

## A. Organization Information

Case Id: 30105

Name: Harm Reduction Circle - 2027

Address: PO Box 5564, Irvine, CA 92616

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### A. Organization Information

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Please provide the following information.

**A.1. Applicant/Organization Name:**

Harm Reduction Circle

**A.2. Executive Director:**

Annastasia Rose Beal

**A.3. Phone:**

9496598180

**A.4. Email:**

annastasia@harmreductioncircle.org

**A.5. Funding Request:**

\$11,000.00

**A.6. Address:**

PO Box 5564 Irvine, CA 92616

**A.7. Mailing Address (if different from Business address):**

**A.8. Tax ID#**

[REDACTED]

**A.9. DUNS#:**

[REDACTED]

### PROJECT/PROGRAM

**A.10. Project/Program Name:**

PEV-Supported Mobile Peer Navigation & Outreach Program

**A.11. Project/Program Address:**

PO Box 5564 Irvine, CA 92616

**A.12. Additional project address locations?**

No

**A.13. Project/Program Manager:**

Annastasia Rose Beal

**A.14. Project/Program Manager Phone:**

(949) 659-8180

**A.15. Project/Program Manager Email:**

annastasia@harmreductioncircle.org

**FISCAL MANAGER**

**A.16. Fiscal Manager:**

Andy Carsh

**A.17. Fiscal Manager Phone:**

(949) 659-8180

**A.18. Fiscal Manager Email:**

andy@harmreductioncircle.org

**GRANT CONTACT**

**A.19. Grant Application Contact:**

Annastasia Rose Beal

**A.20. Grant Contact Phone:**

(949) 659-8180

**A.21. Grant Contact Email:**

annastasia@harmreductioncircle.org

**AUTHORIZED SIGNERS ON AGREEMENT**

**A.22. Name:**

Annastasia Rose Beal

**A.23. Title:**

Executive Director

**A.24. Email:**

annastasia@harmreductioncircle.org

**If secondary signer:**

**A.25. Name:**

**A.26. Title:**

**A.27. Email:**

**QUARTERLY AND ANNUAL REPORTING CONTACT**

**A.28. Name:**

Annastasia Rose Beal

**A.29. Title:**

Executive Director

**A.30. Email:**

annastasia@harmreductioncircle.org

## B. Description

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## B. Description

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Please provide the following information.

### ORGANIZATION DESCRIPTION

#### B.1. Provide a brief general description of your organization's goals and/or mission statement:

Harm Reduction Circle (HRC) is a 501(c)(3) public health organization grounded in evidence-based harm reduction and community health worker (CHW) models. Our mission is to improve health, safety, and stability for people who use drugs, people experiencing homelessness, and low-income residents by offering trauma-informed outreach, overdose prevention, peer navigation, and access to essential services. HRC hired trained CHWs with lived experience to provide compassionate, non-judgmental support, connect people to and practical assistance directly in the community. Our programs throughout Orange County emphasize safety, dignity, stabilization, and equitable access to services for people facing structural barriers, poverty, behavioral health conditions, and housing instability.

### PROJECT/PROGRAM DESCRIPTION and PURPOSE

#### B.2. Provide a description of the specific project or program being proposed, clearly stating what the project intends to provide or accomplish, and the specific activities for which funds will be used.

