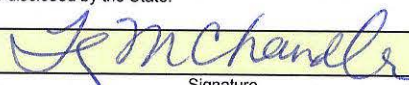
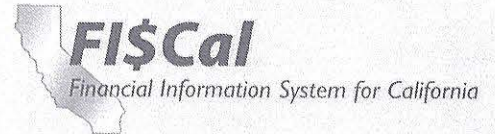


Transitional Housing Program (THP) Allocation Acceptance										Rev. 2/4/20	
County Allocation:										\$24,000	
<p>Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2019 (Chapter 23 of the Statutes of 2019) and Chapter 11.7 (commencing with Section 50807) of Part 2 of Division 31 of the Health and Safety Code (HSC), the Department of Housing and Community Development (HCD) shall allocate \$8 million in funding to counties for the purpose of housing stability to help young adults 18 to 25 years secure and maintain housing, with priority given to young adults formerly in the foster care or probation systems.</p>											
Allocation Applicant											
Allocation Applicant is a County Child Welfare Agency										Yes	
<p>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 aged 18 to 25 years in foster care. The allocation excludes Alpine and Sierra county because their calculation did not demonstrate a need for young adults aged 18 to 25.</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		Director		Auth Rep Email chandler.t@mendocinocounty.org Phone 707-463-7774	
Contact Name		Jena Conner				Title		Deputy Director		Email conner.j@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>Funds shall be used to help young adults who are 18 to 25 years of age secure and maintain housing. Use of funds may include, but are not limited to:</p> <ol style="list-style-type: none"> 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											
<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. HCD will only accept applications electronically 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;">THP@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 TAY 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? 5) How many people served were in probation system? 										Yes	
Certification											
<p>On behalf of the entity identified in the signature block below, I certify that:</p> <p>The information, statements and attachments included in this Allocation Acceptance form are, to the best of my knowledge and belief, true and correct.</p> <p>I possess the legal authority to submit this Allocation Acceptance form on behalf of the entity identified above.</p> <p>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	



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*	Mendocino County Health & Human Services Agency		
Remit-To Address (Street or PO Box)*	P.O. Box 839		
City*	Ukiah	State *	CA Zip Code*+4 95482-0839
Government Type:	<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Special District <input type="checkbox"/> Federal <input type="checkbox"/> Other (Specify) _____	Federal Employer Identification Number (FEIN)*	94-6000520

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	Social Services	Complete Address	P.O. Box 839, Ukiah, CA 95482
Dept/Division/Unit Name		Complete Address	
Dept/Division/Unit Name		Complete Address	
Dept/Division/Unit Name		Complete Address	

Contact Person*	Tammy Moss Chandler	Title	Health & Human Services Agency Director
Phone number*	707-463-7774	E-mail address	chandlerlert@mendocinocounty.org
Signature*			Date 3/31/2020