



# RESOLUTION No. 24-623

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

### RESOLUTION AUTHORIZING APPLICATION AND ACCEPTANCE OF FUNDS FOR THE COUNTY FOR FISCAL YEAR 2024-2025 FOR THE TRANSITIONAL HOUSING PROGRAM (THP) ROUND 6 AND THE HOUSING NAVIGATOR AND MAINTENANCE PROGRAM (HNMP) ROUND 3

WHEREAS, the State of California, Department of Housing and Community Development (“Department”) issued an Allocation Acceptance Form (the “THP Allocation Acceptance Form”), dated October 9, 2024 under Round 6 of the Transitional Housing Program (“THP”), authorized by item 2240-102-0001 of section 2.00 of the Budget Act of 2024 (Chapter 22 of the Statutes of 2024) and Chapter 11.7 (commencing with Section 50807) of part 2 of Division 31 of the Health and Safety Code; and

WHEREAS, the Department issued an Allocation Acceptance Form (the “HNMP Allocation Acceptance Form”), dated October 9, 2024 under Round 3 of the Housing Navigation and Maintenance Program (“HNMP”) authorized by 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; and

WHEREAS, the THP Allocation Acceptance Form and the HNMP Allocation Acceptance Form are collectively referred to as the “Allocation Acceptance Forms;” and

WHEREAS, the Allocation Acceptance Forms relate to the availability of the funds under the THP and HNMP Programs; and

WHEREAS, the County of Nevada (“County”) may be listed as an eligible applicant in the THP Allocation Acceptance Form, dated October 9, 2024, the County may also be listed as an eligible applicant in the HNMP Allocation Acceptance Form dated October 9, 2024.

NOW, THEREFORE, BE IT 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 THP Allocation Acceptance Form, in the amount of \$49,970 detailed and authorized in the THP Allocation Acceptance Form at the time this resolution is executed and authorized.

SECTION 2. That County is hereby authorized and directed to apply for and accept County’s allocation award in the amount of \$9,467 as detailed in the HNMP Allocation Acceptance Form at the time this resolution is executed and authorized.

SECTION 3. That the Health and Human Services Director or their 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 participate in the THP Program, including but not limited to a Standard Agreement, be awarded the THP Allocation Award, and any additional THP

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Allocation, and any amendments to such documents (collectively, the “THP Allocation Award Documents”).

SECTION 4. That the Health and Human Services Director or their designee, is hereby authorized and directed to act on behalf of County in connection with the HNMP Allocation Award and any Additional HNMP Allocation, and to enter into, execute, and deliver any and all documents required or deemed necessary or appropriate to participate in the HNMP Program, including but not limited to a Standard Agreement, be awarded the HNMP Allocation Award, and any additional HNMP Allocation, and any amendments to such documents (collectively, the “HNMP Allocation Award Documents”).

SECTION 5. That County shall be subject to the terms and conditions that are specified in the THP and HNMP Allocation Award Documents, and that County will use the THP and HNMP Allocation Award funds, and any additional THP and HNMP Allocation funds, in accordance with the Allocation Acceptance Form, the THP and HNMP Allocation Award Documents, and any subsequent amendments or amendment thereto, as well as any and all other THP and HNMP requirements, or other applicable laws.

SECTION 6. That County affirms it has the discretion to accept any or all of the THP and HNMP program funds as detailed herein.

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 10th day of December 2024, by the following vote of said Board:

Ayes: Supervisors Heidi Hall, Edward C. Scofield, Lisa Swarthout,  
Susan Hoek, and Hardy Bullock.  
Noes: None.  
Absent: None.  
Abstain: None.  
Recuse: None.

ATTEST:

TINE MATHIASSEN  
Chief Deputy Clerk of the Board of Supervisors

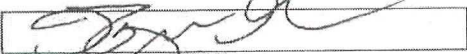
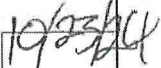
By: 

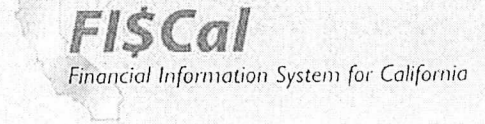
  
Hardy Bullock, Chair

<b>Transitional Housing Program (THP) Allocation Acceptance Round 6</b>						Rev. 10/09/24						
County Allocation (select Applicant County in row 7 below):					\$49,970							
Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2024 (Chapter 22 of the Statutes of 2024) 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 funding to counties for the purpose of housing stability to help young adults 18 to 24 years of age, inclusive, secure and maintain housing, with priority given to young adults formerly in the foster care or probation systems.												
<b>Housing First</b>												
The Contractor shall certify to employ the core components of Housing First, pursuant to Welfare and Institutions Code Section 8255.												
<b>Allocation Applicant</b>												
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 18 through 20 years of age in foster care and homeless unaccompanied young adults (ages 18 through 24).												
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	530-265-7226		
Contact Name	Faye Hignight		Title	Sr Administrative Analyst		Email	Faye.Hignight@nevadacountyca.gov		Phone	530-916-9917		
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		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 GovTIN Form		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 24 years of age, inclusive, secure and maintain housing with priority given to young adults formerly in the state's foster care or probation systems. 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 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.												
<b>Allocation Acceptance Requirements</b>												
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. <u><b>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:</b></u>												
Friday, November 8, 2024												
HCD will only accept applications electronically at the following email address:												
TAY@hcd.ca.gov												
<b>Reporting Requirements</b>												
Applicant acknowledges and agrees to submit an bi-annual report to the Department for the two years following contract execution addressing the following:												
A. Number of program participants served who were homeless at time of program entry; B. Number of program participants served who were in the State's foster care system; C. Number of program participants served who were formerly in the State's foster care or probation systems; D. Number of program participants who exited homelessness into temporary housing; E. Number of program participants who exited homelessness into permanent housing; F. Itemization on use of program fund expenditures; G. Who were the housing navigators or other subcontractor(s)? H. Subpopulation data including:  1.Number of participants that are employed; 2.Number of participants identified as LGBTQ+; 3.Number of participants having a disability; 4.Number of participants with minor children in the household; and, 5.Average number of children per household.										Yes		
<b>Certification</b>												
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			

<b>Housing Navigation and Maintenance Program (HNMP) Allocation Acceptance Round 3</b>		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>		
<b>Housing First</b>		
The Contractor shall certify to employ the core components of Housing First, pursuant to Welfare and Institutions Code Section 8255.		
<b>Allocation Applicant</b>		
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
<b>Use of Funds</b>		
<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"> <li>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);</li> <li>2) Provide housing case management which include essential services in emergency supports to foster youth;</li> <li>3) Prevent young adults from becoming homeless; and</li> <li>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.</li> </ol>		
<b>Expenditure of Funds</b>		
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.		
<b>Allocation Acceptance Requirements</b>		
<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. <u>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:</u></p> <p style="text-align: center;"><i>Friday, November 8, 2024</i>                  HCD will only accept applications electronically at the following email address:                  TAY@hcd.ca.gov</p>		
<b>Reporting Requirements</b>		
Applicant acknowledges and agrees to submit an bi-annual report to the Department for the two years following contract execution addressing the following:  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:  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
<b>Certification</b>		

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							
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



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\*

Remit-To Address (Street or PO Box)\*

City\*  State \*  Zip Code\*\*+4

Government Type:  City  County  Special District  Federal  Other (Specify)   
Federal Employer Identification Number (FEIN)\*

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\*  Title

Phone number\*  E-mail address

Signature\*  Date