



BEFORE THE BOARD OF SUPERVISORS COUNTY OF PLUMAS, STATE OF CALIFORNIA IN THE MATTER OF: ROUND 6 TRANSITIONAL HOUSING PROGRAM AND ROUND 3 OF THE HOUSING NAVIGATION AND MAINTENANCE PROGRAM
RESOLUTION NUMBER: 24-8968

THIS RESOLUTION AUTHORIZES AN APPLICATION FOR, AND ACCEPTANCE OF, THE COUNTY ALLOCATION AWARD UNDER ROUND 6 OF THE TRANSITIONAL HOUSING PROGRAM AND ROUND 3 OF THE HOUSING NAVIGATION AND MAINTENACE PROGRAM

WHEREAS, the State of California, Department of Housing and Community Development ("Department") issued an Allocation Acceptance Form (the "THP Allocation Acceptance Form"), dated October 9, 2024 under Round 6 of the Transitional Housing Program ("THP"), authorized by item 2240-102-0001 of section 2.00 of the Budget Act of 2024 (Chapter 22 of the Statutes of 2024) and Chapter 11.7 (commencing with Section 50807) of part 2 of Division 31 of the Health and Safety Code .

WHEREAS, the Department issued an Allocation Acceptance Form (the "HNMP Allocation Acceptance Form"), dated October 9, 2024 under Round 3 of the Housing Navigation and Maintenance Program ("HNMP") authorized by Item 2240-103-0001 of Section 2.00 of the Budget Act of 2024 (Chapter 22 of the Statutes of 2024) and Chapter 11.8 (commencing with Section 50811) of Part 2 of Division 31 of the Health and Safety Code .

The THP Allocation Acceptance Form and the HNMP Allocation Acceptance Form are collectively referred to as the "Allocation Acceptance Forms".

WHEREAS, the Allocation Acceptance Forms relate to the availability of the funds under the THP and HNMP Programs; and

WHEREAS, the County of Plumas ("County") may be listed as an eligible applicant in the THP Allocation Acceptance Form, dated October 9, 2024, the County may also be listed as an eligible applicant in the HNMP Allocation Acceptance Form dated October 9, 2024.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Supervisors for the County of Plumas 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 \$36,645.00 detailed and authorized in the THP Allocation Acceptance Form 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 \$ 73,290.00.

SECTION 3. That County is hereby authorized and directed to apply for and accept County's allocation award in the amount of \$ 14,865.00 as detailed in the HNMP Allocation Acceptance Form 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 \$ 29730.00.

SECTION 5. That 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 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 County affirms it has the discretion to accept any or all of the THP and HNMP program funds as detailed herein.

PASSED AND ADOPTED this 3rd day of December, 2024, by the following vote:

AYES Supervisors: Ceresola, McGown, Goss, Engel, Hagwood

NOES _____

ABSTENTIONS _____

ABSENT _____

By: _____

Greg Hagwood

Chairman of Board of Supervisors

STATE OF CALIFORNIA

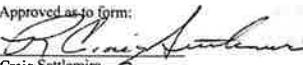
County of Plumas

I, Allen Hiskey, Clerk of the Board for the County of Plumas, 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 3rd day of December, 2024.

Allen Hiskey
Clerk of the County of Plumas, State of California

By: _____

Approved as to form:


Craig Settemire

***Transitional Housing Program (THP)
Round 6 Allocation Acceptance Form***

***Housing Navigation and Maintenance Program (HNMP)
Round 3 Allocation Acceptance Form***



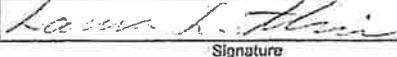
**Gavin Newsom, Governor
State of California**

**Tomiquia Moss, Secretary
Business, Consumer Services and
Housing Agency**

**Gustavo Velasquez, Director
Department of Housing and
Community Development**

**651 West Bannon Street, 8th floor
Sacramento, CA 95811
Telephone: (916) 263-2771
Website: www.hcd.ca.gov
Email: TAY@hcd.ca.gov**

