## No Place Like Home (NPLH) Program

## County Noncompetitive Allocation Acceptance Form



State of California
Governor Edmund G. Brown Jr.

Alexis Podesta, Secretary
Business, Consumer Services and Housing Agency

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Department of Housing and Community Development

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Email: NPLH@hcd.ca.gov

Website: <a href="http://www.hcd.ca.gov/grants-funding/active-funding/nplh.shtml">http://www.hcd.ca.gov/grants-funding/active-funding/nplh.shtml</a>

		Requirements for County Acceptance of Noncompetitive Allocation Funds
		b) of the NPLH Program Guidelines, (hereafter referred to as Guidelines), twelve (12) months following the Department's initial NOFA, Projects must meet the following minimur order to receive Noncompetitive Allocation:
1	Resolution	Submit a resolution of the County governing body stating that the County will submit one or more Project applications within 30 months of HCD's initial NOFA issuance proposing to utilize any Noncompetitive Allocation awarded to the County.  Counties may use the Sample Resolution template or provide their own. Deviations from the Sample Resolution template must include the following:  * County name  * Name and Title of Signatory(ies)  * Reference to Noncompetitive Allocation NOFA date  * Person attesting validity of resolution (must be someone other than person authorized to sign agreements)  * Meeting Date, All Votes (Ayes, No's, Absent, Vacant) and signature(s) included  * Resolution number(s)
2	Non-Competitive Threshold Compliance Form	Submit the 'Noncompetitive Threshold Certification Form' certifying that prior to receiving the Noncompetitive Allocation, the Project(s) will have met all the requirements under Article II, III or IV, as applicable.
3	County Plan	Submit a County Plan that specifies the goals, strategies and activities both in process or to be initiated to reduce homelessness and make it non-recurring. The County Plan must discuss ALL of the following per Guidelines Section 201 (b) (3) (A):  * Description of homelessness County-wide, including the estimated number of residents experiencing homelessness or chronic homelessness among single adults, families, and unaccompanied youth  * To the extent possible, the estimated number of residents experiencing homelessness who are also experiencing serious mental illness, co-occurring disabilities or disorders, or who are children with a Serious Emotional Disturbance  * Special challenges or barriers to serving the Target Population  * County resources applied to address homelessnesss, including efforts undertaken to prevent the criminalization of activities associated with homelessness  * Available community-based resources  * An outline of partners in ending homelessness  * Proposed solutions to reduce and end homelessness  * Proposed solutions to reduce and end homelessness  * Systems in place to collect data required under Guidelines Section 214, including planning efforts and barriers to collecting the data requested, but not required, in Section 214 (g)  * Efforts that will be undertaken to ensure that access to CES, and any alternative assessment and referral system established for persons At-Risk of Chronic Homelessness, will be available on a nondiscriminatory basis. (See Guidelines Section 201 (b) (3) (A) (x) for more information.)  Plan must have been developed in a collaborative process with community input that includes ALL of the following groups:  * County representatives with expertise from behavioral health, public health, probation/criminal justice, social services, and housing departments  * The local homeless continuums of Care within the County  * Housing and Homeless services providers, especially those with experience providing, especially those implementing pilots or other programs that a

	Noncompetitive Allocation Th	reshold Certification				
certify that the	the Proposed project(s) submitted by the County or to the County proposing use of NPLH Nonc	competitive Allocation funds will comply with all the	requirements of NPLH Guidelines un			
Article II, III, o	or IV, as applicable.					
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Signature:	Date:	7/8/19				
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		Mendocino County Health and Human Service				
		Assistant Director/Behavioral Health and Recovery Services				
Name:	Jenine Miller, Psy.D. Title:	Director				
County:	Mendocino County					
	Contact Inform					
		ation				
Name:	Jenine Miller					
Address:	1120 S. Dora Street					
City:	Ukiah State: CA Zip:  95482					
County:	Mendocino los (FEIN)					
	ID Number (FEIN): 94-6000520					
Data Univers	sal Numbering System (DUNS): 148558195					
	Authorized Representative (Per	Board Resolution)				
Salutation:	Other		Other: Dr.			
ull Name:	Jenine Miller					
Title:	Mendocino County Health and Human Services Agency Assistant Director / Behavioral Health and Recovery Services Director					
Address:	1120 S. Dora Street					
ity:	Ukiah	State:	CA Zip: 95482			
hone:	707-472-2341	Ext:	Fax:			
mail:	millerje@mendocinocounty.org					
	Administrative Fiscal Representative (i.e., C	FO, Accountant/Bookkeeper)				
Salutation:	Ms.		Other:			
	Juanita Dreiling					
itle:	Administrative Services Manager					
itle: \ddress:	Administrative Services Manager 1120 S. Dora Street					
Title: Address: City:	Administrative Services Manager 1120 S. Dora Street Ukiah	State:	CA Zip: 95482			
Full Name:  Fitle: Address: City: Phone: Email:	Administrative Services Manager 1120 S. Dora Street	State:	CA Zip: 95482 Fax:			