name and contact information (telephone, email) of the person to be contacted for further information. |
| Tom Koutroulis 714-581-1821 Tom.Koutroulis@ocwr.ocgov.com                                                                      |                                                                                                                 |

|                                                        |                                                                                              |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>Name of individual attending the Board Meeting:</b> | List the name of the individual who will be attending the Board Meeting for this Grant item: |
| Tom Koutroulis                                         |                                                                                              |



## CEO-Legislative Affairs Office Grant Authorization eForm

### GRANT APPLICATION / GRANT AWARD

|                                                                                                                                                                      |                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Today's Date:</b>                                                                                                                                                 | August 4, 2026                                                                                                                                          |
| <b>Requesting Agency/Department:</b>                                                                                                                                 | OC Waste & Recycling                                                                                                                                    |
| <b>Grant Name and Project Title:</b>                                                                                                                                 | INVEST CLEAN: Charging Infrastructure Deployment Incentive Program                                                                                      |
| <b>Sponsoring Organization/ Grant Source:</b><br>(If the grant source is not a government entity, please provide a brief description of the organization/foundation) | South Coast Air Quality Management District                                                                                                             |
| <b>Application Amount Requested:</b>                                                                                                                                 | \$756,000                                                                                                                                               |
| <b>Application Due Date:</b>                                                                                                                                         | November 28, 2025                                                                                                                                       |
| <b>Board Date when Board Approved this Application:</b>                                                                                                              | October 28, 2025                                                                                                                                        |
| <b>Awarded Funding Amount:</b>                                                                                                                                       | \$756,000                                                                                                                                               |
| <b>Notification Date of Funding Awarded:</b>                                                                                                                         | June 16, 2026                                                                                                                                           |
| <b>Is this an Authorized Retroactive Grant Application/Award?</b> Ratified                                                                                           |                                                                                                                                                         |
| <b>Recurrence of Grant:</b>                                                                                                                                          | No                                                                                                                                                      |
| <b>If this is a recurring grant, please list the funding amount applied for and awarded in the past:</b>                                                             | N/A                                                                                                                                                     |
| <b>Does this grant require CEQA findings?</b>                                                                                                                        | No                                                                                                                                                      |
| <b>What Type of Grant is this?</b>                                                                                                                                   | Award - Competitive                                                                                                                                     |
| <b>County Match?</b>                                                                                                                                                 | No                                                                                                                                                      |
| <b>How will the County Match be fulfilled?</b><br>(Please include the specific budget)                                                                               | N/A                                                                                                                                                     |
| <b>Will the grant/program create new part or full-time positions?</b>                                                                                                | No                                                                                                                                                      |
| <b>Will this grant support a new or existing program?</b>                                                                                                            | New                                                                                                                                                     |
| <b>Purpose of Grant Funds:</b>                                                                                                                                       | Provide summary and brief background on why the Board of Supervisors should accept this grant application/award, and how the grant will be implemented. |

Advanced Clean Cars II (ACFII) was adopted in 2022 and dictates what percent of vehicles sold in California (CA) must be Zero Emission Vehicles (ZEV) or Plug-In Hybrid Electric Vehicles (PHEV) for each model year between 2026 and 2035. By 2035 all new passenger cars, trucks and SUVs sold in CA will be zero emissions. Additionally, the California Air Resource Board (CARB) passed the Advanced Clean Fleet (ACF) rule on April 28, 2023. The ACF rule applies to agency fleet vehicles that have a gross vehicle weight rating (GVWR) greater than 8,500lbs. The rule provided milestones to ensure applicable fleet vehicles are ZEV in the future. The ACF rule requires that state and local governments entities increase the percent of their affected fleet vehicles that are

ZEV. In an effort to meet these requirements OC Waste & Recycling (OCWR), has identified three solid waste disposal facilities in need of charging infrastructure. These facilities are Frank R. Bowerman Landfill, Olinda Alpha Landfill, and Prima Deshecha Landfill. These identified locations meet the eligibility for the INVEST CLEAN rebate-based incentives, that can offset the cost of eligible charging equipment that directly supports class 4 to 8 medium heavy duty (MHD) vehicles. Over the course of the next five years, from 2025 through 2030, OCWR will need to replace a minimum of 6 class 4 to 8 gas vehicles with electric vehicles. Applying for the INVEST CLEAN rebate incentives will provide partial reimbursement of the establishment of infrastructure to meet the charging infrastructure needed for these new vehicles.

|                                                                                                                                                                                                                                                                        |                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>Board Resolution Required?</b>                                                                                                                                                                                                                                      | No                                                                                                              |
| <b>Deputy County Counsel Name:</b>                                                                                                                                                                                                                                     | N/A                                                                                                             |
| <b>Recommended Action(s)</b><br>(Please specify below)                                                                                                                                                                                                                 |                                                                                                                 |
| Retroactive approval to accept the Invest Clean Grant award offered through the South Coast Air Quality Management District (AQMD) through the Climate Pollution Grant (CPRG) Program that was originally solicited by the U.S. Environmental Protection Agency (EPA). |                                                                                                                 |
| <b>Department Contact:</b>                                                                                                                                                                                                                                             | List the name and contact information (telephone, email) of the person to be contacted for further information. |
| Tara Tisopulos 714-290-0446 tara.tisopulos@ocwr.ocgov.com                                                                                                                                                                                                              |                                                                                                                 |
| <b>Name of individual attending the Board Meeting:</b>                                                                                                                                                                                                                 | List the name of the individual who will be attending the Board Meeting for this Grant item:                    |
| Tom Koutroulis                                                                                                                                                                                                                                                         |                                                                                                                 |



**Thomas D. Koutroulis, Director**  
601 N. Ross Street, 5<sup>th</sup> Floor  
Santa Ana, CA 92701

[www.oclandfills.com](http://www.oclandfills.com)  
Telephone: (714) 834-4000  
Fax: (714) 834-4183

## MEMORANDUM

**DATE:** July 30, 2026

**TO:** K.C. Roestenberg, County Executive Officer

**FROM:** Tom Koutroulis, OC Waste & Recycling Director

**SUBJECT:** Ratify Request to Receive Award for Invest Clean (Measure 1) Grant

Orange County Waste & Recycling (OCWR), Office of Sustainability, respectfully requests retroactive approval to accept the Invest Clean Grant offered through the South Coast Air Quality Management District (AQMD) through the Climate Pollution Grant (CPRG) Program that was originally solicited by the U.S. Environmental Protection Agency (EPA).

