

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                       |  |                                                         |  |              |  |                          |  |                       |  |                           |  |              |  |              |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------|--|---------------------------------------------------------|--|--------------|--|--------------------------|--|-----------------------|--|---------------------------|--|--------------|--|--------------|--|-------|--|--|--|--|--|---------------------------------------------------------|--|------------------|--|--|--|--|--|--|--|--|--|----------------|--|----------------|--|--|--|-------------|--|-----------|--|--------------|--|----|--|------------|--|-------|--|----------------------|--|-----------------|--|--|--|--------------|--|--------------------------|--|-----------------------|--|------------------|--|--------------|--|--------------|--|----------------|--|-------------|--|--|--|-------------|--|-----------|--|--------------|--|----|--|------------|--|-------|--|---------------------|--|-------------------|--|--|--|--------------|--|------------------------|--|--------------|--|---------------------|--|--------------|--|--------------|--|----------------|--|-------------|--|--|--|-------------|--|-----------|--|--------------|--|----|--|------------|--|-------|--|-------------------------------------|--|-----------|--|--|--|--|--|--|--|--|--|---------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|---------------------|--|-----------------|--|--|--|--------------|--|-------------------------|--|----------------------|--|--------------------|--|--------------|--|--------------|--|----------------|--|-------------|--|-------------|--|-----------|--|--------------|--|----|--|------------|--|-------|--|-------------------|--|-----------------------|--|--------------------------------------|--|--|--|--|--|--|--|---------------------------|--|----|--|-------------------|--|----------------|--|---------------------------------------------------------|--|--|--|--|--|--|--|---------------------------|--|-----|--|
| <b>Housing Navigation and Maintenance Program (HNMP) Allocation Acceptance Round 4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                       |  |                                                         |  |              |  |                          |  | Rev. 08/19/25         |  |                           |  |              |  |              |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
| County Allocation (select Applicant County in row 7 below):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                         |  |              |  |                          |  | \$39,648              |  |                           |  |              |  |              |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
| <p>Pursuant to item 2240-103-0001 of Section 2.00 of the Budget Act of 2025 (Chapter 4 of the Statutes of 2025) and Chapter 11.8 (commencing with Section 50811) of Part 2 of Division 31 of the Health and Safety Code (HSC), the Department of Housing and Community Development (HCD) shall allocate funding to counties for the support of housing navigators to help young adults 18 years and up to 24 years of age, inclusive, secure and maintain housing, with priority given to young adults currently or formerly in the foster care system.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                         |  |              |  |                          |  |                       |  |                           |  |              |  |              |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
| <b>Housing First</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                       |  |                                                         |  |              |  |                          |  |                       |  |                           |  |              |  |              |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
| <p>The Contractor shall certify to employ the core components of Housing First, pursuant to Welfare and Institutions Code Section 8255.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                         |  |              |  |                          |  |                       |  |                           |  |              |  |              |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
| <p>1) Tenant screening and selection practices that promote accepting applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services;</p> <p>2) Applicants are not rejected on the basis of poor credit or financial history, poor or lack of rental history, criminal convictions unrelated to tenancy, or behaviors that indicate a lack of "housing readiness";</p> <p>3) Acceptance of referrals directly from shelters, street outreach, drop-in centers, and other parts of crisis response systems frequented by vulnerable people experiencing homelessness;</p> <p>4) Supportive services that emphasize engagement and problem solving over therapeutic goals and service plans that are highly tenant-driven without predetermined goals;</p> <p>5) Participation in services or program compliance is not a condition of permanent housing tenancy;</p> <p>6) Tenants have a lease and all the rights and responsibilities of tenancy, as outlined in California's Civil, Health and Safety, and Government codes;</p> <p>7) The use of alcohol or drugs in and of itself, without other lease violations, is not a reason for eviction;</p> <p>8) In