



# RESOLUTION No. 21-516

## OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

### RESOLUTION AUTHORIZING APPLICATION FOR AND ACCEPTANCE OF THE COUNTY ALLOCATION AWARD UNDER THE TRANSITIONAL HOUSING PROGRAM

WHEREAS, the State of California, Department of Housing and Community Development (“Department”) issued an allocation acceptance form, dated October 1, 2021 under the Transitional Housing Program (“THP” or “Program”) for \$8,000 authorized by item 2240-102-0001 of section 2.00 of the Budget Act of 2021 (Chapter 69 of the Statutes of 2021) and Chapter 11.7 (commencing with Section 50807) of part 2 of Division 31 of the Health and Safety Code (the “Allocation Acceptance Form”); and

WHEREAS, the Allocation Acceptance Form relates to the availability of the funds under the Program; and

WHEREAS, the County of NEVADA was listed as an eligible applicant in the Allocation Acceptance Form, dated October 1, 2021.

NOW, THEREFORE, BE IT HEREBY 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 Allocation Acceptance Form (the “THP Allocation Award”), up to the amount authorized the Allocation Acceptance Form and applicable state law.

SECTION 2. That if funds remain available for allocation after the deadline for submitting a signed Allocation Acceptance Form, and if the Department advises County that County is eligible for an additional allocation from these remaining funds, County is hereby authorized and directed to accept this additional allocation of funds (“Additional THP Allocation”) up to the amount authorized by Department.

SECTION 3. That the Health and Human Services Director, Ryan Gruver, 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 be participate in the Program, including but not limited to a Standard Agreement, and be awarded the THP Allocation Award, and any Additional THP Allocation, and any amendments to such documents (collectively, the “THP Allocation Award Documents”).

SECTION 4. That County shall be subject to the terms and conditions that are specified in the THP Allocation Award Documents, and that County will use the THP Allocation Award funds and any Additional THP Allocation funds in accordance with the Allocation Acceptance Form, the THP Allocation Award Documents, and any and all other THP requirements, and other applicable laws. The funds to be expended by June 30, 2024.

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 14th day of December, 2021, by the following vote of said Board:

Ayes: Supervisors Heidi Hall, Edward Scofield, Dan Miller, Susan K. Hoek and Hardy Bullock.

Noes: None.

Absent: None.

Abstain: None.

ATTEST:

JULIE PATTERSON HUNTER  
Clerk of the Board of Supervisors

By: 



Dan Miller, Chair

12/14/2021 cc: DSS\*  
AC\*

**STATE OF CALIFORNIA**

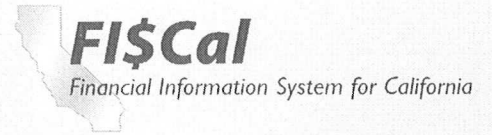
County of Nevada

I, Julie Patterson Hunter, County Clerk of the County of Nevada, State of California, hereby certify the above and foregoing to be a full, true and correct copy of a resolution adopted by the County Board of Supervisors on this 14<sup>th</sup> day of December 2021.

Julie Patterson Hunter  
Clerk of the County of Nevada, State of California

By:   
Julie Patterson Hunter, Clerk of the Board

<b>Transitional Housing Program (THP) Allocation Acceptance Round 3</b>		Rev. 10/1/21
County Allocation (select Applicant County in row 7 below):		<b>\$8,000</b>
<p>Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2021 (Chapter 69 of the Statutes of 2021) 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 24 years secure and maintain housing, with priority given to young adults formerly in the foster care or probation systems.</p>		
<b>Allocation Applicant</b>		
Allocation Applicant is a County		Yes
<p>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 24 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 24.</p>		
Applicant County	Nevada County	
Legal name of Applicant as stated on resolution:	County of Nevada, State of California	
Address	950 Maidu Ave	City: Nevada City State: CA Zip: 95959
Auth Rep Name	Ryan Gruver	Title: Health and Human Services Auth Rep Email: Ryan.Gruver@co.nevada.ca.us Phone: 530-265-7226
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	
<b>Administrative Fiscal Representative</b>		
Legal Name	Administrative Services Officer	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
<b>Use of Funds</b>		
<p>Funds shall be used to help young adults who are 18 to 24 years of age secure and maintain housing. Use of funds may include, but are not limited to:</p> <ol style="list-style-type: none"> <li>1) Identify and assist housing services for this population in your community;</li> <li>2) Assist this population to secure and maintain housing (with priority given to those in the state's foster care or probation system);</li> <li>3) Improve coordination of services and linkages to community resources within the child welfare system and the Homeless Continuum of Care; and</li> <li>4) Provide engagement in outreach and targeting to serve those with the most severe needs.</li> </ol>		
<b>Expenditure of Funds</b>		
<p>Any grant funds remaining unexpended as of June 30, 2024, 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, 2024 and must reference the Contract Number.</p>		
<b>Allocation Acceptance Requirements</b>		
<p>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:</p> <p style="text-align: center;"><b>Friday, November 12, 2021</b></p> <p style="text-align: center;">HCD will only accept applications electronically at the following email address: <b>THP@hcd.ca.gov</b></p>		
<b>Reporting Requirements</b>		
<p>Applicant acknowledges and agrees to submit an annual report to the Department for the two years following distribution of THP Program funds addressing the following:</p> <ol style="list-style-type: none"> <li>1) The number of program participants served with program funds.</li> <li>2) Details on use of program funds.</li> <li>3) Details on housing navigators and other subcontractors.</li> <li>4) Number of program participants served who were in the state's foster care system.</li> <li>5) Number of program participants served who were in the state's probation system.</li> <li>6) Number of program participants who exited homelessness into temporary housing.</li> <li>7) The number of program participants who exited homelessness into permanent housing.</li> </ol>		
<b>Certification</b>		
<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>		
Rachel Roos	Director of Social Services	
Printed Name	Title of Signatory	Signature
Name:	Rachel Roos	Phone Number: 530-265-7077
Address:	988 McCourtney Rd	City: Grass Valley State: CA Zip: 95949



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 Nevada"/>		
Remit-To Address (Street or PO Box)*	<input type="text" value="950 Maidu Ave"/>		
City*	<input type="text" value="Nevada City"/>	State *	<input type="text" value="CA"/>
		Zip Code*+4	<input type="text" value="95959"/>
Government Type:	<input type="checkbox"/> City	<input checked="" type="checkbox"/> County	Federal Employer Identification Number (FEIN)*
	<input type="checkbox"/> Special District	<input type="checkbox"/> Federal	<input type="text" value="94-6000526"/>
	<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="Laurel Foster"/>	Title	<input type="text" value="Administrative Services Officer"/>
Phone number*	<input type="text" value="530-470-2420"/>	E-mail address	<input type="text" value="Laurel.Foster@co.nevada.ca.us"/>
Signature*	<input type="text"/>	Date	<input type="text"/>