This program offers street-based mobile peer navigation, streamlined case management, and vital resource connection services to low- and moderate-income unhoused residents throughout the City of Orange. Utilizing personal electric vehicles (PEVs, such as Onewheels) and foot outreach, trained community health workers with lived experience will perform proactive engagement in parks, encampments, motels, vehicle-dwelling areas, and other hard-to-reach locations identified in the City's Housing Element and PIT data. The project aims to eliminate barriers to stabilization and assist residents in obtaining housing, behavioral health services, identification, benefits, and transportation. Activities comprise: 1. Trauma-informed engagement and peer support 2. Navigation and warm referrals to housing, shelters, HUB OC, CE, and social services 3. Lite or ongoing case management as needed 4. Behavioral health and SUD linkage, including telehealth-based MAT referrals (MATCONNECT) 5. Benefits enrollment (Medi-Cal, CalFresh/WIC/EBT) via BenefitsCal 6. Assistance with ID replacement and documentation (DMV vouchers, birth certificates) 7. Distribution of hygiene items and essential survival supplies 8. GetHelpOC electronic referrals and appointment coordination 9. Transportation assistance (CDBG-eligible bus passes) 10. Rapid mobility using PEVs to reach scattered locations efficiently The initiative is designed to address the excising gaps observed by the City of Orange in non-enforcement, peer-led outreach; behavioral health linkage; resource navigation; and stabilization programs noted in the 2025–2029 Consolidated Plan, Housing Element Section 7, and PIT trends.

## C. Objective

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## C. Objective

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Please provide the following information.

### NATIONAL OBJECTIVE

C.1. Check the National Objective Subcategory that your project meets the national objective of **Benefiting Low- and Moderate Income (LMI) Persons**:

National Objective Subcategories:

- Low Moderate Limited Clientele (LMC) – 51% of the beneficiaries of an activity have to be LMI**
- Low Moderate Area Benefit (LMA) – area where at least 51% of the residents are LMI persons**
- Low Moderate Income Housing Activities (LMH) - rental units and rehab units**

**C.2. PROJECT SCHEDULE: Please estimate project completion timeline.**

The project will operate from July 1, 2026 through June 30, 2027 and is designed to meet the HUD national objective of benefiting Low- and Moderate-Income persons under the Limited Clientele (LMC) category, as all participants served will be individuals experiencing homelessness or severe economic hardship. In Quarter 1, Harm Reduction Circle will finalize staffing, procure outreach supplies, enroll in OCTA's Social Services Bus Pass Distributor Program, and launch weekly PEV-supported mobile outreach throughout the City of Orange. In Quarters 2 and 3, the project will sustain weekly outreach, provide peer navigation and lite or ongoing case management, conduct benefits enrollment and identification assistance, deliver behavioral health and SUD referrals, and continue distributing hygiene items and transportation support to LMI clients. By Quarter 4, the program will finalize client stabilization plans, complete all follow-up activities and referrals, document outcomes, and submit required CDBG reports to close out the program year. A more detailed breakdown can be found in the full milestones attachment, which provides a quarter-by-quarter implementation timeline.

## D. Demographics

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### D. Demographics

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Please provide the following information.

#### RACE/ETHNICITY

D.1. Estimate the number of clients for each Race/Ethnic categories your project will serve:

Race/Ethnicity	Estimate number of clients that will be served from/in each Race/Ethnic category:	If Previously Funded: Number of clients served from/in each Race/Ethnic category:
White	37	
Black/African American	11	
Asian	4	
American Indian/Alaskan Native	2	
Native American/Other Pacific Islander	2	
American Indian/Alaskan Native & White	1	
Asian & White	1	
Black/African American & White	1	
American Indian/Alaska Native & Black/African American	1	
Other Multi-Racial	32	
<b>TOTAL</b>	92	0

#### INCOME REQUIREMENTS

All funded projects and activities must meet the CDBG national objective of benefiting low to moderate income persons which is defined as “under 80% Area Median Income (AMI)”, (see current chart below). The AMI is subject to change based on HUD’s annual calculations and must be adjusted and adhered to throughout the life of the grant and subsequent affordability period.