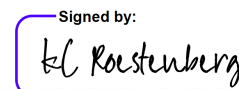
This memo is being submitted to request the County Executive Office to include the subject award on the August 11, 2026, Board of Supervisors (Board) Meeting Agenda. OCWR was notified of the award on June 16, 2026. The Board did not meet in July 2026, which precluded OCWR from requesting award approval within the required 30-day window.

OCWR was awarded \$756,000 for zero-emission vehicle infrastructure upgrades by the AQMD to be installed at each of the County's three active landfills.

  
\_\_\_\_\_  
Tom Koutroulis, Director

8/3/2026  
\_\_\_\_\_  
Date

Approved:

Signed by:  
  
\_\_\_\_\_  
74BFA0E50F084F8...  
K.C. Roestenberg,  
Interim County Executive Officer

8/3/2026 | 4:56 PM PDT  
\_\_\_\_\_  
Date



## CEO-Legislative Affairs Office Grant Authorization eForm

Attachment A

### GRANT APPLICATION / GRANT AWARD

|                                                                                                                                                                      |                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Today's Date:</b>                                                                                                                                                 | August 5, 2026                                                                                                                                          |
| <b>Requesting Agency/Department:</b>                                                                                                                                 | Sheriff-Coroner                                                                                                                                         |
| <b>Grant Name and Project Title:</b>                                                                                                                                 | FY 26/27 ABC-OTS Local Law Enforcement Grant                                                                                                            |
| <b>Sponsoring Organization/ Grant Source:</b><br>(If the grant source is not a government entity, please provide a brief description of the organization/foundation) | Department of Alcoholic Beverage Control, Office of Traffic Safety                                                                                      |
| <b>Application Amount Requested:</b>                                                                                                                                 | \$25,000                                                                                                                                                |
| <b>Application Due Date:</b>                                                                                                                                         | August 14, 2026                                                                                                                                         |
| <b>Board Date when Board Approved this Application:</b>                                                                                                              | N/A                                                                                                                                                     |
| <b>Awarded Funding Amount:</b>                                                                                                                                       | N/A                                                                                                                                                     |
| <b>Notification Date of Funding Awarded:</b>                                                                                                                         | N/A                                                                                                                                                     |
| <b>Is this an Authorized Retroactive Grant Application/Award?</b> No                                                                                                 |                                                                                                                                                         |
| <b>Recurrence of Grant:</b>                                                                                                                                          | No                                                                                                                                                      |
| <b>If this is a recurring grant, please list the funding amount applied for and awarded in the past:</b>                                                             | N/A                                                                                                                                                     |
| <b>Does this grant require CEQA findings?</b>                                                                                                                        | No                                                                                                                                                      |
| <b>What Type of Grant is this?</b>                                                                                                                                   | Application - Competitive                                                                                                                               |
| <b>County Match?</b>                                                                                                                                                 | No                                                                                                                                                      |
| <b>How will the County Match be fulfilled?</b><br>(Please include the specific budget)                                                                               | N/A                                                                                                                                                     |
| <b>Will the grant/program create new part or full-time positions?</b>                                                                                                | No                                                                                                                                                      |
| <b>Will this grant support a new or existing program?</b>                                                                                                            | Existing                                                                                                                                                |
| <b>Purpose of Grant Funds:</b>                                                                                                                                       | Provide summary and brief background on why the Board of Supervisors should accept this grant application/award, and how the grant will be implemented. |

The Orange County Sheriff's Department (OCSD) will use Alcoholic Beverage Control - Office of Traffic Safety (ABC-OTS) Local Law Enforcement Grant funding to support overtime personnel costs for proactive alcohol enforcement operations throughout the Sheriff's jurisdiction. Grant-funded activities will focus on ensuring licensed businesses comply with California Alcoholic Beverage Control laws and regulations by conducting 12 IMPACT operations, 2 Shoulder Tap operations, and 2 Minor Decoy operations. Funding will also support 4 roll call training sessions for deputies on ABC violations and emerging crime trends, 2 alcohol awareness presentations at

local schools, and 6 press releases highlighting grant-funded enforcement activities and public education efforts. These initiatives are designed to reduce underage access to alcohol, improve retailer compliance, and enhance public safety by deterring illegal alcohol sales and reducing alcohol-related crashes, injuries, and fatalities.

|                                                                                                                                                                                  |                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>Board Resolution Required?</b>                                                                                                                                                | No                                                                                                              |
| <b>Deputy County Counsel Name:</b>                                                                                                                                               | N/A                                                                                                             |
| <b>Recommended Action(s)</b><br>(Please specify below)                                                                                                                           |                                                                                                                 |
| Authorize the Sheriff-Coroner, or designee, to apply for and sign all necessary documents for the Alcoholic Beverage Control - Office of Traffic Safety (ABC-OTS) Grant Program. |                                                                                                                 |
| <b>Department Contact:</b>                                                                                                                                                       | List the name and contact information (telephone, email) of the person to be contacted for further information. |
| Sergeant Victor Valdez (714) 647-7060 valdezva@ocsheriff.gov                                                                                                                     |                                                                                                                 |
| <b>Name of individual attending the Board Meeting:</b>                                                                                                                           | List the name of the individual who will be attending the Board Meeting for this Grant item:                    |
| Captain William Longan / Brigitte Ludwig, Business Services Administrator                                                                                                        |                                                                                                                 |



