



## 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

**Date:** September 25, 2024

**To:** Tom Neely, Chairman  
Lassen County Board of Supervisors

**From:** Jayson Vial, Director  
Community Social Services

**Subject:** Transitional Housing Program Round 7 and Housing Navigation and Maintenance Program Round 4 - Joint Allocation Acceptance Resolution

**Background:** The Department of Housing and Community Development (HCD) has allocated funding to Lassen County for the Transitional Age Youth (TAY) Programs:

- **The Transitional Housing Program (THP):**  
THP funds help young adults (18-24 years of age) secure and maintain housing, with priority given to those in the state's foster care or probation systems.
- **The Housing Navigation and Maintenance Program (HNMP):**  
HNMP funds housing navigation. Housing navigators assist young adults (18-24 years of age) in locating housing and overcoming barriers to locating housing with priority given to those formerly in the state's foster care system.

**Allocation:** \$26,645.

**Allocation:** \$9,563.

The attached Allocation Acceptance Form and Resolution authorize the County's acceptance of the allocations.

#### Fiscal Impact:

These are grant-funded programs. A funding appropriation will be required in the Fiscal Year 2026–2027 for budget/fund 110/0941.

#### Action Requested:

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

**Mailing Address:**  
PO Box 1180  
Susanville, California 96130

**Transitional Housing Program (THP) Round 7 and Housing Navigation and  
Maintenance Program (HNMP) Round 4**

**Joint Allocation Acceptance Resolution for Counties**

BEFORE THE BOARD OF SUPERVISORS

COUNTY OF LASSEN, STATE OF CALIFORNIA

IN THE MATTER OF: ROUND 7 TRANSITIONAL HOUSING PROGRAM AND ROUND  
4 OF THE HOUSING NAVIGATION AND MAINTENANCE PROGRAM RESOLUTION  
NUMBER: \_\_\_\_\_

THIS RESOLUTION AUTHORIZES AN APPLICATION FOR, AND ACCEPTANCE OF,  
THE COUNTY ALLOCATION AWARD UNDER ROUND 7 OF THE TRANSITIONAL  
HOUSING PROGRAM AND ROUND 4 OF THE HOUSING NAVIGATION AND  
MAINTENANCE PROGRAM

WHEREAS, the State of California, Department of Housing and Community  
Development (“Department”) issued an Allocation Acceptance Form (the “THP  
Allocation Acceptance Form”), dated August 19, 2025 under Round 7 of the Transitional  
Housing Program (“THP”), authorized by item 2240-102-0001 of section 2.00 of the  
Budget Act of 2025 (Chapter 4 of the Statutes of 2025) 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 August 19, 2025 under Round 4 of the Housing  
Navigation and Maintenance Program (“HNMP”) authorized by Item 2240-103-0001 of  
Section 2.00 of the Budget Act of 2025 (Chapter 4 of the Statutes of 2025) 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 August 19, 2025, the County may also be  
listed as an eligible applicant in the HNMP Allocation Acceptance Form dated August  
19, 2025.

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 \$26,645 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 \$55,000.

SECTION 3. That County is hereby authorized and directed to apply for and accept County's allocation award in the amount of \$9,563 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 \$20,000.

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 the 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 \_\_\_\_\_ September, 2025, by the following vote:

AYES \_\_\_\_\_

NOES \_\_\_\_\_

ABSTENTIONS \_\_\_\_\_

ABSENT \_\_\_\_\_

By: \_\_\_\_\_  
Chairman of the Board of Supervisors, County of  
Lassen, State of California

ATTEST:  
JULIE BUSTAMANTE  
Clerk of the Board

By: \_\_\_\_\_  
Deputy Clerk of the Board

**STATE OF CALIFORNIA**

County of Lassen

I, \_\_\_\_\_, County 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 September, 2025.

Michele Yderraga  
Deputy Clerk of the County of Lassen, State of  
California

By: \_\_\_\_\_  
Michele Yderraga, Deputy Clerk of the Board

***Transitional Housing Program (THP)  
Round 7 Allocation Acceptance Form***

***Housing Navigation and Maintenance Program (HNMP)  
Round 4 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, Suite 400  
Sacramento, CA 95811  
Telephone: (916) 263-2771  
Website: [www.hcd.ca.gov](http://www.hcd.ca.gov)  
Email: [TAY@hcd.ca.gov](mailto:TAY@hcd.ca.gov)**

