



**Health & Human Services
Agency
COUNTY OF TULARE
AGENDA ITEM**

BOARD OF SUPERVISORS

KUYLER CROCKER
District One
PETE VANDER POEL
District Two
AMY SHUKLIAN
District Three
EDDIE VALERO
District Four
DENNIS TOWNSEND
District Five

AGENDA DATE: April 21, 2020 REVISED

| | | | | |
|---|-----|-------------------------------------|-----|-------------------------------------|
| Public Hearing Required | Yes | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Scheduled Public Hearing w/Clerk | Yes | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Published Notice Required | Yes | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Advertised Published Notice | Yes | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Meet & Confer Required | Yes | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Electronic file(s) has been sent | Yes | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/> |
| Budget Transfer (Aud 308) attached | Yes | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/> |
| Personnel Resolution attached | Yes | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s) | Yes | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/> |
| CONTACT PERSON: Anita Ortiz PHONE: 624-8000 | | | | |

SUBJECT: Approve the Department of Housing and Community Development Acceptance Award and issue a Resolution for the Housing Navigators Program

REQUEST(S):
That the Board of Supervisors:

1. Approve the acceptance of the County allocation award from the State of California, Department of Housing and Community Development, for the Housing Navigators Program in an amount not to exceed \$64,635 effective from April 21, 2020 through June 30, 2020.
2. Authorize the Chair of the Board to sign two (2) copies of the Housing Navigators Program Allocation Acceptance Resolution.
3. Approve the necessary budget adjustment per the attached AUD 308 (4/5ths vote required).

SUMMARY:
The State of California, Department of Housing and Community Development (“Department”) issued an Allocation Acceptance form, dated February 7, 2020 under the Housing Navigators Program (“HNP” or “Program”) for \$5 million authorized by item 2240-103-0001 of section 2.00 of the Budget Act of 2019, as amended by Section 16 of Chapter 363 of the Statutes of 2019 (SB 109).

The funding is distributed by the California Department of Housing and Community Development (HCD) to county child welfare agencies to help young adults who are

SUBJECT: Approve the Department of Housing and Community Development Acceptance Award and issue a Resolution for the Housing Navigators Program

DATE: April 21, 2020

18 to 21 years of age secure and maintain housing, with priority given to young adults formerly in the state's foster care or probation systems.

Funds shall be used to help young adults who are 18 to 21 years of age secure and maintain housing. Use of funds and Housing navigator activities may include, but are not limited to:

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.

FISCAL IMPACT/FINANCING:

The total revenue for this award allocation is \$64,635 for use during fiscal year 2019/2020. The budgeted costs associated with this contract will be included in the Health and Human Service Agency's 001-142 budget, line 4020-7066 professional services, for the amount of \$64,635. An AUD 308 form is required to adjust the HHS Unit Revenues and Expenditures in the amount of \$64,635.

The funding is derived from the Department of Housing and Community Development (HCD) to Tulare County for the purpose of housing stability to help young adults 18 to 21 years secure and maintain housing for fiscal year 19/20. There is no net cost to the County General Fund.

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

The Tulare County Strategic Business Plan in the Safety and Security Initiative and the Quality of Life Initiative encourages innovative provision that support services for at-risk adults, youth, and children in state and federally mandated programs. The acceptance of these funds will allow us to help young adults who are 18 to 21 years of age secure and maintain housing.

ADMINISTRATIVE SIGN-OFF:

/s/Anita Ortiz

Anita Ortiz

Director of Human Services

SUBJECT: Approve the Department of Housing and Community Development
Acceptance Award and issue a Resolution for the Housing Navigators
Program
DATE: April 21, 2020

cc: County Administrative Office

Attachment(s):
Attachment A-Housing Navigators Program Allocation Acceptance Resolution
Attachment B-Housing Navigators Program Allocation Acceptance
Attachment C- AUD 308

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

APPROVE THE DEPARTMENT OF) Resolution No. _____
HOUSING AND COMMUNITY) Agreement No. _____
DEVELOPMENT ACCEPTANCE AWARD)
AND ISSUE A RESOLUTION FOR THE)
HOUSING NAVIGATORS PROGRAM)

UPON MOTION OF SUPERVISOR _____, SECONDED BY
SUPERVISOR _____, THE FOLLOWING WAS ADOPTED BY THE
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD _____
_____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST: JASON T. BRITT
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: _____
Deputy Clerk

* * * * *

1. Approved the acceptance of the County allocation award from the State of California, Department of Housing and Community Development, for the Housing Navigators Program in an amount not to exceed \$64,635 effective from April 21, 2020 through June 30, 2020.
2. Authorized the Chair of the Board to sign two (2) copies of the Housing Navigators Program Allocation Acceptance Resolution.
3. Approved the necessary budget adjustment per the attached AUD 308 (4/5ths vote required).

**Housing Navigators Program Allocation Acceptance Resolution for
County of Tulare**

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

County of Tulare

IN THE MATTER OF: Housing Navigators Program
RESOLUTION NUMBER:

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

WHEREAS, the State of California, Department of Housing and Community
Development ("Department") issued an Allocation Acceptance form, dated February 7,
2020 under the Housing Navigators Program ("HNP" or "Program") for \$5 million
authorized by item 2240-103-0001 of section 2.00 of the Budget Act of 2019, as
amended by Section 16 of Chapter 363 of the Statutes of 2019 (SB 109).

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

WHEREAS, the County of Tulare was mentioned in the Allocation Acceptance form
dated February 7, 2020.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Supervisors for the County
of Tulare does hereby determine and declare as follows:

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

SECTION 2. That Pete Vander Poel, Chairman, Board of Supervisors, is hereby
authorized and directed to act on behalf of County in connection with the HOUSING
NAVIGATORS Allocation award, and to enter into, execute, and deliver any and all
documents required or deemed necessary or appropriate to be awarded the HOUSING
NAVIGATORS Allocation award, and all amendments thereto (collectively, the
"HOUSING NAVIGATORS Allocation Award Documents").

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

PASSED AND ADOPTED this _____ day of _____, 20____, by the following vote:

AYES: _____ NOES: _____ ABSTENTIONS: _____ ABSENT: _____



Signature of Attesting Officer: _____


Printed Name and Title of Attesting Officer: _____

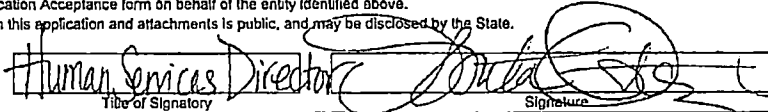
Approved as to form:

/s/Diana L. Mendez

Deputy (matter: 2020388)

| RESOLUTION CHECKLIST | |
|---|--|
| Minimum Requirements | |
| <input type="checkbox"/> | Entity name (state identity of the contracting party or borrower) and Entity type (i.e. Corporation, Non-Profit, LLC, etc.) |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | Reference to NOFA date |
| <input type="checkbox"/> | Standard Agreement or Loan & Grant Agreement language (authorizes signatory(ies) to sign Loan & Grant Contract/Standard Agreement) |
| <input type="checkbox"/> | Dollar amount (Includes a dollar amount that is equal to or greater than the award amount) |
| <input type="checkbox"/> | Person attesting validity of resolution (must be someone other than person authorized to sign agreements) |
| <input type="checkbox"/> | Meeting Date, All Votes (Ayes, No's, Absent, Vacant), and signature(s) included |
| <input type="checkbox"/> | Resolution number(s) OR Project Site Name (Required to differentiate multiple contracts issued to same contractor) |
| Authorized Signatory(ies) <i>And vs. Or</i> | |
| And | <i>CEO and Director</i> Example: "The Board hereby authorizes <u>CEO and Director</u> to execute the Standard Agreement in an amount not to exceed..." |
| |  Both individuals named must sign the Standard Agreement. |
| Or | <i>CEO or Director</i> Example: "The Board hereby authorizes the <u>CEO or his/her designee</u> to execute the Standard Agreement in an amount not to exceed..." |
| |  Either individual may sign--only one signature is required. |
| And/Or | <i>CEO and/or Director</i> Example: "The Board hereby authorizes the <u>CEO and/or Director</u> to execute the Standard Agreement in an amount not to exceed..." |

| | | |
|--|---|---|
| |  | Effective December 9, 2014, HCD's Legal Assistance Division (LAD) declared this language legally insufficient. Resolutions with this language will not be accepted. |
|--|---|---|

| | | |
|--|--|---|
| Housing Navigators Program (HNP) Allocation Acceptance | | <i>Rev. 2/4/20</i> |
| | | County Allocation: \$64,636 |
| <p>Pursuant to Item 2240-103-0001 of Section 2 of the Budget Act of 2019, as amended by Section 16 of Chapter 353 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 | | |
| <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 | Tulare County | |
| Legal name of Applicant as stated on resolution: | County of Tulare | |
| Address | 5957 S. Mooney Blvd | City/Visalia State CA Zip 93291 |
| Auth Rep Name | Anita Ortiz | Title Director of Human Services Auth Rep Email AOrtiz2@tularehhsa.org Phone 559 624-8000 |
| Contact Name | Lynnda Santiago | Title Administrative Specialist Email LSantiago@tularehhsa.org Phone 559 624-8078 |
| Address | 5957 S. Mooney Blvd | City/Visalia State CA Zip 93291 |
| Federal Tax ID Number (FEIN) | 94-6000545 | |
| Administrative Fiscal Representative | | |
| Legal Name | Administrative Specialist | Contact Name Calo Rocha Lopes De Lima Contact Email CRLdelima@tularehhsa.org |
| Phone | 559 624-8094 | Address 5957 S. Mooney Blvd City/Visalia State CA Zip 93291 |
| 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? No |
| 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 | | |
| 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. | | |
| 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;">Tuesday, March 31, 2020 HCD will only accept applications electronically at the following email address: Stephanie.Tran-Houangvllay@hcd.ca.gov</p> | | |
| Reporting Requirements | | |
| 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: 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 | | |
| 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. | | |
| Printed Name | Anita Ortiz | Title of Signatory Human Services Director |
| Signature |  | |
| Date | 3/31/2020 | |
| Entity Name: | | Phone Number: |
| Entity Address: | | City: State: Zip: |

AUD-308 - Budget Adjustment Form

8:22 AM

| | | | |
|----------|----------------------------------|-----------------------------|--------------------|
| 04/08/20 | | 10/20 | 2020 |
| Date | Document ID Number | Accounting Period | Budget Fiscal Year |
| | Health and Human Services Agency | Caio Rocha Lopes de Lima | 4-8094 |
| | Agency Name | Contact Person | Phone Extension |

| Action** A,C,D | Fund | Dept | Appr # | | <u>LEVEL 1 Finish Here</u> | Current Amount | Revised Amount | Inc / Dec Amt | |
|-----------------------------|------|------|---------|--|----------------------------|----------------------------|--------------------|--------------------|---------------|
| C | 001 | 142 | 142SSUP | | | 150,941,002 | 151,005,637 | 64,635 | |
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| Appropriations Total | | | | | | <i>Need Not Equal Zero</i> | 150,941,002 | 151,005,637 | 64,635 |

| Action** A,C,D | Fund | Dept | Appr # | Unit | Object | Rev | <u>LEVEL 2 Start Here</u> | Current Amt | Revised Amount | Inc / Dec Amt |
|-------------------|------|------|---------|------|--------|------|---------------------------|---------------------|---------------------|---------------|
| C | 001 | 142 | 142SSUP | 4020 | 7066 | | | 1,373,822 | 1,438,457 | 64,635 |
| C | 001 | 142 | | 4020 | | 5019 | | 4,967,934 | 5,032,569 | (64,635) |
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| Line Total | | | | | | | <i>Must Equal Zero</i> | \$ 6,341,756 | \$ 6,471,026 | \$ - |

Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)

Child Welfare Services received an augmentation of \$64,635 in state general funds to fund the Housing Navigator Program. The augmentation is reflected by increasing our revenues and increasing our costs to support young adults secure and maintain housing.

 /s/Robert Stewart
 Affected Dept Head Signature

 Other Affected Dept Head Signature

| | |
|--|--|
| Checked By: _____ County Executive Office Action: No. _____ Date: _____ () Approved () Disapproved | Entered By: _____ Date: _____ Distribution: 1: BOS/CAO/Auditor |
| By: _____ Board of Supervisors Action: No. _____ Date: _____ | |

**** Action Codes: A=Add, C=Change, D=Deactivate**

* Whenever a 93XX account budget is adjusted, a corresponding 94XX account budget must be adjusted in the billing agency, except for ISFs

* Whenever a 95XX account budget is adjusted, a corresponding 96XX account budget must be adjusted in the billing agency, and vice versa

* Whenever a 97XX account budget is adjusted, a corresponding 98XX account budget must be adjusted in the billing agency, and vice versa