

***Transitional Housing Program (THP)
Round 6 Allocation Acceptance Form***

***Housing Navigation and Maintenance Program (HNMP)
Round 3 Allocation Acceptance Form***



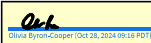
**Gavin Newsom, Governor
State of California**

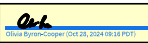
**Tomiquia Moss, Secretary
Business, Consumer Services and
Housing Agency**

**Gustavo Velasquez, Director
Department of Housing and
Community Development**

**651 West Bannon Street, 8th floor
Sacramento, CA 95811
Telephone: (916) 263-2771
Website: www.hcd.ca.gov
Email: TAY@hcd.ca.gov**

October 2024

Transitional Housing Program (THP) Allocation Acceptance Round 6							Rev. 10/09/24						
County Allocation (select Applicant County in row 7 below):						\$193,217							
Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2024 (Chapter 22 of the Statutes of 2024) and Chapter 11.7 (commencing with Section 50807) of Part 2 of Division 31 of the Health and Safety Code (HSC), the Department of Housing and Community Development (HCD) shall allocate funding to counties for the purpose of housing stability to help young adults 18 to 24 years of age, inclusive, secure and maintain housing, with priority given to young adults formerly in the foster care or probation systems.													
Housing First													
The Contractor shall certify to employ the core components of Housing First, pursuant to Welfare and Institutions Code Section 8255.													
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 18 through 20 years of age in foster care and homeless unaccompanied young adults (ages 18 through 24).													
Applicant County		El Dorado County											
Legal name of Applicant as stated on resolution: County of El Dorado													
Address		3057 Briw Road, Suite B		City		Placerville	State	CA	Zip	95667			
Auth Rep Name		Olivia Byron-Cooper, MPH		Title		Director, HHS	Auth Rep Email		olivia.byron-cooper@edcgov.us				
Contact Name		Leslie Griffith		Title		Assitant Director, Human Services	Email		leslie.griffith@edcgov.us				
Address		3057 Briw Road, Suite A		City		Placerville	State	CA	Zip	95667			
Federal Tax ID Number (FEIN)		94-6000511											
Administrative Fiscal Representative													
Legal Name		Kimberly McAdams		Contact Name		Kimberly McAdams		Contact Email				kimberly.mcadams@edcgov.us	
Phone		530-295-6932	Address		3057 Briw Road, Suite B		City		Placerville	State	CA	Zip	95667
File Name:		App Resolution		Reference sample resolution document						Attached to email?		No	
File Name:		App GovTIN Form		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 24 years of age, inclusive, secure and maintain housing with priority given to young adults formerly in the state's foster care or probation systems. 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 two years from the "Effective Date" of the fully executed Standard Agreement as stated in the STD 213, paragraph 2, must be returned to the State. Checks shall be payable to the Department of Housing and Community Development and mailed to 651 Bannon Street, 8th floor, Sacramento CA 95811 and must reference the Contract Number.													
Allocation Acceptance Requirements													
In order to accept and receive an allocation, applicants must submit the following: 1. Signed Allocation Acceptance form, 2. GovTIN Form, and 3. Signed Resolution. If Signed Resolution is not available by submittal date please include the scheduled date of Board of Supervisors meeting and anticipated date the Signed Resolution will be submitted to the Department. The Department will only accept applications electronically via email no later than 5:00 p.m. on:													
Friday, November 8, 2024													
HCD will only accept applications electronically at the following email address:													
TAY@hcd.ca.gov													
Reporting Requirements													
Applicant acknowledges and agrees to submit a bi-annual report to the Department for the two years following contract execution addressing the following:													
A. Number of program participants served who were homeless at time of program entry; B. Number of program participants served who were in the State's foster care system; C. Number of program participants served who were formerly in the State's foster care or probation systems; D. Number of program participants who exited homelessness into temporary housing; E. Number of program participants who exited homelessness into permanent housing; F. Itemization on use of program fund expenditures; G. Who were the housing navigators or other subcontractor(s)? H. Subpopulation data including: 1. Number of participants that are employed; 2. Number of participants identified as LGBTQ+; 3. Number of participants having a disability; 4. Number of participants with minor children in the household; and, 5. Average number of children per household.										Yes			
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.													
Olivia Byron-Cooper, MPH		Director, Health & Human Services Agency				 <small>Olivia Byron-Cooper (Oct 23, 2024 09:16 PDT)</small>		10/28/2024					
Printed Name		Title of Signatory				Signature		Date					
Name:		Olivia Byron-Cooper, MPH				Phone Number:		530-621-6270					
Address:		3057 Briw Road, Suite B		City:		Placerville	State:	CA	Zip:	95667			