## CEO-Legislative Affairs Office Grant Authorization eForm

### GRANT APPLICATION / GRANT AWARD

|                                                                                                                                                                      |                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Today's Date:</b>                                                                                                                                                 | August 5, 2026                                                                                                                                          |
| <b>Requesting Agency/Department:</b>                                                                                                                                 | Sheriff-Coroner                                                                                                                                         |
| <b>Grant Name and Project Title:</b>                                                                                                                                 | FY 2026 Bridging Immigration-Related Deficits Experienced Nationwide (BIDEN) Program                                                                    |
| <b>Sponsoring Organization/ Grant Source:</b><br>(If the grant source is not a government entity, please provide a brief description of the organization/foundation) | U.S. Department of Justice, Office of Justice Programs                                                                                                  |
| <b>Application Amount Requested:</b>                                                                                                                                 | \$7,544,490                                                                                                                                             |
| <b>Application Due Date:</b>                                                                                                                                         | July 15, 2026                                                                                                                                           |
| <b>Board Date when Board Approved this Application:</b>                                                                                                              | N/A                                                                                                                                                     |
| <b>Awarded Funding Amount:</b>                                                                                                                                       | N/A                                                                                                                                                     |
| <b>Notification Date of Funding Awarded:</b>                                                                                                                         | N/A                                                                                                                                                     |
| <b>Is this an Authorized Retroactive Grant Application/Award?</b> Retroactive                                                                                        |                                                                                                                                                         |
| <b>Recurrence of Grant:</b>                                                                                                                                          | No                                                                                                                                                      |
| <b>If this is a recurring grant, please list the funding amount applied for and awarded in the past:</b>                                                             | N/A                                                                                                                                                     |
| <b>Does this grant require CEQA findings?</b>                                                                                                                        | No                                                                                                                                                      |
| <b>What Type of Grant is this?</b>                                                                                                                                   | Application - Competitive                                                                                                                               |
| <b>County Match?</b>                                                                                                                                                 | No                                                                                                                                                      |
| <b>How will the County Match be fulfilled?</b><br>(Please include the specific budget)                                                                               | N/A                                                                                                                                                     |
| <b>Will the grant/program create new part or full-time positions?</b>                                                                                                | No                                                                                                                                                      |
| <b>Will this grant support a new or existing program?</b>                                                                                                            | New                                                                                                                                                     |
| <b>Purpose of Grant Funds:</b>                                                                                                                                       | Provide summary and brief background on why the Board of Supervisors should accept this grant application/award, and how the grant will be implemented. |

Grant funding through the FY2026 Bridging Immigration-Related Deficits Experienced Nationwide (BIDEN) Program will support the Orange County Sheriff's Department's (OCSD) Regional Narcotics Suppression Program (RNSP), Highway Interdiction Team (HIT), and Human Trafficking Team (HTT) by providing seven dedicated law enforcement positions and overtime to address critical staffing shortages. The additional resources will expand OCSD's capacity to conduct proactive, intelligence-driven investigations targeting drug trafficking, human trafficking, money laundering, firearms offenses, and other organized criminal activity. Funding will

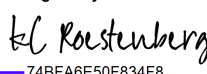
strengthen participation in regional and federal task forces, enhance coordination with partner agencies, and improve the investigation and prosecution of complex, multi-jurisdictional cases. Overall, the project will enhance public safety by improving investigative outcomes, increasing proactive enforcement efforts, and strengthening regional law enforcement partnerships throughout Orange County.

|                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>Board Resolution Required?</b>                                                                                                                                                                                                                                                                                                                                              | No                                                                                                              |
| <b>Deputy County Counsel Name:</b>                                                                                                                                                                                                                                                                                                                                             | N/A                                                                                                             |
| <b>Recommended Action(s)</b><br>(Please specify below)                                                                                                                                                                                                                                                                                                                         |                                                                                                                 |
| <p>1. Retroactively authorize the Sheriff-Coroner, or designee, to approve the Round 1 submission of the FY 2026 Bridging Immigration-Related Deficits Experienced Nationwide (BIDEN) Program application.</p> <p>2. Authorize the submission of Round 2 and Round 3 applications offered under the Notice of Funding Opportunity, subject to future funding availability.</p> |                                                                                                                 |
| <b>Department Contact:</b>                                                                                                                                                                                                                                                                                                                                                     | List the name and contact information (telephone, email) of the person to be contacted for further information. |
| Captain David Larson (714) 647-6059 dmlarson@ocsheriff.gov                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |
| <b>Name of individual attending the Board Meeting:</b>                                                                                                                                                                                                                                                                                                                         | List the name of the individual who will be attending the Board Meeting for this Grant item:                    |
| Captain David Larson                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 |

**ORANGE COUNTY  
SHERIFF'S DEPARTMENT****EXTERNAL MEMO**

**To:** County Executive Officer, KC Roestenberg  
**From:** Sheriff-Coroner, Don Barnes  
**Date:** August 3, 2026  
**RE:** Retroactive Request: Apply for FY2026 Bridging Immigration-Related Deficits Experienced Nationwide

Signed by:

  
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8/5/2026 | 9:08 AM PDT



The Sheriff-Coroner Department requests that the County Executive Officer place the subject grant application on the agenda for the August 11, 2026, Board of Supervisors Meeting. The Department also requests retroactive approval to apply for the FY2026 Bridging Immigration-Related Deficits Experienced Nationwide (BIDEN) Program.

The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), announced this grant opportunity on June 15, 2026, with the first application deadline for Round One due on July 15, 2026. Because the Department became aware of the funding opportunity after the Board's July recess, the earliest opportunity to obtain Board authorization to apply was August 11, 2026. To avoid missing the initial application deadline and preserve the Department's ability to compete for up to \$7,544,490 in grant funding across multiple application rounds, the Department submitted the application and is now requesting retroactive Board approval.