FY 2025 Income Limits	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Extremely Low (30%) Income Limits	\$35,550	\$40,600	\$45,700	\$50,750	\$54,850	\$58,900	\$62,950	\$67,000

<b>Very Low (50%) Income Limits</b>	<b>\$59,250</b>	<b>\$67,700</b>	<b>\$76,150</b>	<b>\$84,600</b>	<b>\$91,400</b>	<b>\$98,150</b>	<b>\$104,950</b>	<b>\$111,700</b>
<b>Low (80%) Income Limits</b>	<b>\$94,750</b>	<b>\$108,300</b>	<b>\$121,850</b>	<b>\$135,350</b>	<b>\$146,200</b>	<b>\$157,050</b>	<b>\$167,850</b>	<b>\$178,700</b>

**D.2. Please identify if your project will track income eligibility by household or by area:**

Household

**INCOME ELIGIBILITY:**

- Eligible clients under this Contract shall be Extremely Low, Very Low, and/or Low-income individuals and/or families of all ethnic groups. Subrecipients shall document each participant's eligibility on intake sheets, or other such forms as to thoroughly document the client's household income.
- Agencies and organizations receiving CDBG funding must be able to document that the individuals, or households, or the area the project serves meets the HUD minimum 51% low to moderate-income requirement.
  - **Extremely low-income** which is defined as household income that is 30% or lower of the HUD median income for Orange County,
  - **Very low-income** which is defined as household income that exceeds 30% but does not exceed 50% of the HUD median income for Orange County, and
  - **Low income** is defined as household income at or below 80% of the median income for Orange County.

## E. Measurements & Outcomes

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### E. Measurements & Outcomes

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Please provide the following information.

#### E.1. CONSOLIDATED PLAN ACTIVITY: (check one)

Affordable Housing (Create or Maintain)	<input type="checkbox"/>
Homelessness (Activities to end homelessness)	<input type="checkbox"/>
Community Development (Public Services or Public Facilities)	<input checked="" type="checkbox"/>

**E.2. PERFORMANCE MEASUREMENT:** The U.S. Department of Housing and Urban Development (HUD) requires a performance measurement system to better capture data for the activities that are undertaken with CDBG funding. For each proposed activity, an objective, an outcome, and performance indicator must be identified.

#### A. Primary Objectives: Check One

- Create Suitable Living Environment** – this objective relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment.
- Provide Decent Affordable Housing** – this activity focuses on housing programs where the purpose of the program is to meet individual family or community needs and not programs where housing is an element of a larger effort.
- Create Economic Opportunities** – this objective applies to the types of activities related to economic development, commercial revitalization, or job creation.

#### B. Primary Outcome: Check One

- Availability/Accessibility** – Activity that makes services, infrastructure and/or shelter available and accessible.
- Affordability** – Activity that provides affordability in the creation of affordable housing, transportation, or daycare.
- Sustainability** – Activity which promotes livable or viable communities or neighborhoods by providing services or by removing slums or blighted areas.

**E.3. SPECIFIC OUTCOME INDICATORS: Number of Unduplicated Persons/Households to be assisted by this Program:**  
92

#### Of the Total Persons Assisted, how many will:

Have new or continued access to this service or benefit:	90
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Have improved access to this service or benefit:	90
Receive a service or benefit that is no longer substandard:	90

**Of the Total Persons Assisted, the number of:**

Homeless Persons Given Overnight Shelter:	0
Beds Created in Overnight Shelter or Other Emergency Housing:	0

## F. Budget

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## F. Budget

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Please provide the following information.

### F.1. Total budget must match the amount of funding being requested:

#### DIRECT COSTS:

BUDGET CATEGORY	PROPOSED AMOUNT OF CDBG FUNDS	PROPOSED AMOUNTS OF OTHER	TOTAL PROGRAM COSTS
Personnel Salaries	\$4,800.00	\$4,950.00	\$9,750.00
Supplies	\$2,925.00	\$4,000.00	\$6,925.00
Construction	\$0.00	\$0.00	\$0.00
Supplies/Other	\$3,275.00	\$5,050.00	\$8,325.00
<b>TOTAL</b>	<b>\$11,000.00</b>	<b>\$14,000.00</b>	<b>\$25,000.00</b>