Housing Navigation and Maintenance Program (HNMP) Allocation Acceptance Round 3							Rev. 10/09/24			
County Allocation (select Applicant County in row 7 below):						\$43,251				
Pursuant to item 2240-103-0001 of Section 2.00 of the Budget Act of 2024 (Chapter 22 of the Statutes of 2024) and Chapter 11.8 (commencing with Section 50811) of Part 2 of Division 31 of the Health and Safety Code (HSC), the Department of Housing and Community Development (HCD) shall allocate funding to counties for the support of housing navigators to help young adults 18 years and up to 24 years of age, inclusive, secure and maintain housing, with priority given to young adults currently or formerly in the foster care system.										
Housing First										
The Contractor shall certify to employ the core components of Housing First, pursuant to Welfare and Institutions Code Section 8255.										
Allocation Applicant							Yes			
Pursuant to Section 50811 of the HSC, 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 17 through 21 years of age in the foster care and probation system. The allocation excludes Alpine and Mono counties because their calculation did not demonstrate need. The housing navigation and maintenance program for a county that accepts an allocation of money pursuant to this section shall provide training to its child welfare agency social workers and probation officers who serve nonminor dependents. The training shall address an overview of the housing resources available through the local coordinated entry system, homeless continuum of care, and county public agencies, including, but not limited to, housing navigation, permanent affordable housing, THP-Plus, and housing choice vouchers. The training shall also address how to access and receive a referral to existing housing resources, the social worker's and probation officer's role in identifying unstable housing situations for youth, and referring youth to housing assistance programs. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
Applicant County		El Dorado County								
Legal name of Applicant as stated on resolution:		County of El Dorado								
Address		3057 Briw Road, Suite B		City	Placerville	State	CA	Zip	95667	
Auth Rep Name	Olivia Byron-Cooper, MPH	Title	Director, HHSA	Auth Rep Email	olivia.byron-cooper@edcgov.us	Phone	530-621-6270			
Contact Name	Leslie Griffith	Title	Assistant Director, Human Services	Email	leslie.griffith@edcgov.us	Phone	530-642-4842			
Address		3057 Briw Road, Suite A		City	Placerville	State	CA	Zip	95667	
Federal Tax ID Number (FEIN)		94-6000511								
Administrative Fiscal Representative										
Legal Name	Kimberly McAdams		Contact Name	Kimberly McAdams		Contact Email	kimberly.mcadams@edcgov.us			
Phone	530-295-6932	Address	3057 Briw Road, Suite B		City	Placerville	State	CA	Zip	95667
File Name:	App Resolution	Reference sample resolution document				Attached to email?	No			
File Name:	App TIN	Reference Taxpayer Identification Number (TIN) document				Attached to email?	Yes			
Use of Funds										
The HNMP program funds housing navigators for counties. 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 navigation and maintenance activities may include, but are not limited to:										
<ol style="list-style-type: none"> 1) Assist young adults aged 18-24 years of age, inclusive, secure and maintain housing (with priority access 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 serves 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 two years from the "Effective Date" of the fully executed Standard Agreement as stated in the STD 213, paragraph 2, must be returned to the State. Checks shall be payable to the Department of Housing and Community Development and mailed to 651 Bannon Street, 8th Floor, Sacramento CA 95811 and must reference the Contract Number.										
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Reporting Requirements										
Applicant acknowledges and agrees to submit a bi-annual report to the Department for the two years following contract execution addressing the following:							Yes			
A. Number of program participants served with program funds; B. Itemization of 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; and, H. Subpopulation data including: <ol style="list-style-type: none"> 1. Number of participants that are employed; 2. Number of participants identified as LGBTQ+; 3. Number of participants with a disability; 4. Number of participants with minor children in the household; and, 5. Average number of children per household. 										
Certification										
<p>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.</p>										
Olivia Byron-Cooper, MPH		Director, Health & Human Services Agency					10/28/2024			
Printed Name		Title of Signatory			Signature		Date			
Name:	Olivia Byron-Cooper, MPH			Phone Number:	530-621-6270					
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