communities with coordinated assessment and entry systems, incentives for funding promote tenant selection plans for supportive housing that prioritize eligible tenants based on criteria other than "first-come-first-serve," including, but not limited to, the duration or chronicity of homelessness, vulnerability to early mortality, or high utilization of crisis services. Prioritization may include triage tools, developed through local data, to identify high-cost, high-need homeless residents;</p> <p>9) Case managers and service coordinators who are trained in and actively employ evidence-based practices for client engagement, including, but not limited to, motivational interviewing and client-centered counseling;</p> <p>10) Services are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants' lives, where tenants are engaged in nonjudgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices, as well as connected to evidence-based treatment if the tenant so chooses; and</p> <p>11) The project and specific apartment may include special physical features that accommodate disabilities, reduce harm, and promote health and community and independence among tenants.</p>                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |  |                                                         |  |              |  |                          |  |                       |  |                           |  |              |  |              |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
| <b>Allocation Applicant</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                         |  |              |  |                          |  |                       |  |                           |  |              |  |              |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
| Allocation Applicant is a County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                       |  |                                                         |  |              |  |                          |  |                       |  |                           |  |              |  |              |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
| <p>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 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 17 through 21 years of age in the foster care and probation system. The allocation excludes Alpine and Mono counties because their calculation did not demonstrate need. The housing navigation and maintenance program for a county that accepts an allocation of money pursuant to this section shall provide training to its child welfare agency social workers and probation officers who serve nonminor dependents. The training shall address an overview of the housing resources available through the local coordinated entry system, homeless continuum of care, and county public agencies, including, but not limited to, housing navigation, permanent affordable housing, THP-Plus, and housing choice vouchers. The training shall also address how to access and receive a referral to existing housing resources, the social worker's and probation officer's role in identifying unstable housing situations for youth, and referring youth to housing assistance programs.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                       |  |                                                         |  |              |  |                          |  |                       |  |                           |  |              |  |              |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>Applicant County</b></td> <td colspan="10">Tehama</td> </tr> <tr> <td colspan="2"><b>Legal name of Applicant as stated on resolution:</b></td> <td colspan="10">County of Tehama</td> </tr> <tr> <td colspan="2"><b>Address</b></td> <td colspan="4">727 Oak Street</td> <td colspan="2"><b>City</b></td> <td colspan="2">Red Bluff</td> <td colspan="2"><b>State</b></td> <td colspan="2">CA</td> <td colspan="2"><b>Zip</b></td> <td colspan="2">96080</td> </tr> <tr> <td colspan="2"><b>Auth Rep Name</b></td> <td colspan="4">Bekkie F. Emery</td> <td colspan="2"><b>Title</b></td> <td colspan="2">Social Services Director</td> <td colspan="2"><b>Auth Rep Email</b></td> <td colspan="2">Bemery@tcdss.org</td> <td colspan="2"><b>Phone</b></td> <td colspan="2">530-527-1911</td> </tr> <tr> <td colspan="2"><b>Address</b></td> <td colspan="4">Po Box 1515</td> <td colspan="2"><b>City</b></td> <td colspan="2">Red Bluff</td> <td colspan="2"><b>State</b></td> <td colspan="2">CA</td> <td colspan="2"><b>Zip</b></td> <td colspan="2">96080</td> </tr> <tr> <td colspan="2"><b>Contact Name</b></td> <td colspan="4">Kimberly Granados</td> <td colspan="2"><b>Title</b></td> <td colspan="2">Staff Services Analyst</td> <td colspan="2"><b>Email</b></td> <td colspan="2">kgranados@tcdss.org</td> <td colspan="2"><b>Phone</b></td> <td colspan="2">530-527-1911</td> </tr> <tr> <td colspan="2"><b>Address</b></td> <td colspan="4">Po Box 1515</td> <td colspan="2"><b>City</b></td> <td colspan="2">Red Bluff</td> <td colspan="2"><b>State</b></td> <td colspan="2">CA</td> <td colspan="2"><b>Zip</b></td> <td colspan="2">96080</td> </tr> <tr> <td colspan="2"><b>Federal Tax ID Number (FEIN)</b></td> <td colspan="10">946000543</td> </tr> <tr> <td colspan="12"><b>Administrative Fiscal Representative</b></td> </tr> <tr> <td colspan="2"><b>Contact Name</b></td> <td colspan="4">Desiree Oglesby</td> <td colspan="2"><b>Title</b></td> <td colspan="2">Deputy Director, Fiscal</td> <td colspan="2"><b>Contact Email</b></td> <td colspan="2">Doglesby@tcdss.org</td> </tr> <tr> <td colspan="2"><b>Phone</b></td> <td colspan="2">530-527-1911</td> <td colspan="2"><b>Address</b></td> <td colspan="2">Po Box 1515</td> <td colspan="2"><b>City</b></td> <td colspan="2">Red Bluff</td> <td colspan="2"><b>State</b></td> <td colspan="2">CA</td> <td colspan="2"><b>Zip</b></td> <td colspan="2">96080</td> </tr> <tr> <td colspan="2"><b>File Name:</b></td> <td colspan="2"><b>App Resolution</b></td> <td colspan="8">Reference sample resolution document</td> <td colspan="2"><b>Attached to email?