October 2024

Transitional Housing Program (THP) Allocation Acceptance Round 6							Rev. 10/09/24												
County Allocation (select Applicant County in row 7 below):							\$36,645												
Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2024 (Chapter 22 of the Statutes of 2024) 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.																			
Housing First																			
The Contractor shall certify to employ the core components of Housing First, pursuant to Welfare and Institutions Code Section 8255.																			
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).																			
Applicant County		Plumas County																	
Legal name of Applicant as stated on resolution:		Department of Social Services																	
Address		270 County Hospital Rd. Suite 207																	
Auth Rep Name		Laura Atkins		Title		Director		Auth Rep Email		lauraatkins@countyofplumas.com		Phone		530-283-6350					
Contact Name		Christine Renteria		Title		Fiscal - Office Supervisor		Email		christinerenteria@countyofplumas.com		Phone		530-283-6462					
Address		270 County Hospital Rd. Suite 207						City		Quincy		State		CA		Zip		95971-9174	
Federal Tax ID Number (FEIN)		164-6000526						City		Quincy		State		CA		Zip		95971-9174	
Administrative Fiscal Representative																			
Legal Name		Plumas County Department of Social Services		Contact Name		Jennifer Bromby		Contact Email		jenniferbromby@countyofplumas.com									
Phone		530-283-6460		Address		270 County Hospital Rd. Suite		City		Quincy		State		CA		Zip		95971-9174	
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 651 Bannon Street, 8th floor, Sacramento CA 95811 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. <u>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:</u>																			
Friday, November 8, 2024 HCD will only accept applications electronically at the following email address: TAY@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:																			
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.																			
Laura Atkins		Director						Signature		11/8/24									
Printed Name		Title of Signatory						Signature		Date									
Name: Plumas County								Phone Number: 530-283-6462											
Address: 270 County Hospital Rd. Suite 207								City: Quincy		State: CA		Zip: 95971-9174							

Housing Navigation and Maintenance Program (HNMP) Allocation Acceptance Round 3

Rev. 10/09/24

County Allocation (select Applicant County in row 7 below): \$14,865

Pursuant to item 2240-103-0001 of Section 2.00 of the Budget Act of 2024 (Chapter 22 of the Statutes of 2024) and Chapter 11.6 (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.

Housing First

The Contractor shall certify to employ the core components of Housing First, pursuant to Welfare and Institutions Code Section 8255.

Allocation Applicant

Allocation Applicant is a County Yes

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	Plumas County						
Legal name of Applicant as stated on resolution:	Department of Social Services						
Address	270 County Hospital Road, Suite 207	City	Quincy	State	CA	Zip	95971-9174
Auth Rep Name	Laura Atkins	Title	Director	Auth Rep Email	journations@countyofplumas.com	Phone	530-283-6460
Contact Name	Christine Renteria	Title	Fiscal Office Supervisor	Email	cnnstinerentia@countyofplumas.com	Phone	530-283-9462
Address	270 County Hospital Road, Suite 207	City	Quincy	State	CA	Zip	95971-9174
Federal Tax ID Number (FEIN)	94-60080528						
Administrative Fiscal Representative							
Legal Name	Plumas County Department of Social Services	Contact Name	Jennifer Bormby	Contact Email	jenniferbormby@countyofplumas.com		
Phone	530-283-6460	Address	270 County Hospital Road, Suite 207	City	Quincy	State	CA
File Name:	App Resolution	Reference sample resolution document			Attached to email? <input type="checkbox"/> No		
File Name:	App TIN	Reference Taxpayer Identification Number (TIN) document			Attached to email? <input checked="" type="checkbox"/> 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 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 651 Bannon Street, 8th Floor, Sacramento CA 95811 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:

Friday, November 8, 2024

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

TAY@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:

- 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.

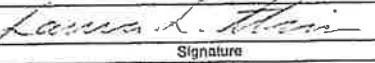
Certification

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.

Laura Atkins	Director		11/6/24
Printed Name	Title of Signatory	Signature	Date
Name: Plumas County		Phone Number: 530-283-6462	
Address: 270 County Hospital Rd, Suite 207		City: Quincy	State: CA
			Zip: 95971-9174

The principal purpose of the information provided is to establish the unique identification of the government entity.

Instructions: You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields marked with an asterisk (*) are required. Hover over fields to view help information. Please print the form to sign prior to submittal. You may email the form to: vendors@fiscal.ca.gov, or fax it to (916) 576-5200, or mail it to the address above.

Principal Government Agency Name*	Plumas County		
Remit-To Address (Street or PO Box)*	270 County Hospital Rd, Suite 207		
City*	Quincy	State * CA	Zip Code*+4 95971-9174
Government Type:	<input type="checkbox"/> City	<input checked="" type="checkbox"/> County	Federal Employer Identification Number (FEIN)*
	<input type="checkbox"/> Special District	<input type="checkbox"/> Federal	94-6000528
	<input type="checkbox"/> Other (Specify)		

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

Dept/Division/Unit Name	Department of Social Services	Complete Address	270 County Hospital Rd, Suite 207 Quincy CA
Dept/Division/Unit Name		Complete Address	
Dept/Division/Unit Name		Complete Address	
Dept/Division/Unit Name		Complete Address	

Contact Person*	Christine Renteria	Title	Fiscal ~ Office Supervisor
Phone number*	530-283-6462	E-mail address	christinerenteria@countyofplumas.com
Signature*			Date 11/8/24