

Transitional Housing Program (THP)

Round 4 Allocation Acceptance Form

Housing Navigation and Maintenance Program (HNMP)

Round 1 Allocation Acceptance Form



**Gavin Newsom, Governor
State of California**

**Lourdes M. Castro Ramírez, Secretary
Business, Consumer Services and Housing Agency**

**Gustavo F. Velasquez, Director
California Department of Housing and Community Development**

**2020 West El Camino Avenue, Suite 150
Sacramento, CA 95833
Phone: (916) 263-2771
Email: THP@hcd.ca.gov**

November 2022

Transitional Housing Program (THP) Allocation Acceptance Round 4										Rev.11/01/22											
County Allocation (select Applicant County in row 7 below):										\$245,755											
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.																					
Allocation Applicant																					
Allocation Applicant is a County										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 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.																					
Applicant County		Humboldt County																			
Legal name of Applicant as stated on resolution:				County of Humboldt																	
Address		507 F Street				City		Eureka		State		CA		Zip		95501					
Auth Rep Name		Connie Beck		Title		DHHS Director		Auth Rep Email		cbeck@co.humboldt.ca.us		Phone		707.441.5400							
Contact Name		Sheryl Lyons		Title		Program Manager II		Email		slyons@co.humboldt.ca.us		Phone		707.388.6598							
Address		2430 6th Street				City		Eureka		State		CA		Zip		95501					
Federal Tax ID Number (FEIN)		94-6000513																			
Administrative Fiscal Representative																					
Legal Name		Trevis Green		Contact Name		Trevis Green		Contact Email				TGreen@co.humboldt.ca.us									
Phone		707.441.5422		Address		507 F Street				City		Eureka		State		CA		Zip		95501	
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																					
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 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 an bi-annual report to the Department for the two years following contract execution addressing the following:										Yes											
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																					
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.																					
Amanda Winstead			CWS Director for DHHS Director			Signature			Date												
Printed Name			Title of Signatory			Signature			Date												
Name: County of Humboldt Department of Health and Human Services						Phone Number: 707.388.6710 / 707.441.5400															
Address: 507 F Street			City: Eureka			State: CA			Zip: 95501												

Housing Navigation and Maintenance Program (HNMP) Allocation Acceptance Round 1						Rev.11/01/22				
County Allocation (select Applicant County in row 7 below):					\$108,545					
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						Yes				
<p>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.</p>										
Applicant County		Humboldt County								
Legal name of Applicant as stated on resolution:		County of Humboldt								
Address	507 F Street			City	Eureka	State	CA	Zip	95501	
Auth Rep Name	Connie Beck	Title	DHHS Director	Auth Rep Email	cbeck@co.humboldt.ca.us		Phone	707.441.5400		
Contact Name	Sheryl Lyons	Title	Program Manager II	Email	slyons@co.humboldt.ca.us		Phone	707.388.6598		
Address	2430 6th Street			City	Eureka	State	CA	Zip	95501	
Federal Tax ID Number (FEIN)	94-6000513									
Administrative Fiscal Representative										
Legal Name	Trevis Green		Contact Name	Trevis Green		Contact Email	TGreen@co.humboldt.ca.us			
Phone	707.441.5422	Address	507 F Street		City	Eureka	State	CA	Zip	95501
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:										
<ol style="list-style-type: none"> 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 serves 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										
<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> <p style="text-align: center;">Thursday, December 01, 2022</p> <p style="text-align: center;">HCD will only accept applications electronically at the following email address: THP@hcd.ca.gov</p>										
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:								Yes		
<p>A. Number of program participants served with program funds;</p> <p>B. Itemization of 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; and,</p> <p>H. Subpopulation data including:</p> <ol style="list-style-type: none"> 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										
<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>										
Amanda Winstead		CWS Director for DHHS Director								
Printed Name		Title of Signatory			Signature			Date		
Name:	County of Humboldt Department of Health and Human Services				Phone Number:	707.388.6710 / 707.441.5400				
Address:	507 F Street			City:	Eureka	State:	CA	Zip:	95501	