The FY 2026 Bridging Immigration-Related Deficits Experienced Nationwide (BIDEN) Program provides funding to strengthen law enforcement operations by supporting personnel, investigative activities, transportation, detention, logistics, and other resources that enhance public safety and collaborative efforts to combat violent crime, gang activity, and trafficking offenses. The program accepts applications through three competitive funding rounds on a rolling basis, allowing applicants to reapply in subsequent rounds if funding remains available.

The BIDEN Program will provide funding to support the Orange County Sheriff's Department's (OCSD) Regional Narcotics Suppression Program (RNSP), Highway Interdiction Team (HIT), and Human Trafficking Team (HTT). Grant funds will be used to support seven dedicated law enforcement positions and overtime to address critical staffing shortages, expand proactive, intelligence-driven investigations, and enhance participation in regional and federal task forces. The project will strengthen OCSD's ability to investigate drug trafficking, human trafficking, money laundering, firearms offenses, and other organized criminal activity while improving coordination with partner agencies on complex, multi-jurisdictional investigations. Overall, the grant will enhance public safety by increasing investigative capacity, strengthening regional law enforcement partnerships, and improving enforcement outcomes throughout Orange County.

If you have any questions about this grant program, please contact Miriam Torrez, Fiscal Administrator, at (714) 834-4347 or [mtorrez@ocsheriff.gov](mailto:mtorrez@ocsheriff.gov).

c: Executive Director Brian Wayt  
Financial Director Deena Fulghum  
Karla Lazaridis, Senior Fiscal Manager  
Miriam Torrez, Fiscal Administrator



## CEO-Legislative Affairs Office Grant Authorization eForm

Attachment A

### GRANT APPLICATION / GRANT AWARD

| <b>Today's Date:</b>                                                                                                                                                 | August 5, 2026                                                                                                                                                                                                                                                                                                            |            |        |           |           |           |           |           |           |           |           |           |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>Requesting Agency/Department:</b>                                                                                                                                 | Sheriff-Coroner                                                                                                                                                                                                                                                                                                           |            |        |           |           |           |           |           |           |           |           |           |           |
| <b>Grant Name and Project Title:</b>                                                                                                                                 | FY 26/28 Cannabis Tax Fund Grant Program (CTFGP) - Toxicology Driving Under the Influence (DUI)                                                                                                                                                                                                                           |            |        |           |           |           |           |           |           |           |           |           |           |
| <b>Sponsoring Organization/ Grant Source:</b><br>(If the grant source is not a government entity, please provide a brief description of the organization/foundation) | California Highway Patrol                                                                                                                                                                                                                                                                                                 |            |        |           |           |           |           |           |           |           |           |           |           |
| <b>Application Amount Requested:</b>                                                                                                                                 | \$250,000                                                                                                                                                                                                                                                                                                                 |            |        |           |           |           |           |           |           |           |           |           |           |
| <b>Application Due Date:</b>                                                                                                                                         | February 23, 2026                                                                                                                                                                                                                                                                                                         |            |        |           |           |           |           |           |           |           |           |           |           |
| <b>Board Date when Board Approved this Application:</b>                                                                                                              | February 10, 2026                                                                                                                                                                                                                                                                                                         |            |        |           |           |           |           |           |           |           |           |           |           |
| <b>Awarded Funding Amount:</b>                                                                                                                                       | \$150,000                                                                                                                                                                                                                                                                                                                 |            |        |           |           |           |           |           |           |           |           |           |           |
| <b>Notification Date of Funding Awarded:</b>                                                                                                                         | June 30, 2026                                                                                                                                                                                                                                                                                                             |            |        |           |           |           |           |           |           |           |           |           |           |
| <b>Is this an Authorized Retroactive Grant Application/Award?</b> Retroactive                                                                                        |                                                                                                                                                                                                                                                                                                                           |            |        |           |           |           |           |           |           |           |           |           |           |
| <b>Recurrence of Grant:</b>                                                                                                                                          | Yes                                                                                                                                                                                                                                                                                                                       |            |        |           |           |           |           |           |           |           |           |           |           |
| <b>If this is a recurring grant, please list the funding amount applied for and awarded in the past:</b>                                                             | <table><thead><tr><th>Grant Year</th><th>Amount</th></tr></thead><tbody><tr><td>2021-2023</td><td>\$467,700</td></tr><tr><td>2022-2024</td><td>\$356,312</td></tr><tr><td>2023-2025</td><td>\$512,050</td></tr><tr><td>2024-2026</td><td>\$275,769</td></tr><tr><td>2025-2027</td><td>\$225,000</td></tr></tbody></table> | Grant Year | Amount | 2021-2023 | \$467,700 | 2022-2024 | \$356,312 | 2023-2025 | \$512,050 | 2024-2026 | \$275,769 | 2025-2027 | \$225,000 |
| Grant Year                                                                                                                                                           | Amount                                                                                                                                                                                                                                                                                                                    |            |        |           |           |           |           |           |           |           |           |           |           |
| 2021-2023                                                                                                                                                            | \$467,700                                                                                                                                                                                                                                                                                                                 |            |        |           |           |           |           |           |           |           |           |           |           |
| 2022-2024                                                                                                                                                            | \$356,312                                                                                                                                                                                                                                                                                                                 |            |        |           |           |           |           |           |           |           |           |           |           |
| 2023-2025                                                                                                                                                            | \$512,050                                                                                                                                                                                                                                                                                                                 |            |        |           |           |           |           |           |           |           |           |           |           |
| 2024-2026                                                                                                                                                            | \$275,769                                                                                                                                                                                                                                                                                                                 |            |        |           |           |           |           |           |           |           |           |           |           |
| 2025-2027                                                                                                                                                            | \$225,000                                                                                                                                                                                                                                                                                                                 |            |        |           |           |           |           |           |           |           |           |           |           |
| <b>Does this grant require CEQA findings?</b>                                                                                                                        | No                                                                                                                                                                                                                                                                                                                        |            |        |           |           |           |           |           |           |           |           |           |           |
| <b>What Type of Grant is this?</b>                                                                                                                                   | Award - Competitive                                                                                                                                                                                                                                                                                                       |            |        |           |           |           |           |           |           |           |           |           |           |
| <b>County Match?</b>                                                                                                                                                 | No                                                                                                                                                                                                                                                                                                                        |            |        |           |           |           |           |           |           |           |           |           |           |
| <b>How will the County Match be fulfilled?</b><br>(Please include the specific budget)                                                                               | N/A                                                                                                                                                                                                                                                                                                                       |            |        |           |           |           |           |           |           |           |           |           |           |
| <b>Will the grant/program create new part or full-time positions?</b>                                                                                                | No                                                                                                                                                                                                                                                                                                                        |            |        |           |           |           |           |           |           |           |           |           |           |
| <b>Will this grant support a new or existing program?</b>                                                                                                            | Existing                                                                                                                                                                                                                                                                                                                  |            |        |           |           |           |           |           |           |           |           |           |           |
| <b>Purpose of Grant Funds:</b>                                                                                                                                       | Provide summary and brief background on why the Board of Supervisors should accept this grant application/award, and how the grant will be implemented.                                                                                                                                                                   |            |        |           |           |           |           |           |           |           |           |           |           |

