



RESOLUTION No. 21-486

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

By: 


Dan Miller, Chair

11/16/2021 cc: DSS*
AC*

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

Housing Navigators Program (HNP) Allocation Acceptance Round 2										10/4/2021				
County Allocation (select Applicant County in row 7 below):										\$5,915				
<p>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.</p>														
Allocation Applicant														
Allocation Applicant is a County										Yes				
<p>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.</p>														
Applicant County		Nevada County												
Legal name of Applicant as stated on resolution:		Nevada County												
Address		950 Maidu Ave			City		Nevada City		State		CA			
Auth Rep Name		Ryan Gruver			Title		Health and Human Services		Auth Rep Email		Ryan.Gruver@co.nevada.ca.us			
Contact Name		Faye Hignight			Title		Administrative Analyst II		Email		Faye.Hignight@co.nevada.ca.us			
Address		988 McCourtney Rd			City		Grass Valley		State		CA			
Federal Tax ID Number (FEIN)		94-6000526												
Administrative Fiscal Representative														
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		
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														
<p>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:</p> <ol style="list-style-type: none"> 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														
<p>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.</p>														
Allocation Acceptance Requirements														
<p>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> <p style="text-align: center;">Friday, November 12, 2021</p> <p style="text-align: center;">HCD will only accept applications electronically at the following email address:</p> <p style="text-align: center;">HNP@hcd.ca.gov</p>														
Reporting Requirements														
<p>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:</p> <p>A. Number of program participants served with program funds</p> <p>B. Details on use of program funds</p> <p>C. Details on housing navigators and other subcontractors</p> <p>D. Number of program participants served who were in the state's foster care system</p> <p>E. Number of program participants who were homeless at time of program entry</p> <p>F. Number of program participants who exited homelessness into temporary housing</p> <p>G. Number of program participants who exited homelessness into permanent housing.</p>										Yes				
Certification														
<p>On behalf of the entity identified in the signature block below, I certify that:</p> <p>The information, statements and attachments included in this Allocation Acceptance form are, to the best of my knowledge and belief, true and correct.</p> <p>I possess the legal authority to submit this Allocation Acceptance form on behalf of the entity identified above.</p> <p>In addition, I acknowledge that all information in this application and attachments is public, and may be disclosed by the State.</p>														
Ryan Gruver		Health and Human Services Agency Director			Signature				Date					
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							