RESOLUTION - ACTION REQUESTED 2021-230

MEETING: April 27, 2021

TO: The Board of Supervisors

FROM: Shannon Gadd, Health and Human Services Agency Director

RE: THP Allocation Acceptance Resolution

RECOMMENDATION AND JUSTIFICATION:
Adopt a Resolution Accepting the Transitional Housing Program Allocation; and authorize the Health and Human Services Agency Director to execute any documents necessary to accept the award (Subject to Review by County Counsel as to Legal Form).

Pursuant to Budget Act of 2019, the Department of Housing and Community Development (HCD) has allocated $5 million in funding to counties for the support of Transitional Housing Program (THP). Through calculations from HCD, Mariposa County Health and Human Services Agency (HHSA) will receive $4,800 for THP.

The purpose of THP is 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.

THP was realigned in 2011 and has since been completely funded with realignment dollars. This housing allocation is new and in addition to the realignment dollars.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
On May 5, 2020, Board of Supervisors authorized Health and Human Services Director to sign acceptance allocation forms for THP through Resolution No. 2020-228.

On August 4, 2020, Board of Supervisors adopted the Transitional Housing Program Allocation Acceptance Resolution through Resolution No. 2020-475.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Refusing this allocation will prevent HHSA from seeking reimbursement funding for dollars spent on providing housing for young adults.

FINANCIAL IMPACT:
Additional funding for THP will be allocated towards Health and Human Services Agency (HHSA) budget.

ATTACHMENTS:
THP R2 Resolution April 19 2021 (PDF)

REF ID# 11650
RESULT: ADOPTED BY CONSENT VOTE [UNANIMOUS]
MOVER: Miles Menetrey, District V Supervisor
SECONDER: Wayne Forsythe, District IV Supervisor
AYES: Smallcombe, Sweeney, Long, Forsythe, Menetrey
Transitional Housing Program Allocation Acceptance Resolution for Counties

BEFORE THE BOARD OF SUPERVISORS
COUNTY OF MARIPOSA, STATE OF CALIFORNIA

MARIPOSA

IN THE MATTER OF: TRANSITIONAL HOUSING PROGRAM (THP) ALLOCATION RESOLUTION NUMBER: 2021-230

A RESOLUTION AUTHORIZING APPLICATION FOR AND ACCEPTANCE OF THE COUNTY ALLOCATION AWARD UNDER THE TRANSITIONAL HOUSING PROGRAM

WHEREAS, the State of California, Department of Housing and Community Development ("Department") issued an Allocation Acceptance form, dated July 27, 2020 under the Transitional Housing Program ("THP" or "Program") for $8 million authorized by item 2240-102-0001 of section 2.00 of the Budget Act of 2020 (Chapter 6 of the Statutes of 2020) and Chapter 11.7 (commencing with Section 50807) of part 2 of Division 31 of the Health and Safety Code.

WHEREAS, the Allocation Acceptance form relates to the availability of the TRANSITIONAL HOUSING PROGRAM Allocation funds; and

WHEREAS, the MARIPOSA COUNTY HEALTH AND HUMAN SERVICES AGENCY ("Applicant"), was listed as an eligible applicant in the Allocation Acceptance form, dated July 27, 2020.

NOW, THEREFORE, BE IT RESOLVED, that the BOARD OF SUPERVISORS for MARIPOSA COUNTY ("County") does hereby determine and declare as follows:

SECTION 1. That Applicant is hereby authorized and directed to apply for and accept their TRANSITIONAL HOUSING PROGRAM Allocation award, as detailed in the Allocation Acceptance form, up to the amount authorized on the Allocation Acceptance form and applicable state law.

SECTION 2. That DIRECTOR of MARIPOSA COUNTY HEALTH AND HUMAN SERVICES AGENCY is hereby authorized and directed to act on behalf of County in connection with the TRANSITIONAL HOUSING PROGRAM Allocation award, and to enter into, execute, and deliver any and all documents required or deemed necessary or appropriate to be awarded the TRANSITIONAL HOUSING PROGRAM Allocation award, and all amendments thereto (collectively, the "TRANSITIONAL HOUSING
PROGRAM Allocation Award Documents”.

SECTION 3. That Applicant shall be subject to the terms and conditions that are specified in the TRANSITIONAL HOUSING PROGRAM Allocation Award Documents, and that Applicant will use the TRANSITIONAL HOUSING PROGRAM Allocation award funds in accordance with the Allocation Acceptance form, other applicable rules and laws, the THP Program Documents, and any and all THP requirements.

PASSED AND ADOPTED this 27th day of April, 2021, by the following vote:

AYES: SMALLCOMBE, SWEENEY, LONG, FORSYTHE, MENETREY
NOES: NONE
ABSTENTIONS: NONE
ABSENT: NONE

[Signature]
Marshall Long, Chair
Mariposa County Board of Supervisors

ATTEST:

[Signature]
René LaRoche
Clerk of the Board of Supervisors

APPROVED AS TO LEGAL FORM:

[Signature]
Steven W. Dahlem
County Counsel
# RESOLUTION CHECKLIST

## Minimum Requirements

- Entity name (state identity of the contracting party or borrower) and Entity type (i.e. Corporation, Non-Profit, LLC, etc.)

