



815 W. Ocean Avenue • Lompoc, CA 93436
 P.O. Box 397 • Lompoc, CA 93438-0397
 (805) 736-3423 • FAX (805) 735-7672 • TDD (800) 545-1833, ext 594

Housing Authority of the County of Santa Barbara

SERVICE ACTIVITY PROPOSAL AND APPLICATION - (Page 1 of 3)

Name of Organization: _____

Address of Organization: _____

Mailing Address: _____

Responsible Person-Name: _____

Responsible Person-Title: _____

Primary Contact: _____

Address: _____

Contact Phone: _____ Cell Phone: _____ Email: _____

Please identify the base of your Organization:

Non-Profit		For-Profit		Government		Grantee	
School		Faith Based		Voluntary		Other	

Describe Proposed Service Activity: _____

Purpose of Proposed Service Activity: _____

Date/s/ of Service Activity: _____

Time Starting: _____ Time Finished: _____ Total Hours Required: _____

Description of area involved: _____

Total Number of Persons to be assisted by this Service Activity: _____

Identify Category of Service Activity: Adult Education Health/Wellness Youth Programs Social

Please select the target population/s/ to be assisted through this Service Activity:

Family <input type="checkbox"/>	Elderly (over 62) <input type="checkbox"/>	Disabled <input type="checkbox"/>	Youth <input type="checkbox"/>
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200 W. Williams
 Santa Maria, CA 93454
 (805) 925-4393
 fax (805) 922-9608

1050 Escalante St
 Guadalupe CA 93434
 (805) 343-1224
 fax (805) 343-1618

917 W. Ocean Ave.
 Lompoc, CA 93436
 (805) 735-8351
 fax (805) 735-9263

5575 Armitos Ave.
 Goleta, CA 93117
 (805) 967-3402
 fax (805) 964-0027



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Approximate Number of Applicant Representatives Participating in this Service Activity: _____

Does the Service Activity being proposed, require any license or permit by the City, County, State or other authorizing entity? Yes No If Yes, Type of License/Permit Required: _____

(If your proposed service activity requires a License or Permit, you must attach a copy to this application).

Please explain any arrangements proposed for controlling or self-policing of the Service Activity and the Area: (Including "clean-up" to return the area to original condition, free of trash, debris, etc...):

Please describe any special arrangements or services that you are requesting be provided by the HACSB. (An example would be opening/closing of gates, doors, electrical utilities, projection equipment, etc...):

The undersigned, herein known as the "Applicant", understands and agrees that Applicant shall assume all risk for loss, damage, liability, injury, cost, or expense that may occur during, or as a result of the proposed Service Activity.

Indemnity: The Applicant further agrees that in consideration of permission to use the property, or properties above, Applicant will save, defend, and hold the Housing Authority of the County of Santa Barbara, its affiliates, and/or its employees, including any Property Owners of the designated premises, free and harmless from any loss, claims, liability or damages, and/or injuries to persons and/or property that in any way may be caused by any acts or omissions of Applicant, its employees, or its agents.

Non Discrimination: The Applicant understands and agrees that in the performance of this Agreement, the Applicant shall not discriminate in the provision of service activities because of race, color, sex, age, religion, national origin, ancestry, handicap, disability, or familial status.

Prohibited Uses: The Applicant understands and agrees that the Premises shall not be used for illegal purposes, nor for any activity of a commercial nature, nor for the private use of residents or others. In addition, there shall be no requirement or request for any resident or organization to participate or affiliate with any political, religious or ideological cause.

Applicant further understands and agrees that the Premises shall not be used for the purpose of raising funds for any purpose nor used for any activity where a fee is charged except as may be approved by The Housing Authority of the County of Santa Barbara, in writing, pursuant to the rules, regulations and policies established by HACSB, it's affiliates, or Property Owners.

Applicant understands and agrees to provide copies of all printed materials to the Housing Authority of the County of Santa Barbara in advance of distribution on Premises.

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SERVICE ACTIVITY PROPOSAL AND APPLICATION - (Page 3 of 3)

(Signature Page)

The undersigned hereby warrants that s/he has the legal authority and capacity to sign this Agreement on behalf of the person and/or organization listed below.

The undersigned certifies to the truthfulness of the information provided herein, and agrees to comply with the requirements of the Housing Authority of the County of Santa Barbara, and any/all Federal, State, County, City, and Municipal Codes, Rules, and Regulations that may pertain to this Service Activity.

Date

Signature of Applicant

Print Name

Title

Organization

If you have any questions in relation to your application, please call: (805) 925-4393 Ext: 3300. You may select to submit this application, along with any attachments through either of the following methods:

Fax: (805) 925-0922

Mail: HACSB Resident Services
ATTN: Resident Services Coordinator
235 E. Inger Drive, Ste 102-A
Santa Maria, CA 93454

Thank You for your Service Activity Proposal and Application

We greatly appreciate your time & consideration towards serving HACSB Residents!

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