



RESOLUTION No. 20-426

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION APPROVING THE RECEIPT OF TRANSITIONAL HOUSING PROGRAM GRANT FUNDS IN THE AMOUNT OF \$8,000 AND AUTHORIZING DEPARTMENT OF SOCIAL SERVICES DIRECTOR TO SIGN THE GRANT ACCEPTANCE ON BEHALF OF THE NEVADA COUNTY DEPARTMENT OF SOCIAL SERVICES

WHEREAS, the State of California, Department of Housing and Community Development (“Department”) issued an Allocation Acceptance form, dated July 27, 2020 under the Transitional Housing Program (“THP” or “Program”) for \$8 million authorized by item 2240-102-0001 of section 2.00 of the Budget Act of 2019 (Chapter 23 of the Statutes of 2019) and Chapter 11.7 (commencing with Section 50807) of part 2 of Division 31 of the Health and Safety Code; and

WHEREAS, the Allocation Acceptance form relates to the availability of the Transitional Housing Program Allocation funds; and

WHEREAS, the County of Nevada, was mentioned in the Allocation Acceptance form, dated July 27, 2020 and allocated \$8,000; and

WHEREAS, receipt of the Allocation Funds is subject to the terms and conditions that are specified in the Transitional Housing Program Allocation Award Documents, and that Applicant will use the Transitional Housing Program Allocation award funds in accordance with the Allocation Acceptance form, other applicable rules and laws, the THP Program Documents, and any and all THP requirements.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Nevada, State of California, that the County is hereby authorized and directed to apply for and accept the Transitional Housing Program Allocation award in the amount of \$8,000, and that the Department of Social Services Director, or his or her designee, is hereby authorized and directed to sign on behalf of County in connection with the Transitional Housing Program Allocation award and/or other documents necessary and all amendments thereto, on behalf of the Nevada County.

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 13th day of October, 2020, by the following vote of said Board:

Ayes: Supervisors Heidi Hall, Edward Scofield, Dan Miller, Susan K. Hoek and Richard Anderson.

Noes: None.

Absent: None.

Abstain: None.

ATTEST:

JULIE PATTERSON HUNTER
Clerk of the Board of Supervisors

By: 



Heidi Hall, Chair

10/13/2020 cc: DSS*
AC*
THP*

Transitional Housing Program (THP) Allocation Acceptance Round 2										Rev. 7/27/20				
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 2020 (Chapter 6 of the Statutes of 2020) 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 25 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 Child Welfare Agency										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 25 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 25.														
Applicant County		Nevada County												
Legal name of Applicant as stated on resolution:										Nevada County Social Services				
Address		950 Maidu Ave				City		Nevada City		State	CA	Zip	95959	
Auth Rep Name		Rachel Roos		Title		Director of Social Services		Auth Rep Email		Rachel.Roos@co.nevada.ca.us		Phone	530-265-7077	
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		County of Nevada				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 25 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, 2023, 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, 2023 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:														
Thursday, November 12, 2020														
HCD will only accept applications electronically at the following email address:														
THP@hcd.ca.gov														
Reporting Requirements														
Applicant acknowledges and agrees to submit an annual report to the Department for the three years following distribution of TAY Program funds addressing the following:														
1) How many people were served?														
2) What were the funds used for?														
3) Who were the housing navigator(s)?														
4) How many people served were in foster care?														
5) How many people served were in probation system?														
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				Signature				Date				
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		

APPROVED

By Rachel Roos, LCSW at 8:56 am, Aug 20, 2020