- Name & Title of Signatory(ies)
  **Note**: Name and title of authorized signatory(ies) is preferred. In instances pertaining to municipalities (when title only is acceptable), supporting documentation evidencing the individual who currently holds the position **must** be provided.

- Reference to Allocation Acceptance Form date

- Standard Agreement or Loan & Grant Agreement language (authorizes signatory(ies) to sign Loan & Grant Contract/Standard Agreement)

- Amendment provision included

- Dollar amount (Includes a dollar amount that is equal to or greater than the award amount)

- 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) **OR Project Site Name** (Required to differentiate multiple contracts issued to same contractor)

## Authorized Signatory(ies) – And vs. Or

**And** – **CEO and Director**
Both individuals named must sign the Standard Agreement.

**Example**: “The Board hereby authorizes **CEO and Director** to execute the Standard Agreement in an amount not to exceed...”

**Or** – **CEO or Director**
Either individual may sign—only one signature is required.

**Example**: “The Board hereby authorizes the **CEO or his/her designee** to execute the Standard Agreement in an amount not to exceed...”

**And/Or** – **CEO 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.

**Example**: “The Board hereby authorizes the **CEO and/or Director** to execute the Standard Agreement in an amount not to exceed...”
Transitional Housing Program (THP)
Round 2 Allocation Acceptance Form

Gavin Newsom, Governor
State of California

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

Gustavo F. Velasquez, Director
California Department of Housing and Community Development

2020 West El Camino Avenue, Suite 150
Sacramento, CA 95833
Phone: (916) 263-2771
Email: THP@hcd.ca.gov

July 2020
# Transitional Housing Program (THP) Allocation Acceptance Round 2

## County Allocation (select Applicant County in row 7 below):

<table>
<thead>
<tr>
<th>County</th>
<th>MARIPOSA</th>
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**Rev. 7/27/20**

Pursuant to Item 2A06-102-0001 of Section 2.60 of the Budget Act of 2020 (Chapter 6 of the Statutes of 2020) and Chapter 11.7 (commencing with Section 50307) of Part 2 of Division 31 of the Health and Safety Code (HSC), the Department of Housing and Community Development (HCD) shall allocate $6 million in funding to counties for the purpose of housing stability to help young adults 18 to 25 years old secure and maintain housing, with priority given to young adults formerly in foster care or probation systems.

### Allocation Applicant

Allocation Applicant is a County Child Welfare Agency.

Pursuant to Section 50307(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 Alameda and Sierra county because their calculation did not demonstrate a need for young adults aged 18 to 25.

<table>
<thead>
<tr>
<th>Applicant County</th>
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### Applicant Contact

<table>
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<tr>
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#### Legal name of Applicant as stated on resolution:

**COUNTY OF MARIPOSA**

<table>
<thead>
<tr>
<th>Address</th>
<th>5362 LEMIEE LANE - PO BOX 69</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>MARIPOSA</td>
</tr>
<tr>
<td>State</td>
<td>CA</td>
</tr>
<tr>
<td>Zip</td>
<td>95338-0000</td>
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</table>

**Joe Lynch**

**Contact Name:** JILLIAN KROKER

**Title:** Social Worker Supervisor II

**Email:** JILLIAN@MARIPOSA.GOV

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**Administrative Fiscal Representative:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Lori Normal</th>
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<tbody>
<tr>
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**File Name:** App Acceptance

**File Name:** App Resolution

<table>
<thead>
<tr>
<th>Reference Sample Resolution Document</th>
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<tr>
<td>Attached to e-mail? Yes</td>
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<table>
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<tr>
<th>Reference Taxpayer Identification Number (TIN) Document</th>
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<tr>
<td>Attached to e-mail? Yes</td>
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</table>

Funds shall be used to help young adults who are 18 to 25 years old secure and maintain housing. 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.

Any grant funds remaining unexpended as of June 30, 2023, 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, 2023 and must reference the Contract Number.

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 Thursday, November 12, 2020.

HCD will only accept applications electronically at the following email address:

THP2HCD.ca.gov

### Applicant Acknowledgements

Applicant acknowledges and agrees to submit an annual report to the Department for the three years following distribution of TAT Program funds addressing the following:

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?

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.

**Joe Lynch**

**Division Director**

<table>
<thead>
<tr>
<th>Name: COUNTY OF MARIPOSA</th>
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</thead>
<tbody>
<tr>
<td>Phone Number: 209-369-2000</td>
</tr>
<tr>
<td>Address: 5362 LEMIEE LANE - PO BOX 69</td>
</tr>
</tbody>
</table>

**Signature:**

**Date:** 12/31/20
Principal Government Agency Name*  
County of Mariposa

Remit-To Address (Street or PO Box)*  
PO Box 729

City*  
Mariposa
State* CA
Zip Code*+4 95338-9647

Government Type:  
☐ City  ✓ County  
☐ Special District  ☐ Federal
☐ 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

Contact Person*  Lori Norman  Title  Senior Administrative Analyst
Phone number*  209-742-0651  E-mail address  lnorman@mariposacounty.org
Signature*  Date  12-16-20