

# 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 November 14, 2023

Gary Bridges, Chairman Lassen County Board of Supervisors

Barbara Longo, Director Health and Social Services

Transitional Housing Program Round 5 and Housing Navigation and Maintenance Program Round 2 Joint Allocation Acceptance Resolution

# Background:

Date:

From:

Subject:

To:

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 \$23,310.00

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 \$7,371.00

# Fiscal Impact:

This is a grant funded program that will require a future funding appropriation in the fiscal year 2023/2024 and 2024/2025 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 5 Allocation Acceptance Form

Housing Navigation and Maintenance Program (HNMP) Round 2 Allocation Acceptance Form

THP Plus Housing Supplement Program (THP SUP) Round 3 Allocation Acceptance Form



Gavin Newsom, Governor State of California

Lourdes M. Castro Ramírez, Secretary Business, Consumer Services and Housing Agency

> Gustavo Velasquez, Director Department of Housing and Community Development

2020 West El Camino Avenue, Suite 500 Sacramento, CA 95833 Telephone: (916) 263-2771 Website: www.hcd.ca.gov Email: TAY@hcd.ca.gov

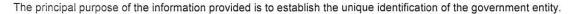
October 2023

Housing Havigation and Mantenance Program (Think ) Anocation Acceptance Round 2					Rev. 10/19/23	
County Allocation (select Applicant County in row 7 below): \$7,371						
Pursuant to item 2240-103-0001 of Section 2.00 of the Budget Act of 2023 (Chapter 12 of the Statutes of 2023) 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.						
Allocation A	oplicant is a Coun	ity	Allocatio	n Applicant		Yes
Pursuant to Association total statewin their calcular shall provide housing reso navigation, p	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 nominor 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					
Applicant Co	ounty Lasser	County	on: County of Lassen			
Address PO	Box 1180	ateu on resoluti	County of Lassen	City Susanville	State CA Zip 9	
Auth Rep Nar Contact Nam			Title County Administrative C Title Program Manager	Office Auth Rep Email regan@co.lasse Email gpoor@co.lasse		30) 251-8333 30) 251-8336
Address PO	Box 1180			City Susanville	State CA Zip 9	
	ID Number (FEIN) ve Fiscal Represe		17			
Legal Name	County of Lasse	n	Contact Name Tamara I			2400
Phone (53 File Name:	0) 251-8153 App Resolution	Address	PO Box 1180 Reference sample resolution document	City Susanville	State CA Zip 9 Attached to	
File Name:	App TIN		Reference Taxpayer Identification Number		Attached to	
			Use o	f Funds		
3) Prevent y 4) Improve o Care.	<ol> <li>Provide housing case management which include essential services in emergency supports to foster youth;</li> <li>Prevent young adults from becoming homeless; and</li> <li>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.</li> </ol> Expenditure of Funds					
be returned	nds remaining un to the State. Che nce the Contract	ecks shall be pa	of two years from the "Effective Date" of ayable to the Department of Housing and	d Community Development and maile	ent as stated in the STD 213, p. d to 2020 West El Camino Ave	aragraph 2, must . Room 300 and
		and the second	Allocation Accept	tance Requirements		
Resolution	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 17, 2023 HCD will only accept applications electronically at the following email address:					
				ncd.ca.gov Requiremente		
Applicant ac	knowledges and	agrees to sub	nit an bi-annual report to the Departmer	Requirements In for the two years following contract	execution addressing the follow	ring:
B.Itemizatio C.Details or D.Number o E.Number o G.Number o H.Subpopul 1. 2. 3. 4.	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 who were in the State's foster care system; E.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 with a disability; 4.Number of participants with a disability; 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.						
	Richard Egan		County Administrative Officer			
	Printed Name		Title of Signatory	Signa	ture	Date
Name:	County of Lasse			Phone Number: (530) 251-	8336	
Address:	PO Box 11	80		City: Susanville	State: CA Zip: 9	6130

