



RESOLUTION No. 23-007

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION AUTHORIZING APPLICATION FOR AND ACCEPTANCE OF THE COUNTY JOINT ALLOCATION AWARD UNDER THE TRANSITIONAL HOUSING PROGRAM (THP) ROUND 4 AND HOUSING NAVIGATION AND MAINTENANCE PROGRAM (HNMP) ROUND 1

WHEREAS, the State of California, Department of Housing and Community Development ("Department") issued an allocation acceptance form, dated November 1, 2022 under Round 4 of the Transitional Housing Program ("THP"), authorized by item 2240-102-0001 of section 2.00 of the Budget Act of 2022 (Chapter 249 of the Statutes of 2022) and Chapter 11.7 (commencing with Section 50807) of part 2 of Division 31 of the Health and Safety Code (the "THP Allocation Acceptance Form"); and

WHEREAS, the State of California, Department of Housing and Community Development ("Department") issued an Allocation Acceptance form, dated November 1, 2022 under Round 1 of the Housing Navigation and Maintenance Program ("HNMP") authorized by Item 2240-103-0001 of Section 2.00 of the Budget Act of 2022 (Chapter 43 of the Statutes of 2022) and Chapter 11.8 (commencing with Section 50811) of Part 2 of Division 31 of the Health and Safety Code (the "HNMP Allocation Acceptance Form") and 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 THP Allocation Acceptance Form, dated November 1, 2022 and the County may also be listed as an eligible applicant in the HNMP Allocation Acceptance Form dated November 1, 2022.

NOW, THEREFORE, BE IT HEREBY 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 \$53,136 detailed and authorized in the THP Allocation Acceptance Form and applicable state law at the time this resolution is executed and authorized.

SECTION 2. That County hereby affirms that if THP funds remain available for allocation after the deadline for submitting a signed Allocation Acceptance Form, and if the County is eligible for an additional allocation from the remaining funds for the THP program, the County is hereby authorized and directed to accept this additional allocation of funds ("Additional THP Allocation") up to the amount authorized by Department but not to exceed \$106,272.

SECTION 3. That County is hereby authorized and directed to apply for and accept County's allocation award in the amount of \$12,193 as detailed in the HNMP Allocation Acceptance Form and applicable state law at the time this resolution is executed and authorized.

SECTION 4. That County hereby affirms that if HNMP funds remain available for allocation after the deadline for submitting a signed Allocation Acceptance Form, and if the County is eligible for an additional allocation from the remaining funds for the HNMP program, the County is hereby authorized and directed to accept this additional allocation of funds ("Additional HNMP Allocation") up to the amount authorized by Department but not to exceed \$24,386.

SECTION 5. That the Health and Human Services Director, or his or her 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 Allocation, and any amendments to such documents (collectively, the "THP Allocation Award Documents").

SECTION 6. That the Health and Human Services Director or his or her 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 7. 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 8. That the County has the discretion to accept both the THP and HNMP program funds as detailed herein but in the event that one of the two allocations are not made available for the County; or the County opts to not receive one of the allocations, the County affirms that it is authorized to accept either of the allocations independent of each other

Funds to be deposited into Revenue Account: 1589-50104-494-3101 / 440450

PASSED AND ADOPTED this 10th day of January, 2023 by the following vote:

INSTRUCTION: Fill in all four vote-count fields below. If none, indicate "0" for that field.

AYES 5 [Insert Number of Ayes]

NOES 0 [Insert Number of Noes]

ABSTENTIONS 0 [Insert Number of Abstentions]

ABSENT 0 [Insert Number Absent]

By: Ed C. Scofield
Edward C. Scofield, Chair of Board of Supervisors

STATE OF CALIFORNIA

County of Nevada

I, Julie Patterson Hunter, Clerk of the Board of Supervisors 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 10th day of January, 2023.

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

By: Julie Patterson Hunter
Julie Patterson Hunter, Clerk of the Board

Housing Navigation and Maintenance Program (HNMP) Allocation Acceptance Round 1

Rev.11/01/22

County Allocation (select Applicant County in row 7 below): \$12,193

Pursuant to item 2240-103-0001 of Section 2.00 of the Budget Act of 2022 (Chapter 43 of the Statutes of 2022) 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.

Allocation Applicant

Allocation Applicant is a County

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.

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 Administrative Analyst II Email Faye.Hignight@nevadacountyca.gov Phone 560-265-1728
 Address 988 McCourtney Rd City Grass Valley State CA Zip 95949
 Federal Tax ID Number (FEIN) 94-6000526

Administrative Fiscal Representative

Legal Name Administrative Services Officer 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

Use of Funds

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:

- 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);
- 2) Provide housing case management which include essential services in emergency supports to foster youth;
- 3) Prevent young adults from becoming homeless; and
- 4) Improve coordination of services and linkages to key resources across the community including those from within the child welfare system and the local Continuum of Care.

Expenditure of Funds

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 2020 West El Camino Ave. Room 300 and must reference the Contract Number.

Allocation Acceptance Requirements

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. 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:

Thursday, December 01, 2022

HCD will only accept applications electronically at the following email address:

THP@hcd.ca.gov

Reporting Requirements

Applicant acknowledges and agrees to submit a 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.

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 Peña Director of Social Services Signature 11/28/22
 Name: Rachel Peña Title of Signatory Phone Number: 530-265-7077 Date
 Address: 988 McCourtney Rd City: Grass Valley State: CA Zip: 95959

Transitional Housing Program (THP) Allocation Acceptance Round 4								Rev. 11/01/22	
County Allocation (select Applicant County in row 7 below):								\$53,136	
<p>Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2022 (Chapter 249 of the Statutes of 2022) 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.</p>									
Allocation Applicant									
Allocation Applicant is a County									
<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 18 through 20 years of age in foster care and homeless unaccompanied young adults (ages 18 through 24). The allocation excludes Colusa, Mariposa, Modoc, Mono, and Sierra county because their calculation did not demonstrate need.</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 530-265-7226			
Contact Name Faye Hignight		Title Administrative Analyst II		Email Faye.Hignight@nevadacountyca.gov		Phone 530-265-1728			
Address 988 McCourtney Rd		City Grass Valley		State CA		Zip 95949			
Federal Tax ID Number (FEIN)									
Administrative Fiscal Representative									
Legal Name Administrative Services Officer		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	
Use of Funds									
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.									
Expenditure of Funds									
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 2020 West El Camino Ave. Room 300 and must reference the Contract Number.									
Allocation Acceptance Requirements									
<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. 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:</p>									
Thursday, December 1, 2022 HCD will only accept applications electronically at the following email address: THP@hcd.ca.gov									
Reporting Requirements									
Applicant acknowledges and agrees to submit a 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.									
Certification									
<p>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.</p>									
<div style="border: 1px solid black; padding: 2px;">Rachel Peña</div>		<div style="border: 1px solid black; padding: 2px;">Director of Social Services</div>		<div style="border: 1px solid black; padding: 2px;"> </div>		<div style="border: 1px solid black; padding: 2px;">11/28/22</div>			
Printed Name		Title of Signatory		Signature		Date			
Name: Rachel Peña				Phone Number: 530-265-7077					
Address: 988 McCourtney Rd				City: Grass Valley		State: CA		Zip: 95949	