The Orange County Crime Laboratory is responsible for analyzing blood samples collected from traffic-related incidents to determine the presence of alcohol and drugs. To maintain efficient, reliable, and current forensic services for the County of Orange, the laboratory proposes to strengthen its Forensic Alcohol and Toxicology operations. Planned enhancements include replacing the portable carrying cases for breath alcohol instruments used by law enforcement during DUI field investigations, acquiring five uninterruptible power supply (UPS) systems to protect critical forensic equipment, and funding staff overtime to support the validation of analytical methods, instrumentation, and equipment within the Toxicology and Forensic Alcohol Sections.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>Board Resolution Required?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes                                                                                                             |
| <b>Deputy County Counsel Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Senior Deputy County Counsel Annie Loo                                                                          |
| <b>Recommended Action(s)</b><br>(Please specify below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 |
| <p>1. Authorize the Sheriff-Coroner, or designee, to retroactively accept the grant award of \$150,000 from the California Highway Patrol (CHP) for the FY 2026–28 Cannabis Tax Fund Grant Program (CTFGP) – Toxicology Driving Under the Influence (DUI).</p> <p>2. Authorize the Sheriff-Coroner, or designee, to execute the FY 2026/28 Grant Agreement, any subsequent amendments, and related documents that do not materially alter the terms of the grant award.</p> <p>3. Adopt a governing resolution that authorizes the Sheriff-Coroner, or designee, to execute any actions necessary to obtain the grant funding provided by the California Highway Patrol (CHP).</p> |                                                                                                                 |
| <b>Department Contact:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | List the name and contact information (telephone, email) of the person to be contacted for further information. |
| Director Stephanie Callian (714) 834-6380 scallian@ocsheriff.gov Senior Manager Erin Nixt (714) 834-6392 enixt@ocsheriff.gov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                 |
| <b>Name of individual attending the Board Meeting:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | List the name of the individual who will be attending the Board Meeting for this Grant item:                    |
| Director Stephanie Callian / Senior Manager Erin Nixt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |

ORANGE COUNTY  
SHERIFF'S DEPARTMENT

## EXTERNAL MEMO

**To:** County Executive Officer, KC Roestenberg  
**From:** Sheriff-Coroner, Don Barnes  
**Date:** August 3, 2026  
**RE:** Retroactive Request to Accept the FY26/28 Cannabis Tax Fund Grant Program (CTFGP) Award

Signed by:

KC Roestenberg

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8/5/2026 | 9:08 AM PDT



The Sheriff-Coroner Department requests that the County Executive Officer place the subject grant award on the agenda for the August 11, 2026, Board of Supervisors Meeting. The Department also requests retroactive approval to accept the FY 26/28 Cannabis Tax Fund Grant Program (CTFGP) – Toxicology Driving Under the Influence (DUI) grant award.

The California Highway Patrol (CHP) notified the Sheriff-Coroner Department of the grant award on June 30, 2026. Because the award notification was received after the last Board of Supervisors meeting before the July recess, the earliest opportunity to obtain Board approval to accept the award is August 11, 2026. To preserve the grant funding and avoid forfeiting the award, the Department accepted the award upon notification and is now requesting retroactive Board approval.

The California Highway Patrol (CHP) administers the Cannabis Tax Fund Grant Program (CTFGP), a competitive grant program funded through the California State Controller's Office to support initiatives that reduce alcohol- and drug-impaired driving throughout California. The program provides supplemental funding to state and local agencies to enhance existing impaired driving prevention, enforcement, and prosecution efforts. As a longstanding partner in these efforts, the Orange County Crime Laboratory (OC Crime Lab) provides forensic toxicology services and expert testimony that support the investigation and prosecution of driving under the influence (DUI) cases across Orange County.

The FY 2026-28 CTFGP award will enhance the OC Crime Lab's Forensic Alcohol and Toxicology operations by supporting the replacement of portable carrying cases for breath alcohol instruments used during DUI field investigations, the purchase of five uninterruptible power supply (UPS) systems to protect critical forensic equipment, and staff overtime to validate analytical methods, instrumentation, and equipment within the Toxicology and Forensic Alcohol Sections. These enhancements will improve operational efficiency, ensure the reliability of forensic testing, and help the Crime Lab maintain current capabilities to support impaired driving investigations and prosecutions throughout the County.

