

# **Transitional Housing Program (THP)**

## **Round 2 Allocation Acceptance Form**



**Gavin Newsom, Governor  
State of California**

**Lourdes M. Castro Ramírez, Secretary  
Business, Consumer Services and Housing Agency**

**Gustavo F. Velasquez, Director  
California Department of Housing and Community Development**

**2020 West El Camino Avenue, Suite 150  
Sacramento, CA 95833  
Phone: (916) 263-2771  
Email: [THP@hcd.ca.gov](mailto:THP@hcd.ca.gov)**

**July 2020**

Housing Navigators Program (HNP) Allocation Acceptance Round 2										10/4/2021		
County Allocation (select Applicant County in row 7 below):										\$5,915		
Pursuant to the Health and Safety Code Ch. 11.8, Section 50811 (the "Statute"), the California Department of Housing and Community Development (the "Department") has allocated funding to counties for use by child welfare services agencies. This Standard Agreement (the "Agreement") is entered into under the authority of, and in furtherance of the purposes of, the Statute.												
<b>Allocation Applicant</b>												
<b>Allocation Applicant is a County</b>										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 21 years in foster care. The allocation excludes Alpine, Mono and Sierra county because their calculation did not demonstrate a need for young adults aged 18 to 21.												
<b>Applicant County</b>		Nevada County										
<b>Legal name of Applicant as stated on resolution:</b>		Nevada County										
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
<b>Federal Tax ID Number (FEIN)</b>		94-6000526										
<b>Administrative Fiscal Representative</b>												
Legal Name	Laurel Foster		Contact Name	Laurel Foster		Contact Email	Laurel.Foster@co.nevada.ca.us					
Phone	530-4702420		Address	950 Maidu Ave		City	Nevada City		State	CA	Zip	95959
<b>File Name:</b>	<b>App Resolution</b>		Reference sample resolution document						Attached to email?	Yes		
<b>File Name:</b>	<b>App TIN</b>		Reference Taxpayer Identification Number (TIN) document						Attached to email?	Yes		
<b>Use of Funds</b>												
Funds shall be used to help young adults who are 18 to 21 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.												
<b>Expenditure of Funds</b>												
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.												
<b>Allocation Acceptance Requirements</b>												
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:												
<b>Friday, November 12, 2021</b>												
HCD will only accept applications electronically at the following email address:												
<a href="mailto:HNP@hcd.ca.gov">HNP@hcd.ca.gov</a>												
<b>Reporting Requirements</b>												
Applicant acknowledges and agrees to submit an annual report to the Department for the two years following distribution of TAY Program funds addressing the following:												
A. Number of program participants served with program funds												
B. Details on 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.												
<b>Certification</b>												
<b>On behalf of the entity identified in the signature block below, I certify that:</b>												
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 Agency Director									
Printed Name			Title of Signatory			Signature			Date			
Name:	Ryan Gruver					Phone Number:	530-265-7226					
Address:	950 Maidu Ave					City:	Nevada City		State:	CA	Zip:	95959