



RESOLUTION No. 20-085

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

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

WHEREAS, the State of California, Department of Housing and Community Development ("Department") issued an Allocation Acceptance form, dated February 7, 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 County of Nevada, was mentioned in the Allocation Acceptance form, dated February 7, 2020; and

WHEREAS, that Applicant shall be 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 Health and Human Services Agency 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 24th day of March, 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.

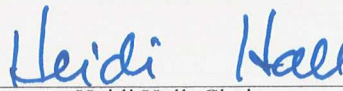
Abstain: None.

ATTEST:

JULIE PATTERSON HUNTER
Clerk of the Board of Supervisors

By: _____

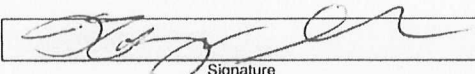




Heidi Hall, Chair

3/24/20 cc:

DSS*
A-C*
THP*

Transitional Housing Program (THP) Allocation Acceptance										Rev. 2/4/20
County Allocation:									\$8,000	
<p>Pursuant to 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 (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.</p>										
Allocation Applicant										
Allocation Applicant is a County Child Welfare Agency										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 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.</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@co.nevada.ca.us		Phone 530-265-7226				
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 Signature Block		Signature Block - upload in Microsoft Word 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 25 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, 2022, 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, 2022 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;">Tuesday, March 31, 2020</p> <p style="text-align: center;">HCD will only accept applications electronically at the following email address:</p> <p style="text-align: center;">THP@hcd.ca.gov</p>										
Reporting Requirements										
<p>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:</p> <ol style="list-style-type: none"> 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? 										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						2/27/20		
Printed Name		Title of Signatory		Signature				Date		
Entity Name: County of Nevada				Phone Number: 530-265-1218						
Entity Address: 950 Maidu Ave				City: Nevada City		State: CA		Zip: 95959		