**F.2. OTHER SOURCES OF FUNDS (if applicable):** Include all potential or anticipated funding sources, other local, State, or Federal Grants, conventional bank loans, tax credits, etc. Indicate the status of commitment of funding source, i.e. secured, committed or application pending with anticipated dates of final funding decisions. (click Add Row)

Type of Contribution	Source of Contribution	Estimated Amount	Status
Private Grant	AIDS Healthcare Foundation	\$20,000.00	Committed
Private Grant	Impulse United	\$2,000.00	Committed
State/Local	California Green Business Program	\$500.00	Committed
Board Contributions	Harm Reduction Circle Board of Directors	\$20,850.00	Committed
		\$43,350.00	

## G. Audit & Performance

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### G. Audit & Performance

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Please provide the following information.

#### AUDIT INFORMATION

**G.1. Please provide the date of the most recent audit of your organization. Describe any findings or concerns which may have been cited in the audit or in any accompanying management letter particularly any pertaining to the use of CDBG funds. Also, describe any action taken to correct identified findings or concerns.**

Single Audit under 2 CFR Part 200. As a small but growing nonprofit, the organization has not previously been required to undergo an independent financial audit. There have been no findings, concerns, or compliance issues related to federal, state, or local funds, and the organization has never received CDBG funds before. To maintain strong financial controls in lieu of a formal audit, Harm Reduction Circle uses standard nonprofit accounting practices, maintains segregated financial duties, and conducts regular internal financial reviews with the Board Treasurer. The organization is also prepared to undergo a financial review or audit if required for CDBG participation.

#### G.2. PAST PERFORMANCE:

##### A. Funding Expenditure Status. Enter dollar amounts

FY Year	Amount Awarded	Remaining
2025-26	\$0.00	\$0.00
2024-25	\$0.00	\$0.00
2023-24	\$0.00	\$0.00
<b>TOTAL</b>	\$0.00	\$0.00

**B. Goals - If your agency was funded previously, were the stated goals met, and if not explain why and what your agency is doing to ensure these goals are met in the future:**

## H. Required Documents

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## H. Required Documents

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Please provide the following information.

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**Articles of Incorporation**

Articles\_of\_Incorporation\_CA\_2021\_Harm\_Reduction\_Circle.pdf

**Board Minutes-Recent Board of Director's Meeting Minutes**

Q2\_Board\_Minutes Date\_2025\_Harm\_Reduction\_Circle.pdf

**Bylaws**

Bylaws\_Harm\_Reduction\_Circle.pdf

**Census Tract Table**

*\*\*No files uploaded*

**Low/Moderate Area Map**

*\*\*No files uploaded*

**Organizational Chart**

Organizational\_Chart\_Agency\_wide\_Harm\_Reduction\_Circle.pdf

**Recent Audited Financial Statements**

Financial\_Overview\_Revenue\_Statement\_Harm\_Reduction\_Circle.pdf

**Service Area Map**

Service\_Area\_Map\_Harm\_Reduction\_Circle.jpg

**Tax status-IRS 501(c)(3) Letter**

IRS\_Letter\_of\_Determination\_Harm\_Reduction\_Circle.pdf

**Timeline of Expenditures \*Required**

City\_of\_Orange\_FY26-27\_Timeline\_of\_Expenditures\_Harm\_Reduction\_Circle.pdf

**Timeline of Program/Project Milestones \*Required**

Timeline\_of\_Program\_Project\_Milestones\_Orange\_CDBG\_Harm\_Reduction\_Circle.pdf

**Other Documentation**

*\*\*No files uploaded*

## Certification

**Case Id:** 30105

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## Certification

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I hereby certify that all information contained herein and attached hereto is accurate to best of my knowledge:

**Signature:**

Annastasia Rose Beal

*Electronically signed by [annastasia@harmreductioncircle.org](mailto:annastasia@harmreductioncircle.org) on 12/2/2025 7:26 AM*

**Title:**

Executive Director