


Housing Navigation and Maintenance Program (HNMP) Allocation Acceptance Round 3		Rev. 10/09/24
County Allocation (select Applicant County in row 7 below):		\$9,467
<p>Pursuant to item 2240-103-0001 of Section 2.00 of the Budget Act of 2024 (Chapter 22 of the Statutes of 2024) and Chapter 11.8 (commencing with Section 50811) of Part 2 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 support of housing navigators to help young adults 18 years and up to 24 years of age, inclusive, secure and maintain housing, with priority given to young adults currently or formerly in the foster care system.</p>		
Housing First		
<p>The Contractor shall certify to employ the core components of Housing First, pursuant to Welfare and Institutions Code Section 8255.</p>		
Allocation Applicant		
Allocation Applicant is a County		Yes
<p>Pursuant to Section 50811 of the HSC, HCD consulted with the Department of Social Services, the Department of Finance, and the County Welfare Directors Association to establish the formula allocation for the purpose of distributing these funds to counties. The formula allocation is based on each county's percentage of the total statewide number of young adults 17 through 21 years of age in the foster care and probation system. The allocation excludes Alpine and Mono counties because their calculation did not demonstrate need. The housing navigation and maintenance program for a county that accepts an allocation of money pursuant to this section shall provide training to its child welfare agency social workers and probation officers who serve nonminor dependents. The training shall address an overview of the housing resources available through the local coordinated entry system, homeless continuum of care, and county public agencies, including, but not limited to, housing navigation, permanent affordable housing, THP-Plus, and housing choice vouchers. The training shall also address how to access and receive a referral to existing housing resources, the social worker's and probation officer's role in identifying unstable housing situations for youth, and referring youth to housing assistance programs.</p>		
Applicant County	Nevada County	
Legal name of Applicant as stated on resolution:	County of Nevada	
Address	950 Maidu Ave	City Nevada City State CA Zip 95959
Auth Rep Name	Ryan Gruver	Title HHSA Director Auth Rep Email Ryan.Gruver@nevadacountyca.gov Phone 530-265-7726
Contact Name	Faye Hignight	Title Sr Administrative Analyst Email Faye.Hignight@nevadacountyca.gov Phone 530-913-9917
Address	988 McCourtney Rd	City Grass Valley State CA Zip 95959
Federal Tax ID Number (FEIN)	94-6000526	
Administrative Fiscal Representative		
Legal Name	County of Nevada	Contact Name Laurel Foster Contact Email Laurel.Foster@nevadacountyca.gov
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? No
File Name:	App TIN	Reference Taxpayer Identification Number (TIN) document Attached to email? Yes
Use of Funds		
<p>The HNMP program funds housing navigators for counties. The role of a housing navigator is to act as a housing specialist to assist young adults with their pursuits of locating available housing and overcoming barriers to locating housing. Housing navigation and maintenance activities may include, but are not limited to:</p> <ol style="list-style-type: none"> 1) Assist young adults aged 18-24 years of age, inclusive, secure and maintain housing (with priority access given to young adults in the state's foster care system); 2) Provide housing case management which include essential services in emergency supports to foster youth; 3) Prevent young adults from becoming homeless; and 4) Improve coordination of serves and linkages to key resources across the community including those from within the child welfare system and the local Continuum of Care. 		
Expenditure of Funds		
<p>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, 8th Floor, Sacramento CA 95811 and must reference the Contract Number.</p>		
Allocation Acceptance Requirements		
<p>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:</p> <p style="text-align: center;">Friday, November 8, 2024</p> <p style="text-align: center;"><i>HCD will only accept applications electronically at the following email address:</i></p> <p style="text-align: center;">TAY@hcd.ca.gov</p>		
Reporting Requirements		
<p>Applicant acknowledges and agrees to submit a bi-annual report to the Department for the two years following contract execution addressing the following:</p> <p>A. Number of program participants served with program funds; B. Itemization of use of program funds; C. Details on housing navigators and other subcontractors; D. Number of program participants served who were in the State's foster care system; E. Number of program participants who were homeless at time of program entry; F. Number of program participants who exited homelessness into temporary housing; G. Number of program participants who exited homelessness into permanent housing; and, H. Subpopulation data including:</p> <ol style="list-style-type: none"> 1. Number of participants that are employed; 2. Number of participants identified as LGBTQ+; 3. Number of participants with a disability; 4. Number of participants with minor children in the household; and, 5. Average number of children per household. 		Yes
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.

Ryan Gruver		Health and Human Services Director				10/23/24	
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		