

Transitional Housing Program (THP)

Round 4 Allocation Acceptance Form

Housing Navigation and Maintenance Program (HNMP)

Round 1 Allocation Acceptance Form



**Gavin Newsom, Governor
State of California**

**Lourdes M. Castro Ramirez, Secretary
Business, Consumer Services and Housing Agency**

**Gustavo F. Velasquez, Director
California Department of Housing and Community Development**

2020 West El Camino Avenue, Suite 150
Sacramento, CA 95833
Phone: (916) 263-2771
Email: THP@hcd.ca.gov

November 2022

Transitional Housing Program (THP) Allocation Acceptance Round 4										Rev.11/01/22				
County Allocation (select Applicant County in row 7 below):										\$202,582				
Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2022 (Chapter 249 of the Statutes of 2022) 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.														
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). The allocation excludes Colusa, Mariposa, Modoc, Mono, and Sierra county because their calculation did not demonstrate need.														
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				Title		Interim Director, Health & H		Auth Rep Email		olivia.byron-cooper@edcgov.us		
Contact Name		Olivia Byron-Cooper				Title		Interim Director, Health & Human Services Agency		Email		olivia.byron-cooper@edcgov.us		
Phone		530-642-7352				Phone		530-642-7352						
Address 3057 Briw Road, Suite B														
										City		Placerville		
										State		CA		
										Zip		95667		
Federal Tax ID Number (FEIN)														
946000511														
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 2020 West El Camino Ave. Room 300 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:														
<p>Thursday, December 1, 2022</p> <p>HCD will only accept applications electronically at the following email address:</p> <p>THP@hcd.ca.gov</p>														
Reporting Requirements														
Applicant acknowledges and agrees to submit an bi-annual report to the Department for the two years following contract execution addressing the following:														
<p>A. Number of program participants served who were homeless at time of program entry;</p> <p>B. Number of program participants served who were in the State's foster care system;</p> <p>C. Number of program participants served who were formerly in the State's foster care or probation systems;</p> <p>D. Number of program participants who exited homelessness into temporary housing;</p> <p>E. Number of program participants who exited homelessness into permanent housing;</p> <p>F. Itemization on use of program fund expenditures;</p> <p>G. Who were the housing navigators or other subcontractor(s)?</p> <p>H. Subpopulation data including:</p> <ol style="list-style-type: none"> Number of participants that are employed; Number of participants identified as LGBTQ+; Number of participants having a disability; Number of participants with minor children in the household; and, Average number of children per household. 														
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		Interim Director, Health & Human Services Agency												
Printed Name		Title of Signatory				Signature				Date				
Name:		Olivia Byron-Cooper				Phone Number:		530-642-7352						
Address:		3057 Briw Road, Suite B				City:		Placerville		State:		CA		
										Zip:		95667		

Housing Navigation and Maintenance Program (HNMP) Allocation Acceptance Round 1		Rev.11/01/22
County Allocation (select Applicant County in row 7 below):		\$54,882
Pursuant to item 2240-103-0001 of Section 2.00 of the Budget Act of 2022 (Chapter 43 of the Statutes of 2022) 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.		
Allocation Applicant		Yes
<p>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.</p>		
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	Title Interim Director, Health & H Auth Rep Email olivia.byron-cooper@edcgov.us Phone 530-642-7352
Contact Name	Olivia Byron-Cooper	Title Interim Director, Health & Human Services Agency Email olivia.byron-cooper@edcgov.us Phone 530-642-7352
Address	3057 Briw Road, Suite B	City Placerville State CA Zip 95667
Federal Tax ID Number (FEIN)	946000511	
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		
<p>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:</p> <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 2020 West El Camino Ave. Room 300 and must reference the Contract Number.		
Allocation Acceptance Requirements		
<p>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:</p> <p style="text-align: center;">Thursday, December 01, 2022 HCD will only accept applications electronically at the following email address: THP@hcd.ca.gov</p>		
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:		
<p>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:</p> <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>		
Printed Name	Olivia Byron-Cooper	Signature
Title of Signatory	Interim Director, Health & Human Services Agency	Date
Name:	Olivia Byron-Cooper	Phone Number: 530-642-7352
Address:	3057 Briw Rd., Suite B	City Placerville State CA Zip 95667