

Transitional Housing Program (THP) Allocation Acceptance Round 2										Rev. 7/27/20					
County Allocation (select Applicant County in row 7 below):										\$8,000					
Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2020 (Chapter 6 of the Statutes of 2020) 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															
Allocation Applicant is a County Child Welfare Agency										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 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.															
Applicant County		Nevada County													
Legal name of Applicant as stated on resolution:		Nevada County Social Services													
Address		950 Maidu Ave			City		Nevada City		State	CA	Zip	95959			
Auth Rep Name		Rachel Roos			Title		Director of Social Services		Auth Rep Email		Rachel.Roos@co.nevada.ca.us	Phone	530-265-7077		
Contact Name		Faye Hignight			Title		Administrative Analyst II		Email		Faye.Hignight@co.nevada.ca.us	Phone	530-265-1728		
Address		988 McCourtney Rd			City		Grass Valley		State	CA	Zip	95949			
Federal Tax ID Number (FEIN)		94-6000526													
Administrative Fiscal Representative															
Legal Name		County of Nevada			Contact Name		Laurel Foster		Contact Email		Laurel.Foster@co.nevada.ca.us				
Phone		530-470-2420			Address		950 Maidu Ave		City		Nevada City	State	CA	Zip	95959
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 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, 2023, 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, 2023 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:															
Thursday, November 12, 2020															
HCD will only accept applications electronically at the following email address:															
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.															
Rachel Roos		Director of Social Services													
Printed Name		Title of Signatory			Signature				Date						
Name:		County of Nevada			Phone Number:		530-265-1218								
Address:		950 Maidu Ave			City:		Nevada City		State:	CA	Zip:	95959			

APPROVED

By Rachel Roos, LCSW at 8:56 am, Aug 20, 2020