

Transitional Housing Program (THP) Allocation Acceptance Round 3										Rev. 10/01/2021								
County Allocation (select Applicant County in row 7 below):										\$47,200								
Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2021 (Chapter 69 of the Statutes of 2021) 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 24 years 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 aged 18 to 24 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 24.																		
Applicant County		Placer County																
Legal name of Applicant as stated on resolution:										Placer County								
Address				3091 County Center Dr. Ste. 290			City		Auburn		State		CA	Zip		95603		
Auth Rep Name		Robert L. Oldham			Title		Director		Auth Rep Email		Roldham@placer.ca.gov		Phone		530.745.3191			
Contact Name		Twylla Abrahamson			Title		Deputy Director		Email		Tabraham@placer.ca.gov		Phone		530.886.5440			
Address				3091 County Center Dr. Ste. 290			City		Auburn		State		CA	Zip		95603		
Federal Tax ID Number (FEIN)				94-6000527														
Administrative Fiscal Representative																		
Legal Name		County of Placer			Contact Name		Vicki Grenier			Contact Email			Vgrenier@placer.ca.gov					
Phone		530.745.3114		Address		3091 County Center Dr. Ste. 290			City		Auburn		State		CA	Zip		95603
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																		
Funds shall be used to help young adults who are 18 to 24 years of age secure and maintain housing. 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 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.																		
Allocation Acceptance Requirements																		
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:																		
Friday, November 12, 2021																		
HCD will only accept applications electronically at the following email address:																		
THP@hcd.ca.gov																		
Reporting Requirements																		
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:																		
A.The number of program participants served with program funds																		
B.Details on 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 served who were in the state's probation system																		
F.Number of program participants who exited homelessness into temporary housing.																		
G.The number of program participants who exited homelessness into permanent housing.																		
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.																		
Robert L. Oldham			Director															
Printed Name			Title of Signatory			Signature			Date									
Name:		Robert L. Oldham				Phone Number:		530.745.3191										
Address:		3091 County Center Dr. Ste. 290			City:		Auburn		State:		CA	Zip:		95603				

Housing Navigators Program (HNP) Allocation Acceptance Round 2										10/4/2021			
County Allocation (select Applicant County in row 7 below):										\$25,945			
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.													
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 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.													
Applicant County		Placer County											
Legal name of Applicant as stated on resolution:										Placer County			
Address			3091 County Center Dr. Ste. 290			City		Auburn		State CA Zip 95603			
Auth Rep Name		Robert L. Oldham		Title		Director		Auth Rep Email		Roldham@placer.ca.gov Phone 530.745.3191			
Contact Name		Twylla Abrahamson		Title		Deputy Director		Email		Tabraham@placer.ca.gov Phone 530.886.5440			
Address			3091 County Center Dr. Ste. 290			City		Auburn		State CA Zip 95603			
Federal Tax ID Number (FEIN)		94-6000527											
Administrative Fiscal Representative													
Legal Name		County of Placer			Contact Name			Vicki Grenier			Contact Email Vgrenier@placer.ca.gov		
Phone		530.745.3114		Address			3091 County Center Dr. Ste. 290			City Auburn		State CA Zip 95603	
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													
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:													
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.													
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Friday, November 12, 2021													
HCD will only accept applications electronically at the following email address:													
HNP@hcd.ca.gov													
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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:													
A.Number of program participants served with program funds													
B.Details on 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.													
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.													
Robert L. Oldham			Director			Signature			Date				
Printed Name			Title of Signatory			Signature			Date				
Name:		Robert L. Oldham		Phone Number:		530.745.3191							
Address:			3091 County Center Dr. Ste. 290			City:		Auburn		State: CA Zip: 95603			