

<b>Transitional Housing Program (THP) Allocation Acceptance</b>	Rev. 2/4/20
<b>County Allocation:</b>	<b>\$32,000</b>

Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2019 (Chapter 23 of the Statutes of 2019) 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 \$8 million in funding to counties for the purpose of housing stability to help young adults 18 to 25 years secure and maintain housing, with priority given to young adults formerly in the foster care or probation systems.

**Allocation Applicant**

Department of Housing and Community Development

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 25 years in foster care. The allocation excludes Alpine and Sierra county because their calculation did not demonstrate a need for young adults aged 18 to 25.

<b>Applicant County</b>	El Dorado County		
<b>Legal name of Applicant as stated on resolution:</b>	County of El Dorado		
<b>Address</b>	3057 Briw Road, Suite B	<b>City</b>	Placerville
<b>Auth Rep Name</b>	Donald Semon	<b>Title</b>	Director, HHS
<b>Contact Name</b>	Leslie Griffith	<b>Title</b>	Assistant Director
<b>Address</b>	3057 Briw Road, Suite B	<b>City</b>	Placerville

<b>Federal Tax ID Number (FEIN)</b>	94-6000511		
<b>Administrative Fiscal Representative</b>			
<b>Legal Name</b>	Yvonne Kollings	<b>Contact Name</b>	Yvonne Kollings, CFO
<b>Phone</b>	(530) 295-6917	<b>Contact Email</b>	yvonne.kollings@edcgov.us
<b>Address</b>	3057 Briw Rd, Suite B	<b>City</b>	Placerville

<b>File Name:</b>	App Resolution	Reference sample resolution document	Attached to email?	No
<b>File Name:</b>	App Signature Block	Signature Block - upload in Microsoft Word document	Attached to email?	Yes
<b>File Name:</b>	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 25 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, 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. HCD will only accept applications electronically via email no later than 5:00 p.m. on:

Tuesday, March 29, 2022  
HCD will only accept applications electronically at the following email address:  
[THP@hcd.ca.gov](mailto:THP@hcd.ca.gov)

**Reporting Requirements**

Applicant acknowledges and agrees to submit an annual report to the Department for the three years following distribution of TAY 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?
- 5) How many people served were in probation system?

**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.

<b>Printed Name</b> Donald Semon	<b>Title of Signatory</b> Director, Health & Human Services Agency	<b>Signature</b> 	<b>Date</b> 4-6-22
<b>Entity Name:</b>	County of El Dorado	<b>Phone Number:</b>	(530) 621-6270
<b>Entity Address:</b>	3057 Briw Rd., Suite B	<b>City:</b>	Placerville
		<b>State:</b>	CA
		<b>Zip:</b>	95667

The principal purpose of the information provided is to establish the unique identification of the government entity.

**Instructions:** You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields marked with an asterisk (\*) are required. Hover over fields to view help information. Please print the form to sign prior to submittal. You may email the form to: vendors@fiscal.ca.gov, or fax it to (916) 576-5200, or mail it to the address above.

Principal Government Agency Name*	<input type="text" value="County of El Dorado"/>		
Remit-To Address (Street or PO Box)*	<input type="text" value="3057 Briw Road, Suite B"/>		
City*	<input type="text" value="Placerville"/>	State * <input type="text" value="CA"/>	Zip Code**+4 <input type="text" value="95667"/>
Government Type:	<input type="checkbox"/> City	<input checked="" type="checkbox"/> County	Federal Employer Identification Number (FEIN)* <input type="text" value="94-6000511"/>
	<input type="checkbox"/> Special District	<input type="checkbox"/> Federal	
	<input type="checkbox"/> Other (Specify)	<input type="text"/>	

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>

Contact Person*	<input type="text" value="Donald Semon"/>	Title	<input type="text" value="Director, Health &amp; Human Services Agency"/>	
Phone number*	<input type="text" value="(530) 621-6270"/>	E-mail address	<input type="text" value="don.semon@edcgov.us"/>	
Signature*			Date	<input type="text" value="4/6/22"/>