Contry Allocation (select Applicant Contry in over 2 steps)	Transit	ional Housing Program (	THP) Alloca	tion Acceptance	Round 5			Rev. 10/19/23
Albestion S067(1x) of the HSC, HOD consulted with the Department of Social Services, the Department of Finance, and the County Welfare Direction of Adsociation to Society a fitted albestion in the section in the Society Serverlage of the Adsociation to Society and Society Serverlage of the Adsociation to Society and Society Serverlage of the Adsociation to Society and Society Serverlage of the Adsociation to Society Serverlage of the Adsociation to Society Serverlage of the Adsociation to Society Serverlage of the Adsociation Section Sec	County Allocation (select Applicant County in row 7 below): \$23,310 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							
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Legal ame of Applicant as stated on resolution:         [Outry of Lassen           Addres (PO Box Name)         Rotand Spin         This [Ocarty Administrative Offick Aum Rep. Email (regadeou lassen cause)         Phone         [300) 251-253           Addres (PO Box Name)         Rotand Spin         This [Ocarty Administrative Offick Aum Rep. Email (regadeou lassen cause)         Phone         [300) 251-253           Addres (PO Box Name)         Rotand Spin         [Cont Science]         [Solid Science]	Association to develop a formula allocation total statewide number of young adults 18 t	schedule for the purpose of dis	stributing these	funds to counties. T	he allocation is b	ased on eac	ch county's per	
Address PD Box 1180       Cay   Strawnie       Starw   CA       Lap       Bits 0         Address PD Box 1180       The   County Administrative Office/Unit Agent Termil Teggeron (Sausen cu.u.)       Price       (Sau) 2514333         Contact Name       Case Pools       Contact Name       Case Pools       (Sausen Log) Sausen (Sausen cu.u.)       Price       (Sau) 2514333         Contact Name       Contact Email       Issue (CA       Lap       (Bit 130)         Address PO Box 1180       Contact Email       Issue (CA       Lap       (Bit 130)         Address Pool Soc 1100       Contact Email       Issue (CA       Lap       (Bit 130)         Contact Email       Issue (CA       Lap       (Bit 130)       Issue (CA       Lap       (Bit 130)         Contact Email       Issue (CA       Lap       (Bit 130)       Issue (CA       Lap       (Bit 130)         Contact Email       Issue (CA       Lap       (Bit 130)       Issue (CA       Lap       (Bit 130)         Contact Email       Issue (CA       Lap       (Bit 130)		ion: County of Lasson						
Contact Name         Grade program         Tage         Program         Case         State         CA         Zop         Bits         Canadits         Bits         Canadits         Bits         Canadits         Bits         Canadits         Dists         Canadits         Dists         Canadits         Canadits         Dists         Canadits         Dists <td></td> <td>ion. County of Lassen</td> <td></td> <td>City Susanville</td> <td>St</td> <td>ate CA</td> <td>Zip 96</td> <td>130</td>		ion. County of Lassen		City Susanville	St	ate CA	Zip 96	130
Address (PD Back 180)         Columbus (PEN)         Columbus (PEN)         Columbus (PEN)         Columbus (PEN)           Address (PD Back 180)         B44005017         Contact Name         C								
Federal Tax ID Number (FEIM)         94-600517           Administrative Tricks Representative Legal Nume         Contact Name         Contac		Title Program Ma	nager					
Administratore Fiscal Representative         Contact Name         State         CA         Zap (96130)           Phone         (200) 255-8153         Address         PO Box 1160         Contact Name         Address         Attached to emain?         Yes           File Name:         App GorVIN Form         Reference Sample resolution document         Attached to emain?         Yes           Truncis shall be used to help yong advalls formedry in Markets, secure and maintain housing with priority given to young adults formedry in the state's foster care or probation system;:         3) Improve contraint on services and indivages to community resources within the shift weather system and the Horeless Containu system;:         3) Improve contraint on services and indivages to community resources within the shift weather system and the Horeless Containu or 0.2. and		517		City Susanville	St	ate CA	Zip 90	130
Lingal Name         Control Tame         Terms Lee         Contact Terms           Lingal Name         App Resolution         Reference sample resolution document         Attached to email?         Yes           File Name         App Resolution         Reference sample resolution Number (TN) document         Attached to email?         Yes           File Name         App GenVIN Form         Reference Trappyet Identification Number (TN) document         Attached to email?         Yes           File Name         App GenVIN Form         Batched to email?         Yes         Yes           File Name         App GenVIN Form         Batched to email Number (TN) document         Attached to email?         Yes           File Name         App GenVIN Form         Batched to email Number (TN) document         Attached to email?         Yes           I fornow coordination of services and intrappet to emotion yes         Benzer to email to em		517						
