

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

## RESOLUTION AUTHORIZING APPLICATION FOR AND ACCEPTANCE OF THE COUNTY ALLOCATION AWARD UNDER THE HOUSING NAVIGATORS PROGRAM

WHEREAS, the State of California, Department of Housing and Community Development ("Department") issued an allocation acceptance form, dated October 16, 2021 under the Housing Navigation Program ("HNP" or "Program") for \$5915 authorized by Chapter 11.8, Section 50807, of part 2 of Division 31 of the Health and Safety Code (the "Allocation Acceptance Form"); and

WHEREAS, the Allocation Acceptance Form relates to the availability of the funds under the Program; and

WHEREAS, the County of Nevada was listed as an eligible applicant in the Allocation Acceptance Form, dated October 1, 2021; and

NOW, THEREFORE, BE IT RESOLVED, that the Board of Supervisors for the County of Nevada ("County") does determine and declare as follows:

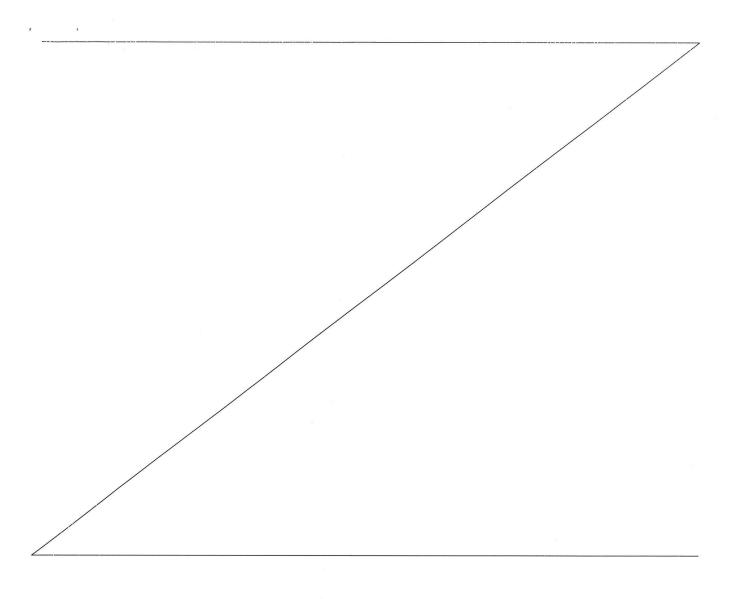
SECTION 1. That County is hereby authorized and directed to apply for and accept County's allocation award, as detailed in the Allocation Acceptance Form (the "HNP Allocation Award"), up to the amount authorized the Allocation Acceptance Form and applicable state law.

SECTION 2. That if funds remain available for allocation after the deadline for submitting a signed Allocation Acceptance Form, and if the Department advises County that County is eligible for an additional allocation from these remaining funds, County is hereby authorized and directed to accept this additional allocation of funds ("Additional HNP Allocation") up to the amount authorized by Department.

SECTION 3. That the Health and Human Services Agency Director, Ryan Gruver, or his or her designee, is hereby authorized and directed to act on behalf of County in connection with the HNP Allocation Award and any Additional HNP Allocation, and to enter into, execute, and deliver any and all documents required or deemed necessary or appropriate to be participate in the Program and be awarded the HNP Allocation Award, and any Additional HNP Allocation, and any amendments to such documents (collectively, the "HNP Allocation Award Documents").

SECTION 4. That County shall be subject to the terms and conditions that are specified in the HNP Allocation Award Documents, and that County will use the HNP Allocation Award funds and any Additional HNP Allocation funds in accordance with the Allocation Acceptance Form, the HNP Allocation Award Documents, and any and all other HNP requirements, and other applicable laws. The funds to be expended by June 30, 2024.

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 16th day of November, 2021, by the following vote of said Board:

Ayes:

Supervisors Heidi Hall, Edward Scofield, Dan Miller, Susan

K. Hoek and Hardy Bullock.

Noes:

None.

Absent:

None.

Abstain:

None.

