

# **No Place Like Home (NPLH) Program**

## **County Noncompetitive Allocation Acceptance Form**



**State of California  
Governor Edmund G. Brown Jr.**

**Alexis Podesta, Secretary  
Business, Consumer Services and Housing Agency**

**Ben Metcalf, Director  
Department of Housing and Community Development**

**2020 West El Camino Avenue, Suite 500  
Sacramento, CA 95833  
Phone: (916) 263-2771  
Email: [NPLH@hcd.ca.gov](mailto:NPLH@hcd.ca.gov)**

Website: <http://www.hcd.ca.gov/grants-funding/active-funding/nplh.shtml>

**August 2018**

## Requirements for County Acceptance of Noncompetitive Allocation Funds

Pursuant to Section 201(b) of the NPLH Program Guidelines, (hereafter referred to as Guidelines), twelve (12) months following the Department's initial NOFA, Projects must meet the following minimum threshold requirements in order to receive Noncompetitive Allocation:

<b>1</b>	<b>Resolution</b>	<p><b>Submit a resolution of the County governing body stating that the County will submit one or more Project applications within 30 months of HCD's initial NOFA issuance proposing to utilize any Noncompetitive Allocation awarded to the County.</b></p> <p>Counties may use the Sample Resolution template or provide their own. Deviations from the Sample Resolution template must include the following:</p> <ul style="list-style-type: none"> <li>* County name</li> <li>* Name and Title of Signatory(ies)</li> <li>* Reference to Noncompetitive Allocation NOFA date</li> <li>* Person attesting validity of resolution (must be someone other than person authorized to sign agreements)</li> <li>* Meeting Date, All Votes (Ayes, No's, Absent, Vacant) and signature(s) included</li> <li>* Resolution number(s)</li> </ul>
<b>2</b>	<b>Non-Competitive Threshold Compliance Form</b>	<p><b>Submit the 'Noncompetitive Threshold Certification Form' certifying that prior to receiving the Noncompetitive Allocation, the Project(s) will have met all the requirements under Article II, III or IV, as applicable.</b></p>
<b>3</b>	<b>County Plan</b>	<p><b>Submit a County Plan that specifies the goals, strategies and activities both in process or to be initiated to reduce homelessness and make it non-recurring. The County Plan must discuss ALL of the following per Guidelines Section 201 (b) (3) (A):</b></p> <ul style="list-style-type: none"> <li>* Description of homelessness County-wide, including the estimated number of residents experiencing homelessness or chronic homelessness among single adults, families, and unaccompanied youth</li> <li>* To the extent possible, the estimated number of residents experiencing homeless or chronic homelessness who are also experiencing serious mental illness, co-occurring disabilities or disorders, or who are children with a Serious Emotional Disturbance</li> <li>* Special challenges or barriers to serving the Target Population</li> <li>* County resources applied to address homelessness, including efforts undertaken to prevent the criminalization of activities associated with homelessness</li> <li>* Available community-based resources</li> <li>* An outline of partners in ending homelessness</li> <li>* Proposed solutions to reduce and end homelessness</li> <li>* Systems in place to collect data required under Guidelines Section 214, including planning efforts and barriers to collecting the data requested, but not required, in Section 214 (g)</li> <li>* Efforts that will be undertaken to ensure that access to CES, and any alternative assessment and referral system established for persons At-Risk of Chronic Homelessness, will be available on a nondiscriminatory basis. (See Guidelines Section 201 (b) (3) (A) (ix) for more information.)</li> </ul> <p><b>Plan must have been developed in a collaborative process with community input that includes ALL of the following groups:</b></p> <ul style="list-style-type: none"> <li>* County representatives with expertise from behavioral health, public health, probation/criminal justice, social services, and housing departments</li> <li>* The local homeless Continuums of Care within the County</li> <li>* Housing and Homeless services providers, especially those with experience providing housing and services to those who are Chronically Homeless</li> <li>* County health plans, community clinics and health centers, and other health care providers, especially those implementing pilots or other programs that allow the County to use Medi-Cal or other non-MHSA funding to provide or enhance services to NPLH tenants or to improve tracking of health outcomes in housing;</li> <li>* Public housing authorities</li> <li>* Representatives of family caregivers of person living with serious mental illness</li> </ul> <p><b>The plan or the latest update to the plan shall be no older than five years old at the time of submission to HCD, and shall be easily accessible to the public.</b></p>

### Noncompetitive Allocation Threshold Certification

I certify that the Proposed project(s) submitted by the County or to the County proposing use of NPLH Noncompetitive Allocation funds will comply with all the requirements of NPLH Guidelines under Article II, III, or IV, as applicable.

Signature:		Date:	
Name:		Title:	
County:			

### Contact Information

Name:			
Address:			
City:		State:	Zip:
County:			
Federal Tax ID Number (FEIN):			
Data Universal Numbering System (DUNS):			
Authorized Representative (Per Board Resolution)			
Salutation:	Select One	Other:	
Full Name:			
Title:			
Address:			
City:		State:	Zip:
Phone:		Ext:	Fax:
Email:			
Administrative Fiscal Representative (i.e., CFO, Accountant/Bookkeeper)			
Salutation:	Select One	Other:	
Full Name:			
Title:			
Address:			
City:		State:	Zip:
Phone:		Ext:	Fax:
Email:			

See new sample Authorizing Resolution posted on the NPLH webpage as a WORD docu

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