File Name:         App Resolution         Reference ampre resolution focument         Attached to emain?         Yes           File Name:         App GoVIN Form         Reference Tapper Gentification Number (TM) document         Attached to emain?         Yes           Finds shall be used to help young adults who are 15 to 24 years of age, finduseve, secure and maintain housing with priority given to young adults formerly in the state's foster care or probation systems:         1) dentify and assist housing services for this population in your community:         2) Assist his 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 maintein Acceptance form, 2. GovTIN Form, and 3. Signed Resolution is not available by submittal data please include the scheduled data of Board of Supervisors meeting and anticipated data.           Fielday.         Nowember 17, 2023         HCD will only accept applications electronically via email address:           Fielday.         Nowember 17, 2023         HCD will only accept applications electronically via email address: <tr< td=""><td></td><td>Contact Name</td><td>Tamara Lee</td><td></td><td>Contact Email</td><td>tlee@co.la</td><td></td><td></td></tr<>		Contact Name	Tamara Lee		Contact Email	tlee@co.la		
File Name:         App. Gov/TN Form         Reference Tapper Identification Number (TN) document         Attached to email?         Yes           File Name:         Las of Funds         Use of Funds         Main State         State State				City Susanville		State (		
Use of Funds           Use of Funds           Funds and be used to help young adults who are 16 24 years of age, inclusive, secure and maintain housing with priority given to young adults formerly in the state's foster care or probation system);         3) Hondy adults formerly in the state's foster care or probation system);           3) Improve coordination of service and inkages 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.           4) Provide engagement in outreach and targeting to serve those with the most severe needs.           Ave 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           Resolution. If Signed Resolution is not available by submitted for the following: 1. Signed Allocation Acceptance form, 2. GovTNI Form, and 3. Signed Resolution. Will be submitted to the Department will now accept applications electronically via email no later than 5:00 p.m. on:           Friday, November 17, 2023           HCD will only accept applications electronically at the following: enall address:           TAVBhed data.           Applicant acknowledges and agrees to submit an bi-annual report to the Departinm will bur the following contract execulion addressin				desument	and the second second			
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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:         A. Number of program participants served who were homeless at time of program entry;         B. Number of program participants served who were formerly 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 temporary housing;         E. Number of program participants who exited homelessness into temporary housing;         B. Whowere the housing navigators or other subcontractor(s)?         H. Subpopulation data including:         1.Number of participants hat are employed;         2.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 are, to the best of my knowledge and belief, true and correct.         I possess the legal authority to submit this application and	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 17, 2023							
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A. Number of program participants served who were homeless at time of program entry; B. 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 temporary housing; E. Number of program participants who exited homelessness into temporary housing; E. 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 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 legial authority to submit this Allocation Acceptance form are, to the best of my knowledge and belief, true and correct. I possess the legial authority to submit this Allocation Acceptance form are, to the best of my knowledge and belief, true and correct. I possess the legial authority to submit this Allocation and attachments is public, and may be disclosed by the State. Richard Egan County Administrative Officer Printed Name Title of Signatory Name: County of Lassen Phone Number: [County of					na contract aven	ution addres	sing the follow	ing:
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	<ul> <li>A. Number of program participants served</li> <li>B. Number of program participants served</li> <li>C. Number of program participants served</li> <li>D. Number of program participants who exit</li> <li>F. Itemization on use of program fund expe</li> <li>G. Who were the housing navigators or oth</li> <li>H. Subpopulation data including:         <ol> <li>Number of participants that are</li> <li>Number of participants that are</li> <li>Number of participants that identifie</li> <li>Number of participants that identifie</li> </ol> </li> </ul>	who were homeless at time of who were in the State's foster who were formerly in the State ited homelessness into tempor ited homelessness into permar inditures; her subcontractor(s)? employed; id as LGBTQ+; a disability; hor children in the household; a	program entry; care system; i's foster care c 'ary housing; nent housing;		-			
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Printed Name         Title of Signatory         Signature         Date           Name:         County of Lassen         Phone Number: (530) 251-8336         Date	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.							
Printed Name         Title of Signatory         Signature         Date           Name:         County of Lassen         Phone Number: (530) 251-8336         Date	Richard Egan	County Administrative Of	fficer					
Name: County of Lassen Phone Number: (530) 251-8336					Signature			Date
		The of Signatory		Phone Numbe				Dale
	Address: PO Box 1180			City: Susanville		State: CA	Zip: 9	5130

