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| Transitional Housing Program (THP) Allocation Acceptance Round 5 | | | | | | | | Rev. 10/19/23 | | | |
| County Allocation (select Applicant County in row 7 below): | | | | | | | | \$56,610 | | | |
| Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2023 (Chapter 12 of the Statutes of 2023) 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 | | | | | | | | | | | |
| 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 | | 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 | | HHSA Agency Director | | Auth Rep Email | | scollard@co.siskiyou.ca.us | |
| Phone | | 530-841-4802 | | | | | | | | | |
| Contact Name | | Susan Cervelli | | Title | | Deputy Director, Social Services | | Email | | scervelli@co.siskiyou.ca.us | |
| Phone | | 530-841-4802 | | | | | | | | | |
| Address | | 2060 Campus Drive | | | City | | Yreka | | State | CA | |
| Zip | | 96097 | | | | | | | | | |
| Federal Tax ID Number (FEIN) | | 94-6000537 | | | | | | | | | |
| Administrative Fiscal Representative | | | | | | | | | | | |
| Legal Name | | Kirk Hendricks | | | Contact Name | | Kirk Hendricks | | Contact Email | | khendricks@co.siskiyou.ca.us |
| Phone | | 530-841-4796 | | | | | | | | | |
| 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 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: | | | | | | | | | | | |
| <ol style="list-style-type: none"> 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 | | | | | | | | | | | |
| <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. <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></p> <p style="text-align: center;">Friday, November 17, 2023</p> <p style="text-align: center;">HCD will only accept applications electronically at the following email address:</p> <p style="text-align: center;">TAY@hcd.ca.gov</p> | | | | | | | | | | | |
| 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: | | | | | | | | | | | |
| <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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 | | | | | | | | | | | |
| <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. 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.</p> | | | | | | | | | | | |
| Sarah Collard, Ph.D. | | HHSA Agency Director | | | [Signature] | | | [Date] | | | |
| Printed Name | | Title of Signatory | | | Signature | | | Date | | | |
| Name: | | Sarah Collard, Ph.D. | | | Phone Number: | | 530-841-4802 | | | | |
| Address: | | 2060 Campus Drive | | | City: | | Yreka | | State: | CA | |
| Zip: | | 96097 | | | | | | | | | |