



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

PARTNERSHIP ACTIVITY PROPOSAL AND APPLICATION

Application Date: _____

Name of Organization: _____

Address of Organization: _____

Mailing Address: _____

Responsible Person-Name: _____

Responsible Person-Title: _____

Address: _____

Contact Phone: _____

Cell Phone: _____

Please identify the base of your Organization:

<input type="checkbox"/> Non-Profit	<input type="checkbox"/> For-Profit	<input type="checkbox"/> Government Entity	<input type="checkbox"/> Grantee
<input type="checkbox"/> Community College	<input type="checkbox"/> Faith Based	<input type="checkbox"/> Voluntary	<input type="checkbox"/> Other:

Describe Proposed Activity: _____

Purpose of Proposed Activity: _____

Date/s/ of Activity: _____

Time Starting: _____

Time Finished: _____

Total Hours Required: _____

🏠 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



Housing Authority of the County of Santa Barbara

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

PARTNERSHIP ACTIVITY PROPOSAL AND APPLICATION - (Page 2 of 3)

Description of area involved: _____

Total Number of Persons to be served by this Activity: _____

Please specify target population for this Activity:

Form with checkboxes for Family, Elderly (over 62), Disabled, and Youth.

Approximate Number of Organizational Representatives Participating: _____

Does the 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 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 Activity and the Area: (Including "clean-up" to return the area to original condition, free of trash, debris, etc...):

Four horizontal lines for text input.

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, etc...):

Four horizontal lines for text input.

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



Housing Authority of the County of Santa Barbara

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

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

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

_____ Located at _____;
(Activity) (Location)

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

The undersigned warrants that s/he has the legal authority and capacity to sign this Agreement on behalf of the 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 City, County, State, and Municipal Codes.

Date

Signature of Applicant

Print Name

Title

Organization

🏠 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