



LASSEN COUNTY

Health and Social Services Department

- ☒ **HSS Administration**
1345 Paul Bunyan Road, Ste B
Susanville, CA 96130
(530) 251 - 8128
- ☐ **Public Guardian/Administrator**
1345 Paul Bunyan Road, Ste B
Susanville, CA 96130
(530) 251 - 8337
- ☐ **Housing & Grants**
1445 Paul Bunyan Road, Ste B
Susanville, CA 96130
(530) 251 - 8309
- ☐ **Behavioral Health**
555 Hospital Lane
Susanville, CA 96130
(530) 251 - 8108
- ☐ **Public Health**
1445 Paul Bunyan Road, Ste B
Susanville, CA 96130
(530) 251 - 8183
- ☐ **Community Social Services**
1400 Chestnut Street, Ste A
Susanville, CA 96130
- LassenWORKS**
1616 Chestnut Street
Susanville, CA 96130
(530) 251 - 8152
- Child & Family Services**
1600 Chestnut Street
Susanville, CA 96130
(530) 251 - 8277
- Adult Services**
1400 Chestnut Street, Ste B
Susanville, CA 96130
(530) 251 - 8158
- Family Solutions/Wraparound**
1400 Chestnut Street, Ste C
Susanville, California 96130
(530) 251 - 8340

Mailing Address:
PO Box 1180
Susanville, California 96130

Date: October 22, 2024

To: Aaron Albaugh, Chairman
Lassen County Board of Supervisors

From: Barbara Longo, Director
Health & Social Services Agency

Subject: Transitional Housing Program Round 6 and Housing Navigation and Maintenance Program Round 3 Joint Allocation Acceptance Resolution.

Background:

When left without support or resources, young adults can face huge barriers to finding safe, affordable homes. As a result, many of these youth are at extreme risk of falling into homelessness.

The Transitional Housing Program provides funding to counties to help young adults, 18 to 24 years, of age secure and maintain housing, with priority given to young adults formerly in the foster care or probation systems. Pending a signed resolution, Lassen County has been allocated \$19,988.

The Housing Navigators Program provides funding to counties funding to counties for the support of housing navigators to help young adults, 18 to 24 years of age, secure and maintain housing, with priority given to young adults currently or formerly in the foster care system. Pending a signed resolution, Lassen County has been allocated \$10,809.

Fiscal Impact:

This is a grant-funded program that will require a future funding appropriation in the Fiscal Year 2024/2025 and 2025/2026 budget.

Action Requested:

1. Adopt resolution; and, 2. Authorize the County Administrative Officer or his or her designee, to execute the agreements.

***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):				\$19,988	
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		Lassen County			
Legal name of Applicant as stated on resolution:		County of Lassen			
Address		PO Box 1180	City	Susanville	State
				CA	Zip
					96130
Auth Rep Name		Richard Egan	Title	County Administrative Officer	Auth Rep Email
					regan@co.lassen.ca.us
Contact Name		Grace Poor	Title	Program Manager	Email
					gpoor@co.lassen.ca.us
Address		PO Box 1180	City	Susanville	State
				CA	Zip
					96130
Federal Tax ID Number (FEIN)		94-6000517			
Administrative Fiscal Representative					
Legal Name		County of Lassen		Contact Name	Tamara Lee
Phone		(530) 251-8153		Contact Email	tlee@co.lassen.ca.us
Address		PO Box 1180		City	Susanville
				State	CA
				Zip	96130
File Name:		App Resolution		Reference sample resolution document	
				Attached to email?	
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:					Yes
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.					
Richard Egan		County Administrative Officer			
Printed Name		Title of Signatory		Signature	
Name:		County of Lassen		Phone Number: (530) 251-8336	
Address:		PO Box 1180		City: Susanville	
				State: CA	
				Zip: 96130	

Housing Navigation and Maintenance Program (HNMP) Allocation Acceptance Round 3										Rev. 10/09/24									
County Allocation (select Applicant County in row 7 below):										\$10,809									
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										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. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																			
Applicant County		Lassen County																	
Legal name of Applicant as stated on resolution:				County of Lassen															
Address		PO Box 1180				City		Susanville		State		CA		Zip		96130			
Auth Rep Name		Richard Egan				Title		County Administrative Office		Auth Rep Email		gpoor@co.lassen.ca.us		Phone		(530) 251-8333			
Contact Name		Grace Poor				Title		Program Manager		Email		gpoor@co.lassen.ca.us		Phone		(530) 251-8336			
Address		PO Box 1180				City		Susanville		State		CA		Zip		96130			
Federal Tax ID Number (FEIN)		94-6000517																	
Administrative Fiscal Representative																			
Legal Name		County of Lassen				Contact Name		Tamara Lee		Contact Email		tlee@co.lassen.ca.us							
Phone		(530) 251-8152		Address		PO Box 1180		City		Susanville		State		CA		Zip		96130	
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.																			
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 a bi-annual report to the Department for the two years following contract execution addressing the following:										Yes									
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.				
Richard Egan		County Administrative Officer		
Printed Name		Title of Signatory		Signature
Name:	County of Lassen		Phone Number: (530) 251-8336	
Address:	PO Box 1880		City: Susanville	State: CA Zip: 96130

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*					
Remit-To Address (Street or PO Box)*					
City*		State *		Zip Code*+4	
Government Type:	<input type="checkbox"/> City	<input type="checkbox"/> County	Federal Employer Identification Number (FEIN)*		
	<input type="checkbox"/> Special District	<input type="checkbox"/> Federal			
	<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		Complete Address	
Dept/Division/Unit Name		Complete Address	
Dept/Division/Unit Name		Complete Address	
Dept/Division/Unit Name		Complete Address	

Contact Person*		Title		
Phone number*		E-mail address		
Signature*			Date	

RESOLUTION NUMBER: _____

**IN THE MATTER OF: ROUND 6 TRANSITIONAL HOUSING PROGRAM AND
ROUND 3 OF THE HOUSING NAVIGATION AND MAINTENANCE PROGRAM**

**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
MAINTENANCE PROGRAM**

BEFORE THE BOARD OF SUPERVISORS

COUNTY OF LASSEN, STATE OF CALIFORNIA

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 Lassen (“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 Lassen 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 \$19,988.00 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 \$40,000.00.

SECTION 3. That County is hereby authorized and directed to apply for and accept County's allocation award in the amount of \$10,809.00 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 \$22,000.00.

SECTION 5. That County Administrative Officer, 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 County Administrative Officer, 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 _____ day of October, 2024, by the following vote:

AYES _____

NOES _____

ABSTENTIONS _____

ABSENT _____

By: _____
Aaron Albaugh, Chairman
Lassen County Board of Supervisors
County of Lassen, State of California

STATE OF CALIFORNIA

County of Lassen

I, Michelle Yderraga, Deputy Clerk of the County of Lassen, 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 _____ day of October, 2024.

Julie Bustamante
Clerk of the County of Lassen, State of California
By: _____
Michelle Yderraga, Deputy Clerk of the Board