

Housing Navigators Program (HNP) Allocation Acceptance

Rev. 2/4/20

County Allocation: #N/A

Pursuant to Item 2240-103-0001 of Section 2 of the Budget Act of 2019, as amended by Section 16 of Chapter 363 of the Statutes of 2019 (SB 109), the Department of Housing and Community Development (HCD) shall allocate \$5 million in funding to counties for the support of housing navigators to help young adults aged 18 years and up to 21 years secure and maintain housing, with priority given to young adults in the foster care system. The county may use the funding to provide housing navigation services directly or through a contract with other housing assistance programs in the county. It is encouraged that the county coordinate with the local Continuum of Care to foster communication and collaboration.

Allocation Applicant

Allocation Applicant is a County Child Welfare Agency

Pursuant to statute, HCD consulted with the Department of Social Services, the Department of Finance, and the County Welfare Directors Association to establish the formula allocation for the purpose of distributing these funds to counties. The formula allocation is based on each county's percentage of the total statewide number of young adults aged 18 through 21 year old in foster care. The allocation excludes Alpine, Mono, and Sierra counties because their calculation did not demonstrate a need for young adults aged 18-21.

Applicant County

Legal name of Applicant as stated on resolution

Address		City	State	Zip
Auth Rep Name	Title	Auth Rep Email	Phone	
Contact Name	Title	Email	Phone	
Address		City	State	Zip

Federal Tax ID Number (FEIN):

Administrative Fiscal Representative

Legal Name	Contact Name	Contact Email
Phone	Address	City
	State	Zip

File Name: App Resolution	Reference sample resolution document	Attached to email?
File Name: App Signature Block	Signature Block - upload in Microsoft Word document	Attached to email?
File Name: App TIN	Reference Taxpayer Identification Number (TIN) document	Attached to email?

Use of Funds

The HNP program funds housing navigators for county child welfare agencies. The role of a housing navigator is to act as a housing specialist to assist young adults with their pursuits of locating available housing and overcoming barriers to locating housing. Housing navigator activities may include, but are not limited to:

- 1) Assist young adults aged 18-21 secure and maintain housing (with priority given to young adults in the state's foster care system);
- 2) Provide housing case management which include essential services in emergency supports to foster youth;
- 3) Prevent young adults from becoming homeless; and
- 4) Improve coordination of services and linkages to key resources across the community including those from within the child welfare system and the local Continuum of Care.

Expenditure of Funds

Any grant funds remaining unexpended as of June 30, 2022, must be returned to the State. Checks shall be payable to the Department of Housing and Community Development and mailed to 2020 West El Camino Ave. Room 300, no later than July 31, 2022 and must reference the Contract Number.

Allocation Acceptance Requirements

In order to accept and receive an allocation, Applicants must submit the following: Signed Allocation Acceptance form, Signed Resolution, and TIN form. A complete signed application with all applicable information must be received by HCD via email no later than 5:00 p.m. on:

Tuesday, March 31, 2020

HCD will only accept applications electronically at the following email address:

Stephanie.Tran-Houangvilay@hcd.ca.gov

Reporting Requirements

Applicant acknowledges and agrees to submit an annual report to the Department for the three years following distribution of HNP Program funds addressing the following:

- 1) How many people were served?
- 2) What were the funds used for?
- 3) Who were the housing navigator(s)?
- 4) How many people served were in foster care?

Certification

On behalf of the entity identified in the signature block below, I certify that:

The information, statements and attachments included in this Allocation Acceptance form are, to the best of my knowledge and belief, true and correct.

I possess the legal authority to submit this Allocation Acceptance form on behalf of the entity identified above.

In addition, I acknowledge that all information in this application and attachments is public, and may be disclosed by the State.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Printed Name	Title of Signatory	Signature	Date
Entity Name:	Phone Number:		
Entity Address:	City:	State:	Zip: