Housing Navigators Program (HNP) Allocation Acceptance Round 2 County Allocation (select Applicant County in row 7 below): \$34,5

Pursuant to Item 2240-103-0001 of Section 2.00 of the Budget Act of 2019 (SB 109), as amended by Section 2.00 of Chapter 21 of the Statutes of 2021 (AB 128), the California Depar Housing and Community Development (the "Department") shall allocate \$5,000,000 in funding to counties for the support of housing navigators to help young adults 18 years and up to 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 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.

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 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 agrithrough 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-

Applicant County Monterey County														
Legal name of Applicant as stated on resolution: County of Monterey														
Address 1000 South Main Street Suite 205							City	Salinas		State	CA	Zip	93901	
Auth Rep Nam	e Lori Medina			Title	Director of Se	ocial Services	Auth Re	p Email	MedinaL@co.mont	erey.ca.u	S	Phone	(831) 755-443	
Contact Name	Chelsea Chac	on		Title	Management	t Analyst III		Email	ChaconC@co.mon	terey.ca.ı	us	Phone	(831) 755-859	
Address 1000 South Main Street Suite 205							City	Salinas		State	CA	Zip	93901	
Federal Tax ID Number (FEIN) 94-6000524														
Administrative Fiscal Representative														
Legal Name County of Monterey				Contact Name Becky Cromer			er	Contact Email			CromerBL@co.monterey.ca.us			
Phone (831	755-4404	Address	1000 South M	ain S	Street Suite 30	6	City	Salinas		Stat	te CA	Zip	93901	
File Name: App Resolution			Reference sample resolution document							Attached to email?				
File Name:	App TIN Reference Taxpayer I				er Identificatio	Identification Number (TIN) document					Attached to email?			
Use of Funds														

The HNP 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 and overcoming barriers to locating housing. Housing navigator activities may include, but are not limited to: of age secure and maintain housing. Use of funds may include, but are not to:

- 1) Assist young adults aged 18-21 secure and maintain housing (with priority access given to young adults in the state's foster card 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 June 30, 2024 must be returned to the State. Checks shall be payable to the Department of Housing and Community Development and n 2020 West El Camino Ave. Room 300, no later than July 31, 2024 and must reference the Contract Number.

Allocation Acceptance Requirements

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 acceptance form, signed Resolution, and TIN Form. HCD will only acceptance form, signed Resolution, and TIN Form. HCD will only acceptance form, signed Resolution, and TIN Form. HCD will only acceptance form, signed Resolution, and TIN Form. HCD will only acceptance form, signed Resolution, and TIN Form. HCD will only acceptance form, signed Resolution, and TIN Form. HCD will only acceptance form, signed Resolution, and TIN Form. HCD will only acceptance form, signed Resolution, and TIN Form. HCD will only acceptance form, signed Resolution, and TIN Form. HCD will only acceptance form, signed Resolution, and TIN Form. HCD will only acceptance form, signed Resolution, and TIN Form. HCD will only acceptance form, signed Resolution, and the first form is acceptance for the first form.

Friday, November 12, 2021

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

HNP@hcd.ca.gov

Reporting Requirements

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

- 1) Number of program participants served with program funds.
- 2) Details on use of program funds.
- 3) Details on housing navigators and other subcontractors.
- Number of program participants served who were in the state's foster care system.
- 5) Number of program participants who were homeless at time of program entry.
- 6) Number of program participants who exited homelessness into temporary housing.
- 7) Number of program participants who exited homelessness into permanent housing.

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.

	Lori Medina	Director of Social Services					
	Printed Name	Title of Signatory	Signature				Date
Name:	Monterey County Department	of Social Services	Phone Number: (831) 755-4430)			
Address:	1000 South Main Street		City: Salinas	State:	CA Zip	9390	1

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Yes

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Yes Yes

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Yes