

Housing Navigators Program (HNP) Allocation Acceptance Round 2										10/4/2021																						
County Allocation (select Applicant County in row 7 below):										\$26,855																						
Pursuant to the Health and Safety Code Ch. 11.8, Section 50811 (the "Statute"), the California Department of Housing and Community Development (the "Department") has allocated funding to counties for use by child welfare services agencies. This Standard Agreement (the "Agreement") is entered into under the authority of, and in furtherance of the purposes of, the Statute.																																
Allocation Applicant																																
Allocation Applicant is a County										Yes																						
Pursuant to Section 50807(b) of the HSC, HCD consulted with the Department of Social Services, the Department of Finance, and the County Welfare Directors Association to develop a formula allocation schedule for the purpose of distributing these funds to counties. The allocation is based on each county's percentage of the total statewide number of young adults aged 18 to 21 years in foster care. The allocation excludes Alpine, Mono and Sierra county because their calculation did not demonstrate a need for young adults aged 18 to 21.																																
Applicant County		El Dorado County																														
Legal name of Applicant as stated on resolution:		El Dorado County																														
Address		3057 Briw Road, Suite B			City		Placerville		State		CA		Zip		95667																	
Auth Rep Name		Don Semon		Title		Director of the Health and H		Auth Rep Email		Phone		State		CA		Zip		95667														
Contact Name		Don Semon		Title		Director of the Health and Human Services Agency		Email		Phone		State		CA		Zip		95667														
Address		3057 Briw Road, Suite B			City		Placerville		State		CA		Zip		95667																	
Federal Tax ID Number (FEIN)		946000511																														
Administrative Fiscal Representative																																
Legal Name		Nita Wracke			Contact Name		Nita Wracker		Contact Email		nita.wracker@edcgov.us		Phone		530-295-6933		Address		3057 Briw Road, Suite B		City		Placerville		State		CA		Zip		95667	
File Name:		App Resolution		Reference sample resolution document						Attached to email?		Yes																				
File Name:		App TIN		Reference Taxpayer Identification Number (TIN) document						Attached to email?		Yes																				
Use of Funds																																
Funds shall be used to help young adults who are 18 to 21 years of age secure and maintain housing. Use of funds may include, but are not limited to:																																
1) Identify and assist housing services for this population in your community;																																
2) Assist this population to secure and maintain housing (with priority given to those in the state's foster care or probation system);																																
3) Improve coordination of services and linkages to community resources within the child welfare system and the Homeless Continuum of Care; and																																
4) Provide engagement in outreach and targeting to serve those with the most severe needs.																																
Expenditure of Funds																																
Any grant funds remaining unexpended as of June 30, 2024 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, 2024 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. HCD will only accept applications electronically via email no later than 5:00 p.m. on:																																
Friday, November 12, 2021																																
HCD will only accept applications electronically at the following email address:																																
HNP@hcd.ca.gov																																
Reporting Requirements																																
Applicant acknowledges and agrees to submit an annual report to the Department for the two years following distribution of TAY Program funds addressing the following:										Yes																						
A.Number of program participants served with program funds																																
B.Details on use of program funds																																
C.Details on housing navigators and other subcontractors																																
D.Number of program participants served who were in the state's foster care system																																
E. Number of program participants who were homeless at time of program entry																																
F.Number of program participants who exited homelessness into temporary housing																																
G.Number of program participants who exited homelessness into permanent housing.																																
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.																																
Don Semon		Director of Health and Human Services Agency			Signature					Date																						
Printed Name		Title of Signatory			Signature					Date																						
Name:		Don Semon			Phone Number:																											
Address:		3057 Briw Road, Suite B			City:		Placerville		State:		CA		Zip:		95667																	