

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION AUTHORIZING APPLICATION AND ACCEPTANCE OF FUNDS FOR THE COUNTY FOR FISCAL YEAR 2025/26 FOR THE TRANSITIONAL HOUSING PROGRAM (THP) ROUND 7 AND THE HOUSING NAVIGATOR AND MAINTENANCE PROGRAM (HNMP) ROUND 4

WHEREAS, the State of California, Department of Housing and Community Development ("Department") issued an Allocation Acceptance Form (the "THP Allocation Acceptance Form"), dated August 19, 2025 under Round 7 of the Transitional Housing Program ("THP"), authorized by item 2240-102-0001 of section 2.00 of the Budget Act of 2025 (Chapter 22 of the Statutes of 2025) and Chapter 11.7 (commencing with Section 50807) of part 2 of Division 31 of the Health and Safety Code; and

WHEREAS, the Department issued an Allocation Acceptance Form (the "HNMP Allocation Acceptance Form"), dated August 19, 2025 under Round 4 of the Housing Navigation and Maintenance Program ("HNMP") authorized by Item 2240-103-0001 of Section 2.00 of the Budget Act of 2025 (Chapter 22 of the Statutes of 2025) and Chapter 11.8 (commencing with Section 50811) of Part 2 of Division 31 of the Health and Safety Code; and

WHEREAS, the THP Allocation Acceptance Form and the HNMP Allocation Acceptance Form are collectively referred to as the "Allocation Acceptance Forms;" and

WHEREAS, the Allocation Acceptance Forms relate to the availability of the funds under the THP and HNMP Programs; and

WHEREAS, the County of Nevada ("County") may be listed as an eligible applicant in the THP Allocation Acceptance Form, dated August 19, 2025, the County may also be listed as an eligible applicant in the HNMP Allocation Acceptance Form dated August 19, 2025.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Supervisors for the County of Nevada does determine and declare as follows:

SECTION 1. That County is hereby authorized and directed to apply for and accept County's allocation award, as detailed in the THP Allocation Acceptance Form, in the amount of \$26,645 detailed and authorized in the THP Allocation Acceptance Form at the time this resolution is executed and authorized.

SECTION 2. That County hereby affirms that if THP funds remain available for allocation after the deadline for submitting a signed Allocation Acceptance Form, and if the County is eligible for an additional allocation from the remaining funds for the THP program, the County is hereby authorized and directed to accept this additional allocation of funds ("Additional THP Allocation") up to the amount authorized by Department but not to exceed \$53,290.

SECTION 3. That County is hereby authorized and directed to apply for and accept County's allocation award in the amount of \$9,563 as detailed in the HNMP Allocation Acceptance Form at the time this resolution is executed and authorized.

SECTION 4. That County hereby affirms that if HNMP funds remain available for allocation after the deadline for submitting a signed Allocation Acceptance Form, and if the County is eligible for an additional allocation from the remaining funds for the HNMP program, the County is hereby authorized and directed to accept this additional allocation of funds ("Additional HNMP Allocation") up to the amount authorized by Department but not to exceed \$19,126.

SECTION 5. That the Health and Human Services Director, or his or her designee, is hereby authorized and directed to act on behalf of County in connection with the THP Allocation Award and any Additional THP Allocation, and to enter into, execute, and deliver any and all documents required or deemed necessary or appropriate to participate in the THP Program, including but not limited to a Standard Agreement, be awarded the THP Allocation Award, and any additional THP Allocation, and any amendments to such documents (collectively, the "THP Allocation Award Documents").

SECTION 6. That the Health and Human Services Director, or his or her designee, is hereby authorized and directed to act on behalf of County in connection with the HNMP Allocation Award and any Additional HNMP Allocation, and to enter into, execute, and deliver any and all documents required or deemed necessary or appropriate to participate in the HNMP Program, including but not limited to a Standard Agreement, be awarded the HNMP Allocation Award, and any additional HNMP Allocation, and any amendments to such documents (collectively, the "HNMP Allocation Award Documents").

SECTION 7. That County affirms it has the discretion to accept any or all of the THP and HNMP program funds as detailed herein.

Funds to be deposited into Revenue Account: 1589-50104-494-3101 / 440450

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the <u>28th</u> day of <u>October 2025</u>, by the following vote of said Board:

Ayes:

Supervisors Robb Tucker, Lisa Swarthout, Susan Hoek, and

al they

Hardy Bullock.

Noes:

None.

None.

Absent:

Heidi Hall.

Abstain:

Recuse: None.

