



**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 REVISIED

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 Transitional Housing 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 Transitional Housing Program in the amount of \$44,000 effective from April 21, 2020 through June 30, 2020.
2. Authorize the Chair of the Board to sign two (2) copies of the Transitional Housing 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 Transitional Housing Program (“THP” or “Program”) for \$8 million authorized by 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.

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 Transitional Housing Program

**DATE:** April 21, 2020

18 to 25 years of age secure and maintain housing, with priority given to young adults formerly in the state's foster care or probation systems.

When left without support or resources, young adults aged 18 to 25 years ("transition age youth") can face huge barriers to finding safe, affordable homes. As a result, many of these youth are at extreme risk of falling into homelessness. 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:

1. Identifying and assisting housing services for this population within each community
2. Helping this population secure and maintain housing (with priority given to those formerly in the state's foster care or probation system)
3. Improving coordination of services and linkages to community resources within the child welfare system and the Homeless Continuum of Care
4. Outreach and targeting to serve those with the most-severe needs

**FISCAL IMPACT/FINANCING:**

The total revenue for this award allocation is \$44,000 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 6077-7043 professional services, for the amount of 44,000. An AUD 308 form is required to adjust the HHSA Unit Revenues and Expenditures in the amount of \$44,000.

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 25 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 25 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 Transitional Housing  
Program

**DATE:** April 21, 2020

cc: County Administrative Office

Attachment(s):

Attachment A-Transitional Housing Program's Acceptance Resolution

Attachment B-Transitional Housing Program's Allocation Acceptance

Attachment C- AUD 308

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

IN THE MATTER OF APPROVE THE ) Resolution No. \_\_\_\_\_  
DEPARTMENT OF HOUSING AND ) Agreement No. \_\_\_\_\_  
COMMUNITY DEVELOPMENT )  
ACCEPTANCE AWARD AND ISSUE A )  
RESOLUTION FOR THE TRANSITIONAL  
HOUSING 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 Transitional Housing Program in the amount of \$44,000 effective from April 21, 2020 through June 30, 2020.
2. Authorized the Chair of the Board to sign two (2) copies of the Transitional Housing Program Allocation Acceptance Resolution.
3. Approved the necessary budget adjustment per the attached AUD 308 (4/5ths vote required).

**Transitional Housing 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: Transitional Housing Program  
RESOLUTION NUMBER:

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 February 7, 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 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.

WHEREAS, the Allocation Acceptance form relates to the availability of the TRANSITIONAL HOUSING PROGRAM 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 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 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 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by the following vote:

AYES: \_\_\_\_\_ NOES: \_\_\_\_\_ ABSTENTIONS: \_\_\_\_\_ ABSENT: \_\_\_\_\_

Signature of Attesting Officer: \_\_\_\_\_

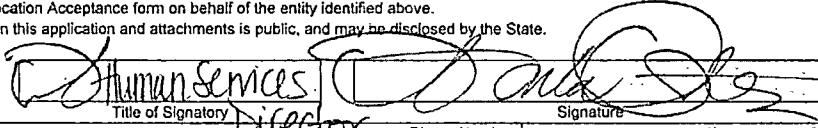
Printed Name and Title of Attesting Officer: \_\_\_\_\_

Approve As To Form:  
County Counsel

By: Eric Scott  
Deputy

Matter No: 202390

<b>RESOLUTION CHECKLIST</b>	
<b>Minimum Requirements</b>	
<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) <b>Note:</b> 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 <b>must</b> 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) <b>OR Project Site Name</b> (Required to differentiate multiple contracts issued to same contractor)
<b>Authorized Signatory(ies) – And vs. Or</b>	
<b>And – CEO and Director</b> Both individuals named must sign the Standard Agreement.  <b>Example:</b> "The Board hereby authorizes <u>CEO</u> and <u>Director</u> to execute the Standard Agreement in an amount not to exceed..."	
<b>Or – CEO or Director</b> Either individual may sign--only one signature is required.  <b>Example:</b> "The Board hereby authorizes the <u>CEO</u> or <u>his/her designee</u> to execute the Standard Agreement in an amount not to exceed..."	
<b>And/Or – CEO and/or Director</b> Effective December 9, 2014, HCD's Legal Assistance Division (LAD) declared this language legally insufficient. Resolutions with this language will not be accepted.  <b>Example:</b> "The Board hereby authorizes the <u>CEO</u> and/or <u>Director</u> to execute the Standard Agreement in an amount not to exceed..."	

<b>Transitional Housing Program (THP) Allocation Acceptance</b>		Rev. 2/4/20
County Allocation:		<b>\$44,000</b>
<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>		
<b>Allocation Applicant</b>		
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		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: RSantiago@tularehhsa.org Phone: 559 624-8076
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
<b>Use of Funds</b>		
<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"> <li>1) Identify and assist housing services for this population in your community;</li> <li>2) Assist this population to secure and maintain housing (with priority given to those in the state's foster care or probation system);</li> <li>3) Improve coordination of services and linkages to community resources within the child welfare system and the Homeless Continuum of Care; and</li> <li>4) Provide engagement in outreach and targeting to serve those with the most severe needs.</li> </ol>		
<b>Expenditure of Funds</b>		
<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>		
<b>Allocation Acceptance Requirements</b>		
<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;"><b>Tuesday, March 31, 2020</b></p> <p style="text-align: center;">HCD will only accept applications electronically at the following email address: <b>THP@hcd.ca.gov</b></p>		
<b>Reporting Requirements</b>		
<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"> <li>1) How many people were served?</li> <li>2) What were the funds used for?</li> <li>3) Who were the housing navigator(s)?</li> <li>4) How many people served were in foster care?</li> <li>5) How many people served were in probation system?</li> </ol>		Yes
<b>Certification</b>		
<p>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.</p>		
Printed Name	Anita Ortiz	Title of Signatory: Director
Signature		
Entity Name:	Human Services	
Entity Address:	City:	State:
Phone Number:	Zip:	
Date	3/31/2020	



**AUD-308 - Budget Adjustment Form**

8:23 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	150,985,002	44,000	
								-	
								-	
								-	
								-	
								-	
								-	
								-	
								-	
								-	
<b>Appropriations Total</b>						<i>Need Not Equal Zero</i>	<b>150,941,002</b>	<b>150,985,002</b>	<b>44,000</b>

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	6077	7043			644,722	688,722	44,000
A	001	142		6077		5019			44,000	(44,000)
										-
										-
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										-
<b>Line Total</b>							<i>Must Equal Zero</i>	<b>\$ 644,722</b>	<b>\$ 732,722</b>	<b>\$ -</b>

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

Child Welfare Services received an augmentation of \$44,000 in state general funds to expand the Transitional Housing Program-Plus. 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