

Transitional Housing Program (THP) Allocation Acceptance Round 3										Rev. 10/1/21							
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 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.																	
Allocation Applicant																	
Allocation Applicant is a County										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 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.																	
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															
Administrative Fiscal Representative																	
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					
Use of Funds																	
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:																	
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, 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.																	
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:																	
<p>Friday, November 12, 2021</p> <p>HCD will only accept applications electronically at the following email address:</p> <p style="text-align: center;">THP@hcd.ca.gov</p>																	
Reporting Requirements																	
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:																	
1) The number of program participants served with program funds. 2) Details on use of program funds. 3) Details on housing navigators and other subcontractors. 4) Number of program participants served who were in the state's foster care system. 5) Number of program participants served who were in the state's probation system. 6) Number of program participants who exited homelessness into temporary housing. 7) The number of program participants who exited homelessness into permanent housing.																	
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:		Rachel Roos			Phone Number:		530-265-7077										
Address:		988 McCourtney Rd			City:		Grass Valley		State:	CA	Zip:	95949					