If you have any questions about this grant program, please contact Miriam Torrez, Fiscal Administrator, at (714) 834-4347 or [mtorrez@ocsheriff.gov](mailto:mtorrez@ocsheriff.gov).

c: Executive Director Brian Wayt  
Financial Director Deena Fulghum  
Karla Lazaridis, Senior Fiscal Manager  
Miriam Torrez, Fiscal Administrator

RESOLUTION OF THE BOARD OF SUPERVISORS OF  
ORANGE COUNTY, CALIFORNIA

August 11, 2026

WHEREAS, the County of Orange, Sheriff-Coroner, applied to the California Highway Patrol (CHP) for funding through the Cannabis Tax Fund Grant Program (CTFGP); and

WHEREAS, CHP has awarded the County of Orange, Sheriff-Coroner Department's Crime Lab Division grant funding in the amount of \$150,000 to support analyzing blood samples collected from traffic-related incidents to determine the presence of alcohol and drugs, and acceptance of the grant award requires approval by the Orange County Board of Supervisors;

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of Orange hereby accepts the Cannabis Tax Fund Grant Program award in an amount not to exceed \$150,000 from the California Highway Patrol for the benefit of the Orange County Sheriff-Coroner Department.

BE IT FURTHER RESOLVED that the Sheriff-Coroner, or designee, is authorized to execute the Grant Agreement and any amendments, certifications, assurances, reimbursement requests, reports, and other documents necessary to accept, administer, and implement the Cannabis Tax Fund Grant Program award for the period of July 1, 2026 through June 30, 2028 on behalf of the County of Orange, provided such actions do not materially alter the terms and conditions of the Grant Agreement or require additional County funding beyond that approved by the Board.

BE IT FURTHER RESOLVED that this Resolution shall take effect immediately upon its adoption.



## CEO-Legislative Affairs Office Grant Authorization eForm

Attachment A

### GRANT APPLICATION / GRANT AWARD

|                                                                                                                                                                                     |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Today's Date:</b>                                                                                                                                                                | August 5, 2026                                                                                                                                          |
| <b>Requesting Agency/Department:</b>                                                                                                                                                | Sheriff-Coroner                                                                                                                                         |
| <b>Grant Name and Project Title:</b>                                                                                                                                                | FY 26/27 Cannabis Tax Fund Grant Program (CTFGP) - DUI/DUID Law Enforcement Project                                                                     |
| <b>Sponsoring Organization/ Grant Source:</b><br><small>(If the grant source is not a government entity, please provide a brief description of the organization/foundation)</small> | California Highway Patrol                                                                                                                               |
| <b>Application Amount Requested:</b>                                                                                                                                                | \$300,000                                                                                                                                               |
| <b>Application Due Date:</b>                                                                                                                                                        | February 23, 2026                                                                                                                                       |
| <b>Board Date when Board Approved this Application:</b>                                                                                                                             | February 10, 2026                                                                                                                                       |
| <b>Awarded Funding Amount:</b>                                                                                                                                                      | \$259,760                                                                                                                                               |
| <b>Notification Date of Funding Awarded:</b>                                                                                                                                        | June 30, 2026                                                                                                                                           |
| <b>Is this an Authorized Retroactive Grant Application/Award?</b> Retroactive                                                                                                       |                                                                                                                                                         |
| <b>Recurrence of Grant:</b>                                                                                                                                                         | No                                                                                                                                                      |
| <b>If this is a recurring grant, please list the funding amount applied for and awarded in the past:</b>                                                                            | N/A                                                                                                                                                     |
| <b>Does this grant require CEQA findings?</b>                                                                                                                                       | No                                                                                                                                                      |
| <b>What Type of Grant is this?</b>                                                                                                                                                  | Award - Competitive                                                                                                                                     |
| <b>County Match?</b>                                                                                                                                                                | No                                                                                                                                                      |
| <b>How will the County Match be fulfilled?</b><br><small>(Please include the specific budget)</small>                                                                               | N/A                                                                                                                                                     |
| <b>Will the grant/program create new part or full-time positions?</b>                                                                                                               | No                                                                                                                                                      |
| <b>Will this grant support a new or existing program?</b>                                                                                                                           | New                                                                                                                                                     |
| <b>Purpose of Grant Funds:</b>                                                                                                                                                      | Provide summary and brief background on why the Board of Supervisors should accept this grant application/award, and how the grant will be implemented. |

The Orange County Sheriff's Department (OCSd) will utilize funding from the FY26/27 California Cannabis Tax Fund Grant Program (CTFGP) to implement a comprehensive, data-driven impaired driving enforcement and officer training program throughout its jurisdiction. Serving more than three million residents across 13 contract cities, unincorporated communities, and John Wayne Airport, OCSd will conduct high-visibility enforcement operations focused on alcohol-and drug-impaired driving. Enforcement activities will be aligned with identified collision trends and will support efforts to reduce DUI/DUID-related crashes, injuries, and fatalities while

improving roadway safety for residents and visitors. Grant funding will also provide specialized training to enhance deputies' ability to detect alcohol and cannabis/drug impairment, improve officer proficiency, and strengthen prosecutorial outcomes, ensuring a more effective response to impaired driving throughout Orange County.

**Board Resolution Required?**

Yes

**Deputy County Counsel Name:**

Senior Deputy County Counsel Annie Loo

**Recommended Action(s)**

(Please specify below)

1. Authorize the Sheriff-Coroner, or designee, to retroactively accept the grant award from the California Highway Patrol (CHP) for the FY 26/27 Cannabis Tax Fund Grant Program (CTFGP) - DUI/DUID Law Enforcement Project.
2. Authorize the Sheriff-Coroner, or designee, to execute the FY 26/27 Grant Agreement, any subsequent amendments, and related documents that do not materially alter the terms of the grant award.
3. Adopt a governing resolution that authorizes the Sheriff-Coroner, or designee, to execute any actions necessary to obtain the grant funding provided by CHP.

**Department Contact:**

List the name and contact information (telephone, email) of the person to be contacted for further information.

