Resolution No. ____

Resolution of the Board of Supervisors of the County of Siskiyou Authorizing Application for and Acceptance of the County Allocation Award under the Transitional Housing Program for the Siskiyou County Health and Human Services Agency, Social Services Division

Whereas, the State of California, Department of Housing and Community Development ("Department") issued an Allocation Acceptance form, dated July 27, 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 2020 (Chapter 6 of the Statutes of 2020) and Chapter 11.7 (commencing with Section 50807) of part 2 of Division 31 of the Health and Safety Code.

Whereas, the Allocation Acceptance form relates to the availability of the TRANSITIONAL HOUSING PROGRAM Allocation funds; and

Whereas, the Siskiyou County Health and Human Services Agency, Social Services Division ("Applicant"), was listed as an eligible applicant in the Allocation Acceptance form, dated July 27, 2020.

Now, Therefore, Be It Resolved, that the Siskiyou County Board of Supervisors ("County") does hereby determine and declare as follows:

Section 1. That Applicant is hereby authorized and directed to apply for and accept their TRANSITIONAL HOUSING PROGRAM Allocation award, as detailed in the Allocation Acceptance form, up to the amount authorized the Allocation Acceptance form and applicable state law.

Section 2. That Sarah Collard, Ph.D.; Siskiyou County Health and Human Services Agency Director or his or her designee, is hereby authorized and directed to act on behalf of County in connection with the TRANSITIONAL HOUSING PROGRAM Allocation award, and to enter into, execute, and deliver any and all documents required or deemed necessary or appropriate to be awarded the TRANSITIONAL HOUSING PROGRAM Allocation award, and all amendments thereto (collectively, the "TRANSITIONAL HOUSING PROGRAM Allocation Award Documents").

Section 3. 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 TRANSITIONAL HOUSING PROGRAM, Program Documents, and any and all TRANSITIONAL HOUSING PROGRAM requirements.

Passed and Adopted by the Siskiyou County Board of Supervisors at a regular meeting of said Board, held on the 1st day of September, 2020 by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

_____

Michael N. Kobseff, Chair
Siskiyou County Board of Supervisors

ATTEST:

Laura Bynum,
County Clerk

By _____
Deputy, Wendy Winningham

_____

Sarah Collard, Ph.D, Agency Director
Siskiyou County Health and Human Services Agency

Transitional Housing Program (THP) Allocation Acceptance Round 2

Rev. 7/27/20

County Allocation (select Applicant County in row 7 below): $7,200

Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2020 (Chapter 6 of the Statutes of 2020) 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.

Allocation Applicant

Allocation Applicant is a County Child Welfare Agency

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.

Applicant County	**Siskiyou County**										
Legal name of Applicant as stated on resolution:	**Siskiyou County Health and Human Services Agency**										
Address	818 South Main Street				City	Yreka		State	CA	Zip	96097
Auth Rep Name	Sarah Collard, Ph.D.		Title	Agency Director	Auth Rep Email	scollard@co.siskiyou.ca.us				Phone	530-841-2761
Contact Name	Trish Barbieri		Title	Interim Director, Social Services	Email	pbarbieri@co.siskiyou.ca.us				Phone	530-841-2752
Address	818 South Main Street				City	Yreka		State	CA	Zip	96097
Federal Tax ID Number (FEIN)	94-6000537										

Legal Name	Diane Olson, Administrative Services Manager			Contact Name	Diane Olson			Contact Email	dolson@co.siskiyou.ca.us		
Phone	530-841-4331	Address	818 South Main Street		City	Yreka		State	CA	Zip	96097
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 25 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, 2023, 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, 2023 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:*

Thursday, November 12, 2020

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 three years following distribution of TAY Program funds addressing the following:
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?

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.

Sarah Collard	Siskiyou County Health & Human Services Agency Director		8/12/20
Printed Name	Title of Signatory	Signature	Date

Name:	Sarah Collard			Phone Number:	530-841-2761		
Address:	818 South Main Street	City:	Yreka	State:	CA	Zip:	96097

State of California
Financial Information System for California (FI$Cal)

GOVERNMENT AGENCY TAXPAYER ID FORM

2000 Evergreen Street, Suite 215
Sacramento, CA 95815
www.fiscal.ca.gov
1-855-347-2250

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*: Siskiyou County

Remit-To Address (Street or PO Box)*: 311 Fourth Street, Room 101

City*: Yreka State *: CA Zip Code*+4: 96097

Government Type:
- ☐ City
- ☑ County
- ☐ Special District
- ☐ Federal
- ☐ Other (Specify)

Federal Employer Identification Number (FEIN)*: 94-6000537

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	Complete Address
All Departments, Divisions & Units	Varied

Contact Person*: Sarah Collard Title: Health And Human Services Agency Director

Phone number*: 530-841-2761 E-mail address: scollard@co.siskiyou.ca.us

Signature*: Date: 8/12/20

Joan Hoy

From:	Katherine O'Shea
Sent:	Wednesday, July 29, 2020 6:47 AM
To:	Trish Barbieri; Sarah Collard
Cc:	Joan Hoy
Subject:	Fwd: Invitation to accept allocation for the Round 2 Transitional Housing Program (THP)
Attachments:	Transitional Housing Program Acceptance 072720.xlsx; THP R2 Resolution 072720.docx; GovTINForm.pdf

Fyi...

Sent with Email

-------- Original Message --------
Subject: Invitation to accept allocation for the Round 2 Transitional Housing Program (THP)
From: "THP@HCD" <THP@hcd.ca.gov>
Date: 7/27/20 2:36 PM
To:

Good Afternoon,

Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2020 (Chapter 6 of the Statutes of 2020) 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 of the Transitional Housing Program (THP) 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.

In agreement with the Department of Social Services, the Department of Finance, and the County Welfare Directors Association, the allocation for Round 2 of the Transitional Housing Program will remain the same as Round 1. As with Round 1, this allocation excludes Alpine and Sierra because their calculation did not demonstrate a need for young adults aged 18 to 25.

In order to accept and receive an allocation for Round 2, applicants must submit the following: **Signed Allocation Acceptance form, Signed Resolution, and a signed GovTIN form**. HCD will only accept completed applications and relevant documentation via email to THP@hcd.ca.gov no later than **5:00 p.m. on Thursday, November 12, 2020**. Please find attached the THP Allocation Acceptance form, Resolution template and GOVTIN form. These forms can also be found on the THP webpage.

The anticipated timeline is as follows:

July	Release of the Invitation to accept Round 2 Transitional Housing Program Allocation via email
November 12	**Allocation Acceptance form due**
December - February	Award / Standard Agreement Execution

Please feel free to reach out to us with questions at THP@hcd.ca.gov.

Stay safe and healthy!