**September 2025**

Transitional Housing Program (THP) Allocation Acceptance Round 7										Rev. 08/19/25	
County Allocation (select Applicant County in row 7 below):										\$26,645	
Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2025 (Chapter 4 of the Statutes of 2025) 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 (b) as shown below:											
1) Tenant screening and selection practices that promote accepting applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services;											
2) Applicants are not rejected on the basis of poor credit or financial history, poor or lack of rental history, criminal convictions unrelated to tenancy, or behaviors that indicate a lack of "housing readiness";											
3) Acceptance of referrals directly from shelters, street outreach, drop-in centers, and other parts of crisis response systems frequented by vulnerable people experiencing homelessness;											
4) Supportive services that emphasize engagement and problem solving over therapeutic goals and service plans that are highly tenant-driven without predetermined goals;											
5) Participation in services or program compliance is not a condition of permanent housing tenancy;											
6) Tenants have a lease and all the rights and responsibilities of tenancy, as outlined in California's Civil, Health and Safety, and Government codes;											
7) The use of alcohol or drugs in and of itself, without other lease violations, is not a reason for eviction;											
8) In communities with coordinated assessment and entry systems, incentives for funding promote tenant selection plans for supportive housing that prioritize eligible tenants based on criteria other than "first-come-first-serve," including, but not limited to, the duration or chronicity of homelessness, vulnerability to early mortality, or high utilization of crisis services. Prioritization may include triage tools, developed through local data, to identify high-cost, high-need homeless residents;											
9) Case managers and service coordinators who are trained in and actively employ evidence-based practices for client engagement, including, but not limited to, motivational interviewing and client-centered counseling;											
10) Services are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants' lives, where tenants are engaged in nonjudgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices, as well as connected to evidence-based treatment if the tenant so chooses; and											
11) The project and specific apartment may include special physical features that accommodate disabilities, reduce harm, and promote health and community and independence among tenants.											
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											
Legal name of Applicant as stated on resolution: County of Lassen											
Address PO Box 1180											
Auth Rep Name		Maurice Anderson		Title		County Administrative Officer		City		Susanville	
Address		PO Box 1180		Title		County Administrative Officer		Auth Rep Email		manderson@co.lassen.ca.us	
Contact Name		Grace Poor		Title		Program Manager		City		Susanville	
Address		PO Box 1180		Title		Program Manager		Email		gpoor@co.lassen.ca.us	
Federal Tax ID Number (FEIN)		946000517		City		Susanville		State		CA	
Administrative Fiscal Representative		Contact Name		Grace Poor		Title		Program Manage		Contact Email	
Phone		(530) 251-8336		Address		PO Box 1180		City		Susanville	
File Name:		App Resolution		Reference sample resolution document		City		Susanville		State	
File Name:		App GovTIN Form		Reference Taxpayer Identification Number (TIN) document		City		Susanville		State	
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, Suite 400, Attention: Administration and Management Division, Accounts Payable, 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:											
Tuesday, September 18, 2025											
HCD will only accept applications electronically at the following email address:											
TAV@hcd.ca.gov											
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:										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.											
California Public Records Act											
The application, including any and all supplemental documents submitted during the review process, is a public record, which is available for public review pursuant to the California Public Records Act (CPRA) (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code). After final awards have been issued, the Department may disclose any materials provided by the Applicant to any person making a request under the CPRA. The Department cautions Applicants to use discretion in providing information not specifically requested, including but not limited to, bank account numbers, personal phone numbers, and home addresses. By providing this information to the Department, the Applicant is waiving any claim of confidentiality and consents to the disclosure of submitted material upon request.											
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.											
Maurice Anderson		County Administrative Officer									
Authorized Rep Printed Name		Title of Authorized Rep		Signature		Date					

Housing Navigation and Maintenance Program (HNMP) Allocation Acceptance Round 4										Rev. 08/19/25	
County Allocation (select Applicant County in row 7 below):										\$9,563	
Pursuant to item 2240-103-0001 of Section 2.00 of the Budget Act of 2025 (Chapter 4 of the Statutes of 2025) 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.											
1) Tenant screening and selection practices that promote accepting applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services;											
2) Applicants are not rejected on the basis of poor credit or financial history, poor or lack of rental history, criminal convictions unrelated to tenancy, or behaviors that indicate a lack of "housing readiness";											
3) Acceptance of referrals directly from shelters, street outreach, drop-in centers, and other parts of crisis response systems frequented by vulnerable people experiencing homelessness;											
4) Supportive services that emphasize engagement and problem solving over therapeutic goals and service plans that are highly tenant-driven without predetermined goals;											
5) Participation in services or program compliance is not a condition of permanent housing tenancy;											
6) Tenants have a lease and all the rights and responsibilities of tenancy, as outlined in California's Civil, Health and Safety, and Government codes;											
7) The use of alcohol or drugs in and of itself, without other lease violations, is not a reason for eviction;											
8) In communities with coordinated assessment and entry systems, incentives for funding promote tenant selection plans for supportive housing that prioritize eligible tenants based on criteria other than "first-come-first-serve," including, but not limited to, the duration or chronicity of homelessness, vulnerability to early mortality, or high utilization of crisis services. Prioritization may include triage tools, developed through local data, to identify high-cost, high-need homeless residents;											
9) Case managers and service coordinators who are trained in and actively employ evidence-based practices for client engagement, including, but not limited to, motivational interviewing and client-centered counseling;											
10) Services are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants' lives, where tenants are engaged in nonjudgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices, as well as connected to evidence-based treatment if the tenant so chooses; and											
11) The project and specific apartment may include special physical features that accommodate disabilities, reduce harm, and promote health and community and independence among tenants.											
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 Lassen											
Legal name of Applicant as stated on resolution: County of Lassen											
Address PO Box 1180 City Susanville State CA Zip 96130											
Auth Rep Name Maurice Anderson Title County Administrative Officer Auth Rep Email manderson@co.lassen.ca.us Phone (530) 251-8333											
Address PO Box 1180 City Susanville State CA Zip 96130											
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) 946000517											
Administrative Fiscal Representative											
Contact Name Grace Poor Title Program Manager Contact Email gpoor@co.lassen.ca.us											
Phone (530) 251-8336 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, Suite 400, Attention: Administration and Management Division, Accounts Payable, Sacramento CA 95811 and must reference the Contract Number.											
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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: Tuesday, September 18, 2025											
HCD will only accept applications electronically at the following email address: DAY@hcd.ca.gov											
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 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.											
California Public Records Act											
The application, including any and all supplemental documents submitted during the review process, is a public record, which is available for public review pursuant to the California Public Records Act (CPRA) (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code). After final awards have been issued, the Department may disclose any materials provided by the Applicant to any person making a request under the CPRA. The Department cautions Applicants to use discretion in providing information not specifically requested, including but not limited to, bank account numbers, personal phone numbers, and home addresses. By providing this information to the Department, the Applicant is waiving any claim of confidentiality and consents to the disclosure of submitted material upon request.											
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.											
Maurice Anderson County Administrative Officer											
Authorized Rep Printed Name Title of Authorized Rep Signature Date											

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	