

***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
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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):										\$329,802											
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																					
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		Ventura County																			
Legal name of Applicant as stated on resolution:				County of Ventura																	
Address		800 South Victoria Avenue				City		Ventura		State		CA		Zip		93009					
Auth Rep Name		Melissa Livingston				Title		Director		Auth Rep Email		Melissa.Livingston@ventura.org				Phone		805-477-5301			
Contact Name		Holly Cole				Title		Human Services Manager		Email		Holly.Cole@ventura.org				Phone		805-477-5439			
Address		855 Partridge Drive				City		Ventura		State		CA		Zip		93003					
Federal Tax ID Number (FEIN)		95-6000944																			
Administrative Fiscal Representative																					
Legal Name		County of Ventura				Contact Name		Helina Wu				Contact Email		Helina.Wu@ventura.org							
Phone		805-477-5434		Address		855 Partridge Drive				City		Ventura		State		CA		Zip		93003	
File Name:		App Resolution		Reference sample resolution document								Attached to email?		Yes							
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 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																					
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.																					
Melissa Livingston		Director, Human Services Agency								10/29/24											
Printed Name		Title of Signatory				Signature				Date											
Name:		Melissa Livingston				Phone Number:				805-477-5301											
Address:		855 Partridge Drive				City:		Ventura		State:		CA		Zip:		93003					

Housing Navigation and Maintenance Program (HNMP) Allocation Acceptance Round 3										Rev. 10/09/24											
County Allocation (select Applicant County in row 7 below):										\$168,962											
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 11.8 (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.																					
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																					
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: Ventura County																					
Legal name of Applicant as stated on resolution: County of Ventura																					
Address		800 South Victoria Avenue				City		Ventura		State		CA		Zip		93009					
Auth Rep Name		Melissa Livingston				Title		Director		Auth Rep Email		Melissa.Livingston@ventura.org				Phone		805-477-5301			
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Administrative Fiscal Representative																					
Legal Name		County of Ventura				Contact Name		Helina Wu				Contact Email		Helina.Wu@ventura.org							
Phone		805-477-5435		Address		855 Partridge Drive				City		Ventura		State		CA		Zip		93003	
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																					
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 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 651 Bannon Street, 8th Floor, Sacramento CA 95811 and must reference the Contract Number.																					
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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 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.																					
Yes																					

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.					
Melissa Livingston		Director, Human Services Agency			
Printed Name		Title of Signatory		Signature	
Name: Melissa Livingston		Phone Number: 805-477-5301		Date	
Address: 855 Partridge Drive		City: Ventura		State: CA Zip: 93003	