Captain Ryan Anderson (714) 289-3983 randerson@ocsheriff.gov Deputy Garrett Eggert (949) 425-1887 geggert@ocsheriff.gov

**Name of individual attending the Board Meeting:**

List the name of the individual who will be attending the Board Meeting for this Grant item:

Captain Ryan Anderson / Deputy Garrett Eggert

**ORANGE COUNTY  
SHERIFF'S DEPARTMENT****EXTERNAL MEMO**

**To:** County Executive Officer, KC Roestenberg  
**From:** Sheriff-Coroner, Don Barnes  
**Date:** August 3, 2026  
**RE:** Retroactive Request to Accept FY 26/27 Cannabis Tax Fund Grant Program (CTFGP) Award

Signed by:

*KC Roestenberg*  
74BFA6E50F834F8...

8/5/2026 | 8:35 AM PDT



The Sheriff-Coroner Department requests that the County Executive Officer place the subject grant award on the agenda for the August 11, 2026, Board of Supervisors Meeting. The Department also requests retroactive approval to accept the FY 2026/27 Cannabis Tax Fund Grant Program (CTFGP) – DUI/DUID Law Enforcement Project grant award.

The California Highway Patrol (CHP) notified the Sheriff-Coroner Department of the grant award on June 30, 2026. Because the award notification was received after the last Board of Supervisors meeting before the July recess, the earliest date to request Board approval to accept the award is August 11, 2026. To preserve the grant funding and avoid forfeiting the award, the Department accepted the award upon notification and is now requesting retroactive Board approval.

The Cannabis Tax Fund Grant Program (CTFGP) is a California grant program that provides funding for public safety and educational efforts focused on reducing impaired driving. The purpose of the DUI/DUID Law Enforcement Project is to assist the South Operations Division with implementing a comprehensive, data-driven impaired driving enforcement and officer training program throughout the jurisdiction of the Orange County Sheriff's Department (OCSD). Conducting high-visibility enforcement operations that are centered around alcohol and drug impaired driving across the 13 contract cities, unincorporated communities, and John Wayne Airport, will support efforts to reduce DUI/DUID-related crashes, injuries, and fatalities while improving roadway safety for residents and visitors.

The proposed project will also enable OCSD to provide specialized training to enhance deputies' ability to detect alcohol- and cannabis/drug impaired drivers, improve officer proficiency, and strengthen prosecutorial outcomes. Acceptance of this award will allow the Department to expand these public safety efforts.

If you have any questions about this grant program, please contact Miriam Torrez, Fiscal Administrator, at (714) 834-4347 or [mtorrez@ocsheriff.gov](mailto:mtorrez@ocsheriff.gov).

c: Executive Director Brian Wayt  
Financial Director Deena Fulghum  
Karla Lazaridis, Senior Fiscal Manager  
Miriam Torrez, Fiscal Administrator

RESOLUTION OF THE BOARD OF SUPERVISORS OF  
ORANGE COUNTY, CALIFORNIA

August 11, 2026

WHEREAS, the County of Orange, Sheriff-Coroner, applied to the California Highway Patrol (CHP) for funding through the Cannabis Tax Fund Grant Program (CTFGP); and

WHEREAS, CHP has awarded the County of Orange, Sheriff-Coroner Department's South Operations Division grant funding in the amount of \$259,760 to support a comprehensive impaired driving enforcement and training program, and acceptance of the grant award requires approval by the Orange County Board of Supervisors;

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of Orange hereby accepts the Cannabis Tax Fund Grant Program award in an amount not to exceed \$259,760 from the California Highway Patrol for the benefit of the Orange County Sheriff-Coroner Department.

BE IT FURTHER RESOLVED that the Sheriff-Coroner, or designee, is authorized to execute the Grant Agreement and any amendments, certifications, assurances, reimbursement requests, reports, and other documents necessary to accept, administer, and implement the Cannabis Tax Fund Grant Program award for the period of July 1, 2026 through June 30, 2027 on behalf of the County of Orange, provided such actions do not materially alter the terms and conditions of the Grant Agreement or require additional County funding beyond that approved by the Board.

BE IT FURTHER RESOLVED that this Resolution shall take effect immediately upon its adoption.