ATTEST:

TINE MATHIASEN
Chief Deputy Clerk of the Board of Supervisors

Heidi Hall, Chair

Transitional Housing Program (THP) Allocation Acceptance Round 7

Rev. 08/19/25

County Allocation (select Applicant County in row 7 below):

\$26,645

Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2025 (Chapter 4 of the Statutes of 2025) and Chapter 11.7 (commencing with Section 50807) of Part 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 (b) as shown below:

- 1) Tenant screening and selection practices that promote accepting applicants regardless of their sobriety or use of substances, completion of treatment, or participation
- 2) Applicants are not rejected on the basis of poor credit or financial history, poor or lack of rental history, criminal convictions unrelated to tenancy, or behaviors that indicate a lack of "housing readiness";
- 3) Acceptance of referrals directly from shelters, street outreach, drop-in centers, and other parts of crisis response systems frequented by vulnerable people experiencing homelessness:
- 4) Supportive services that emphasize engagement and problem solving over therapeutic goals and service plans that are highly tenant-driven without predetermined
 - 5) Participation in services or program compliance is not a condition of permanent housing tenancy;
 - 6) Tenants have a lease and all the rights and responsibilities of tenancy, as outlined in California's Civil, Health and Safety, and Government codes;
 - 7) The use of alcohol or drugs in and of itself, without other lease violations, is not a reason for eviction;
- 8) In communities with coordinated assessment and entry systems, incentives for funding promote tenant selection plans for supportive housing that prioritize eligible tenants based on criteria other than "first-come-first-serve," including, but not limited to, the duration or chronicity of homelessness, vulnerability to early mortality, or high utilization of crisis services. Prioritization may include triage tools, developed through local data, to identify high-cost, high-need homeless residents;
- 9) Case managers and service coordinators who are trained in and actively employ evidence-based practices for client engagement, including, but not limited to, motivational interviewing and client-centered counseling;
- 10) Services are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants' lives, where tenants are engaged in nonjudgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices, as well as connected to evidence-based treatment if the tenant so chooses; and
- 11) The project and specific apartment may include special physical features that accommodate disabilities, reduce harm, and promote health and community and independence among tenants.

Allocation Applicant

Allocation Applicant is a County

App GovTIN Form

File Name:

Yes

Attached to email?

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).

Applican	t County	Nevada												
Legal name of Applicant as stated on resolution: County of Nevada														
Address	950 Maid	u Ave					City	Nevada	City	State	Ca		95959	
Auth Ren	Name	Ryan Gruver			Title HHSA Directo	۲	Auth Rep	Email	Ryan.Gruver@nev	adacounty	/ca.gov	Phone	530-265-72	26
	950 Miad						City	Nevada	City	State	Ca	Zip		
Contact		Faye Hignight			Title Sr Administrat	ive Analyst		Email	Faye.Hignight@ne	vadacoun	tyca.gov	Phone	530-913-99	17
Address 988 McCourtney Rd							City	Grass Va	alley	State	Ca	Zip	95949	
Federal Tax ID Number (FEIN) 946000526														
Administrative Fiscal Representative														
Contact Name Laurel Foster Title						Administrative Services Officer Contact Emai			115,75077			countyca.gov	*	
Phone	530-470-	2420	Address	950 Maidu Av	e		City	Nevada	City	Stat	e Ca	Zip	95959	
				Reference sai	ce sample resolution document						Attached to email? Yes			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:

- 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

Reference Taxpayer Identification Number (TIN) document

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, Suite 400, Attention: Administration and Management Division, Accounts Payable, 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:

Tuesday, September 18, 2025

HCD will only accept applications electronically at the following email address:

TAY@hcd.ca.gov

Reporting Requirements

Applicant acknowledges and agrees to submit	an bi-annual report to the Department for the tw	vo 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 served who were formerly in the State's roster care or probation systems; D. Number of program participants who exited homelessness into temporary housing;										
E. Number of program participants who exited homelessness into temporary housing;										
F. Itemization on use of program fund expenditures;										
G. Who were the housing navigators or other subcontractor(s)?										
H. Subpopulation data including:										
Number of participants that are employed;										
Number of participants identified as LGBTQ+;										
	3. Number of participants having a disability;									
Number of participants with minor			1							
5. Average number of children per h										
5. Average number of dilidien per in	Jusenolu.									
	California Public Reco	orde Act								
The application including any and all supplem		ocess, is a public record, which is available for public review pure	avent to the							
California Public Records Act (CRRA) (Divisio	n 10 (commoncing with Section 7020 000) of Tit	ocess, is a public record, which is available for public review purs	suant to the							
California Public Records Act (CPRA) (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code). After final awards have been issued, the										
Department may disclose any materials provided by the Applicant to any person making a request under the CPRA. The Department cautions Applicants to use discretion in providing information and providi										
	in providing information not specifically requested, including but not limited to, bank account numbers, personal phone numbers, and home addresses. By providing this information to the Department, the Applicant is waiving any claim of confidentiality and consents to the disclosure of submitted material upon request.									
Information to the Department, the Applicant is	waiving any claim of confidentiality and consen	its to the disclosure of submitted material upon request.								
	Certification									
On behalf of the entity identified in the sign	nature 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.										
Ryan Gruver	HHSA Director									
Authorized Rep Printed Name	Title of Authorized Rep	Signature	Date							