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



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.

**FI\$Cal** 

Financial Information System for California

Principal Government Agency Name*	County of Lassen				
Remit-To Address (Street or PO Box)*	PO Box 1180				
City*	Susanville		State * CA	Zip Code*	+4 96130
Government Type:	City Special District	✓ County Federal		Federal Employer Identification Number (FEIN)*	94-6000517

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*	Richard Egan	Title	County Administrative Officer
Phone number*	(530) 251-8333 E	-mail address	regan@co.lassen.ca.us
Signature*			Date

	RESOLUTION CHECKLIST				
Minimum Requirements					
	County name				
	Title of Signatory(ies) Note: title of authorized signatory(ies) is preferred for THP/HNMP resolutions. Names may be included, but the Department will then only accept signatures on behalf of the County from the named person. Current supporting documentation evidencing the individual who currently holds the position <b>must</b> be provided.				
	Reference to Allocation Acceptance Form date				
	Standard Agreement or Grant Agreement language (authorizes signatory(ies) to sign Grant Contract/Standard Agreement)				
	Amendment provision included				
	Meeting Date, All Votes (Ayes, No's, Absent, Vacant), and signature(s) included				
	Resolution number(s) <b>OR Project</b> Site Name (Required to differentiate multiple contracts issued to same contractor)				
Auth	orized Signatory(ies) – And vs. Or				
	- <i>Director</i> <b>and</b> <i>Deputy Director</i> individuals named must sign the Standard Agreement.				
<b>Example:</b> "The Board hereby authorizes <u>Director</u> and <u>Deputy Director</u> to execute the Standard Agreement in an amount not to exceed"					
Or – Director or Deputy Director					
Either individual may signonly one signature is required.					
<b>Example:</b> "The Board hereby authorizes the <u>Director</u> or <u>Deputy Director</u> to execute the Standard Agreement in an amount not to exceed"					
And/or – Manager and/or Director					
Effective December 9, 2014, HCD's Legal Assistance Division (LAD) declared this language legally insufficient. Resolutions with this language will not be accepted.					
	<b>Example:</b> "The Board hereby authorizes the <u>Director</u> and/or <u>Deputy Director</u> to execute the Standard Agreement in an amount not to exceed"				

# RESOLUTION NO.

#### IN THE MATTER OF: ROUND 5 TRANSITIONAL HOUSING PROGRAM AND ROUND 2 OF THE HOUSING NAVIGATION AND MAINTENANCE PROGRAM

# THIS RESOLUTION AUTHORIZES AN APPLICATION FOR, AND ACCEPTANCE OF, THE COUNTY ALLOCATION AWARD UNDER ROUND 5 OF THE TRANSITIONAL HOUSING PROGRAM AND ROUND 2 OF THE HOUSING NAVIGATION AND MAINTENACE 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, dated October 19, 2023 under Round 5 of the Transitional Housing Program ("THP"), authorized by 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 (the "THP Allocation Acceptance Form").

WHEREAS, the Department issued an Allocation Acceptance Form, dated October 19, 2023 under Round 2 of the Housing Navigation and Maintenance Program ("HNMP") authorized by Item 2240-103-0001 of Section 2.00 of the Budget Act of 2023 (Chapter 12 of the Statutes of 2023) and Chapter 11.8 (commencing with Section 50811) of Part 2 of Division 31 of the Health and Safety Code (the "HNMP Allocation Acceptance Form").

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 Allocation Acceptance Form, dated October 19, 2023.

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 not to exceed \$ 23,310.00 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 \$50,000.00

SECTION 3. That County is hereby authorized and directed to apply for and accept County's allocation award in the amount not to exceed \$7,371.00 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 \$15,000.00

SECTION 5. That the 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 has the discretion to accept any or all of the THP and HNMP program funds that it has been awarded .

PASSED AND ADOPTED the following vote:	lis day of	,2023, by
AYES:		
NOES:		
ABSTENTIONS:		
ABSENT:		
	Dv:	
		airman oard of Supervisors n, State of California

# STATE OF CALIFORNIA

County of Lassen

I, Michele Yderraga, Deputy Clerk of the Board of Supervisors, County of Lassen, do hereby certify that the foregoing Resolution to be a full, true and correct copy of a resolution adopted by the County Board of Supervisors on this 14th day of November 2023.

Julie Bustamante Clerk of the County of Lassen, State of California

By:

Michele Yderraga, Deputy Clerk of the Board