# CEO-Legislative Affairs Office Grant Authorization eForm

Attachment A

## GRANT APPLICATION / GRANT AWARD

|                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Today's Date:</b>                                                                                                                                                                | August 3, 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Requesting Agency/Department:</b>                                                                                                                                                | Social Services Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Grant Name and Project Title:</b>                                                                                                                                                | Housing and Disability Advocacy Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Sponsoring Organization/ Grant Source:</b><br><small>(If the grant source is not a government entity, please provide a brief description of the organization/foundation)</small> | California Department of Social Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Application Amount Requested:</b>                                                                                                                                                | \$1,187,103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Application Due Date:</b>                                                                                                                                                        | July 24, 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Board Date when Board Approved this Application:</b>                                                                                                                             | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Awarded Funding Amount:</b>                                                                                                                                                      | \$1,187,103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Notification Date of Funding Awarded:</b>                                                                                                                                        | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Is this an Authorized Retroactive Grant Application/Award?</b> Ratified                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Recurrence of Grant:</b>                                                                                                                                                         | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>If this is a recurring grant, please list the funding amount applied for and awarded in the past:</b>                                                                            | 2018 Applied: \$2,147,651<br>2018 Awarded: \$2,147,651<br>2019-20 Applied: \$1,091,855<br>2019-20 Awarded: \$1,091,855<br>2020 Applied: \$102,634<br>2020 Awarded: \$102,634<br>2020-21 Applied: \$1,270,023<br>2020-21 Awarded: \$1,270,023<br>2020-21 Applied: \$127,002<br>2020-21 Awarded: \$127,002<br>2021-22 Applied: \$7,659,238<br>2021-22 Awarded: \$7,659,238<br>2022-23 Applied: \$7,659,238<br>2022-23 Awarded: \$7,659,238<br>2023-24 Applied: \$1,187,103<br>2023-24 Awarded: \$1,187,103<br>2024-25 Applied: \$1,187,103<br>2024-25 Awarded: \$1,187,103<br>2025-26 Applied: \$1,187,103<br>2025-26 Awarded: \$1,187,103<br>2025-28 Applied: \$1,747,001<br>2025-28 Awarded: \$1,747,001 |
| <b>Does this grant require CEQA findings?</b>                                                                                                                                       | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>What Type of Grant is this?</b>                                                                                                                                                  | <b>Award</b> - Non Competitive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>County Match?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | No                                                                                                                                                      |
| <b>How will the County Match be fulfilled?</b><br>(Please include the specific budget)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | N/A                                                                                                                                                     |
| <b>Will the grant/program create new part or full-time positions?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | No                                                                                                                                                      |
| <b>Will this grant support a new or existing program?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Existing                                                                                                                                                |
| <b>Purpose of Grant Funds:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Provide summary and brief background on why the Board of Supervisors should accept this grant application/award, and how the grant will be implemented. |
| <p>The Housing and Disability Advocacy Program (HDAP) is a county-administered program that is dedicated to assisting individuals with disabilities who are experiencing homelessness. HDAP focuses on providing comprehensive support, including outreach, case management, disability benefits advocacy and housing assistance. The program prioritizes those facing chronic homelessness and individuals who are heavily reliant on government-funded services. HDAP is a recurring grant that provides funding to the County of Orange (County) System of Care. The funding aims to enhance services for homeless individuals in Orange County and improve care coordination among various agencies, including the County of Orange Social Services Agency (SSA), OC Community Resources (OCCR), OC Health Care Agency (HCA) and the Office of Care Coordination.</p> <p>On June 26, 2026, the California Department of Social Services (CDSS) released the All County Welfare Director Letter (ACWDL) notifying counties of the availability of \$22 million in one-time HDAP funding for FY 2026-27. A noncompetitive allocation amount of \$1,187,103 is available to the County for the expenditure period of July 1, 2026, to June 30, 2027.</p> <p>All grantees must submit documentation by July 24, 2026, to receive funding. SSA is requesting the Board's ratification of the grant award to receive a one-time allocation of funds for the HDAP FY 2025-2026.</p> <p>Ratification of this award for funds will allow for continuity and development of HDAP services and provide a needed resource to the System of Care as the County continues to address homelessness in our community.</p> <p>The Memorandum of Understanding between SSA and the County Executive Office for HDAP collaboration will be amended to include an updated term and budget once the funds have been approved by the Board.</p> |                                                                                                                                                         |
| <b>Board Resolution Required?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | No                                                                                                                                                      |
| <b>Deputy County Counsel Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | N/A                                                                                                                                                     |
| <b>Recommended Action(s)</b><br>(Please specify below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                         |
| <p>Ratify the Housing and Disability Advocacy Program allocation in the amount of \$1,187,103 and authorize the Social Services Agency Director or designee to execute an agreement with the California Department of Social Services to administer the Housing and Disability Advocacy Program funds.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                         |
| <b>Department Contact:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | List the name and contact information (telephone, email) of the person to be contacted for further information.                                         |
| An Tran 714-541-7708 An.Tran@ssa.ocgov.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                         |

**Name of individual attending the Board Meeting:**

List the name of the individual who will be attending the Board Meeting for this Grant item:

An Tran



**County of Orange**  
**SOCIAL SERVICES AGENCY**

500 N. STATE COLLEGE BLVD.  
ORANGE, CA 92868-1673  
(714) 541-7700

**AN TRAN**  
DIRECTOR

**VERONICA RODRIGUEZ**  
CHIEF DEPUTY DIRECTOR

**DORTHE LEE**  
DIVISION DIRECTOR  
ADMINISTRATIVE SERVICES

**MIKE EDMUNDSON**  
DIVISION DIRECTOR  
ASSISTANCE PROGRAMS

**LOAN ENGLISH**  
DIVISION DIRECTOR  
CHILDREN & FAMILY SERVICES

**GAIL ARAUJO**  
DIVISION DIRECTOR  
FAMILY SELF-SUFFICIENCY &  
ADULT SERVICES

**SARA MARCHESE, M.D.**  
MEDICAL DIRECTOR

July 23, 2026

TO: County Executive Office

FROM: An Tran, Director Social Services Agency

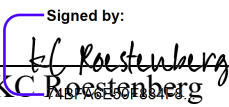
SUBJECT: Request to Ratify the Award for Housing and Disability Advocacy Program Grant

This memo is being submitted to request that CEO place the subject grant award on the August 11, 2026, Board of Supervisors (Board) Meeting Agenda. The Social Services Agency (SSA) requests ratification of approval as the California Department of Social Services (CDSS) Housing and Homelessness Division (HHD) released the Housing and Disability Advocacy Program (HDAP) All County Welfare Director's Letter (ACWDL) dated June 26, 2026, announcing the availability of funding for Fiscal Year 2026-27. CDSS requested for the Director's Certification as well as other related materials be submitted on July 31, 2026. To meet the CDSS deadline of July 31, 2026, SSA staff submitted all pertinent documentation to receive funds for HDAP. Due to the ACWDL being released after the last Board meeting in June and no Board meetings being held in July 2026, SSA is seeking ratification of this approval.

SSA now requests ratification of approval to accept the grant award for funding in the amount of \$1,187,103, which is the allocation amount for Orange County stated in the ACWDL.

If you have any questions about the grant, please contact Denise Gallon at (714) 541-7717.

Thank you,

|           |                                                                                                                              |                         |
|-----------|------------------------------------------------------------------------------------------------------------------------------|-------------------------|
|           |                                           | 7/23/26                 |
|           | _____<br>Department Head or Designee                                                                                         | _____<br>Date           |
| Approved: | Signed by:<br><br>_____<br>KC Roostenberg | 7/24/2026   1:34 PM PDT |
|           | _____<br>Interim County Executive Officer                                                                                    | _____<br>Date           |