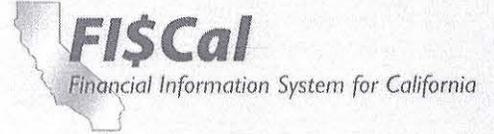


Housing Navigators Program (HNP) Allocation Acceptance										Rev. 2/4/20				
County Allocation:									\$	18,660				
<p>Pursuant to Item 2240-103-0001 of Section 2 of the Budget Act of 2019, as amended by Section 16 of Chapter 363 of the Statutes of 2019 (SB 109), the Department of Housing and Community Development (HCD) shall allocate \$5 million in funding to counties for the support of housing navigators to help young adults aged 18 years and up to 21 years secure and maintain housing, with priority given to young adults in the foster care system. The county may use the funding to provide housing navigation services directly or through a contract with other housing assistance programs in the county. It is encouraged that the county coordinate with the local Continuum of Care to foster communication and collaboration.</p>														
Allocation Applicant														
Allocation Applicant is a County Child Welfare Agency										Yes				
<p>Pursuant to statute, 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 aged 18 through 21 year old in foster care. The allocation excludes Alpine, Mono, and Sierra counties because their calculation did not demonstrate a need for young adults aged 18-21.</p>														
Applicant County		Mendocino County												
Legal name of Applicant as stated on resolution				Mendocino County Health & Human Services Agency										
Address		P.O. Box 839			City		Ukiah		State	CA	Zip	95482		
Auth Rep Name		Tammy Moss Chandler		Title		HHSA Director		Auth Rep Email		chandler@mendocinocounty.org		Phone	707-463-7774	
Contact Name		Jena Conner		Title		Deputy Director		Email		connerj@mendocinocounty.org		Phone	707-463-7971	
Address		P.O. Box 839			City		Ukiah		State	CA	Zip	95482		
Federal Tax ID Number (FEIN):		94-6000520												
Administrative Fiscal Representative														
Legal Name		Mendocino County Social Services			Contact Name		Doug Gherkin		Contact Email		gherkind@mendocinocounty.org			
Phone		707-463-7882	Address		P.O. Box 839			City		Ukiah	State	CA	Zip	95482
File Name:		App Resolution		Reference sample resolution document						Attached to email?		No		
File Name:		App Signature Block		Signature Block - upload in Microsoft Word document						Attached to email?		No		
File Name:		App TIN		Reference Taxpayer Identification Number (TIN) document						Attached to email?		Yes		
Use of Funds														
<p>The HNP program funds housing navigators for county child welfare agencies. 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 navigator activities may include, but are not limited to:</p> <ol style="list-style-type: none"> 1) Assist young adults aged 18-21 secure and maintain housing (with priority 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 services 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														
<p>Any grant funds remaining unexpended as of June 30, 2022, must be returned to the State. Checks shall be payable to the Department of Housing and Community Development and mailed to 2020 West El Camino Ave. Room 300, no later than July 31, 2022 and must reference the Contract Number.</p>														
Allocation Acceptance Requirements														
<p>In order to accept and receive an allocation, Applicants must submit the following: Signed Allocation Acceptance form, Signed Resolution, and TIN form. A complete signed application with all applicable information must be received by HCD via email no later than 5:00 p.m. on:</p> <p style="text-align: center; color: red;">Tuesday, March 31, 2020</p> <p style="text-align: center;">HCD will only accept applications electronically at the following email address:</p> <p style="text-align: center; color: blue;">Stephanie.Tran-Houangvilay@hcd.ca.gov</p>														
Reporting Requirements														
<p>Applicant acknowledges and agrees to submit an annual report to the Department for the three years following distribution of HNP Program funds addressing the following:</p> <ol style="list-style-type: none"> 1) How many people were served? 2) What were the funds used for? 3) Who were the housing navigator(s)? 4) How many people served were in foster care? 										Yes				
Certification														
<p>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.</p>														
Tammy Moss Chandler		HHSA Director							3/31/20					
Printed Name		Title of Signatory			Signature				Date					
Entity Name:				Mendocino County Health & Human Services Agency				Phone Number:		707-463-7774				
Entity Address:				P.O. Box 839			City:		Ukiah	State:	CA	Zip:	95482	

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: City County Special District Federal Other (Specify)
Federal Employer Identification Number (FEIN)*

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	<input type="text" value="Social Services"/>	Complete Address	<input type="text" value="P.O. Box 839, Ukiah, CA 95482"/>
Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>

Contact Person* Title

Phone number* E-mail address

Signature* Date