ATTEST:

JULIE PATTERSON HUNTER Clerk of the Board of Supervisors

Clerk of the Board of Supervisors

11/16/2021 cc:

DSS\* AC\* Dan Miller, Chair

## STATE OF CALIFORNIA

County of Nevada

I, Julie Patterson Hunter, Clerk of the Board of the County of Nevada, State of California, hereby certify the above and foregoing to be a full, true and correct copy of a resolution adopted by the County Board of Supervisors on this 16th day of November, 2021.

Julie Patterson Hunter, Clerk of the Board of the County of Nevada, State of California

By: Julie Patterson Hunter, Clerk of the Board

	Hou	sing Navigators Program (HNP) Alloc	ation Accenta	nce Round 2				Rev. 10/01/21
	nou		County Allocation		t County in	n row 7 below):		\$5,915
of Housing an 21 years secu	d Community Development (the and maintain housing, with	2.00 of the Budget Act of 2019 (SB 109), as amen ne "Department") shall allocate \$5,000,000 in fund priority given to young adults in the foster care sy- ance programs in the county. It is encouraged that	ing to counties for the stem. The county ma	e support of housin by use the funding to	g navigators o provide ho	to help young adusing navigation	lults 18 ye services o	ears and up to directly or
		Allocation	n Applicant	reading out on	THE LEAD	July Same	Sec. 2	
Allocation Ap	pplicant is a County							
formula alloca through 21 yea 21.□	ation for the purpose of distribution ar old in foster care. The alloc	) consulted with the Department of Social Services titing these funds to counties. The formula allocatic ation excludes Alpine, Mono, and Sierra counties land	n is based on each	county's percentage	of the total	statewide numbe	r of young	g adults aged 1
Applicant Co		clution. County of Novada						
Address 950	of Applicant as stated on res	olution: County of Nevada	City Nevada	City	State	CA Zip	95959	
Auth Rep Nam		Title Health and Human Service		Ryan.Gruver@co		10000	530-265	-7226
Contact Name		Title Adminisgtrative Analyst II	Email	Faye.Hignight@c	o.nevada.ca		530-265	-1728
	McCourtney Rd		City Grass V	/alley	State	CA Zip	95949	
	D Number (FEIN) 94-60 re Fiscal Representative	000526						
	Laurel Foster	Contact Name Laurel Fost	er	Contact Ema	il Laure	I.Foster@co.neva	ada.ca.us	
	-470-2420 Address	950 Maidu Ave	City Nevada		State	CA Zip	95959	
File Name:	App Resolution	Reference sample resolution document				Attached		
File Name:	App TIN	Reference Taxpayer Identification Number (T	IN) document Funds			Attached	to email?	? Yes
Any grant fund to 2020 West I	ls remaining unexpended as o El Camino Ave. Room 300, no	Expenditure f June 30, 2024 must be returned to the State. Chalater than July 31, 2024 and must reference the Calleter than July 31, 2024 and must reference the Calleter than July 31, 2024 and must reference the Calleter than July 31, 2024 and must reference the Calleter than July 31, 2024 and must reference the Calleter than July 31, 2024 and must reference the Calleter than July 31, 2024 and must reference than 5:00 p.m. on:  Friday, Nover HCD will only accept applications electrons.	re of Funds ecks shall be payabl contract Number. ance Requirements ed Allocation Accep mber 12, 2021	e to the Departmen	t of Housing	and Community [	Developm	nent and mailed
		Reporting R	equirements					
1) Number of p 2) Details on u 3) Details on h 4) Number of p 5) Number of p 6) Number of p	orogram participants served wi use of program funds, cousing navigators and other s orogram participants served wi orogram participants who were orogram participants who exite		ears following distrib	oution of HNP Progi	ram funds ac	dressing the follo	owing:	
		Certifi	cation					
The information I possess the le	n, statements and attachments egal authority to submit this Al	nature block below, I certify that: s included in this Allocation Acceptance form are, t location Acceptance form on behalf of the entity id n in this application and attachments is public, and	to the best of my kno lentified above,	-	true and cor	rect.		
	Ryan Gruver	Health and Human Services Agency Director	Tylen				01	/11/2022
	Printed Name	Title of Signatory	Signature Phone Number:  530-265-7226					Date
	Ryan Gruver					Δ	05050	
Address:	950 Maidu Ave		City: Nevada	Oity	State: C	/ JZIP:	95959	