</b></td> <td colspan="2">No</td> </tr> <tr> <td colspan="2"><b>File Name:</b></td> <td colspan="2"><b>App TIN</b></td> <td colspan="8">Reference Taxpayer Identification Number (TIN) document</td> <td colspan="2"><b>Attached to email?</b></td> <td colspan="2">Yes</td> </tr> </table> |  |                       |  |                                                         |  |              |  |                          |  |                       |  | <b>Applicant County</b>   |  | Tehama       |  |              |  |       |  |  |  |  |  | <b>Legal name of Applicant as stated on resolution:</b> |  | County of Tehama |  |  |  |  |  |  |  |  |  | <b>Address</b> |  | 727 Oak Street |  |  |  | <b>City</b> |  | Red Bluff |  | <b>State</b> |  | CA |  | <b>Zip</b> |  | 96080 |  | <b>Auth Rep Name</b> |  | Bekkie F. Emery |  |  |  | <b>Title</b> |  | Social Services Director |  | <b>Auth Rep Email</b> |  | Bemery@tcdss.org |  | <b>Phone</b> |  | 530-527-1911 |  | <b>Address</b> |  | Po Box 1515 |  |  |  | <b>City</b> |  | Red Bluff |  | <b>State</b> |  | CA |  | <b>Zip</b> |  | 96080 |  | <b>Contact Name</b> |  | Kimberly Granados |  |  |  | <b>Title</b> |  | Staff Services Analyst |  | <b>Email</b> |  | kgranados@tcdss.org |  | <b>Phone</b> |  | 530-527-1911 |  | <b>Address</b> |  | Po Box 1515 |  |  |  | <b>City</b> |  | Red Bluff |  | <b>State</b> |  | CA |  | <b>Zip</b> |  | 96080 |  | <b>Federal Tax ID Number (FEIN)</b> |  | 946000543 |  |  |  |  |  |  |  |  |  | <b>Administrative Fiscal Representative</b> |  |  |  |  |  |  |  |  |  |  |  | <b>Contact Name</b> |  | Desiree Oglesby |  |  |  | <b>Title</b> |  | Deputy Director, Fiscal |  | <b>Contact Email</b> |  | Doglesby@tcdss.org |  | <b>Phone</b> |  | 530-527-1911 |  | <b>Address</b> |  | Po Box 1515 |  | <b>City</b> |  | Red Bluff |  | <b>State</b> |  | CA |  | <b>Zip</b> |  | 96080 |  | <b>File Name:</b> |  | <b>App Resolution</b> |  | Reference sample resolution document |  |  |  |  |  |  |  | <b>Attached to email?</b> |  | No |  | <b>File Name:</b> |  | <b>App TIN</b> |  | Reference Taxpayer Identification Number (TIN) document |  |  |  |  |  |  |  | <b>Attached to email?</b> |  | Yes |  |
| <b>Applicant County</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Tehama                |  |                                                         |  |              |  |                          |  |                       |  |                           |  |              |  |              |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
| <b>Legal name of Applicant as stated on resolution:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | County of Tehama      |  |                                                         |  |              |  |                          |  |                       |  |                           |  |              |  |              |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
| <b>Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 727 Oak Street        |  |                                                         |  | <b>City</b>  |  | Red Bluff                |  | <b>State</b>          |  | CA                        |  | <b>Zip</b>   |  | 96080        |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
| <b>Auth Rep Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Bekkie F. Emery       |  |                                                         |  | <b>Title</b> |  | Social Services Director |  | <b>Auth Rep Email</b> |  | Bemery@tcdss.org          |  | <b>Phone</b> |  | 530-527-1911 |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
| <b>Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Po Box 1515           |  |                                                         |  | <b>City</b>  |  | Red Bluff                |  | <b>State</b>          |  | CA                        |  | <b>Zip</b>   |  | 96080        |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
| <b>Contact Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Kimberly Granados     |  |                                                         |  | <b>Title</b> |  | Staff Services Analyst   |  | <b>Email</b>          |  | kgranados@tcdss.org       |  | <b>Phone</b> |  | 530-527-1911 |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
| <b>Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Po Box 1515           |  |                                                         |  | <b>City</b>  |  | Red Bluff                |  | <b>State</b>          |  | CA                        |  | <b>Zip</b>   |  | 96080        |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
| <b>Federal Tax ID Number (FEIN)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 946000543             |  |                                                         |  |              |  |                          |  |                       |  |                           |  |              |  |              |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
| <b>Administrative Fiscal Representative</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                         |  |              |  |                          |  |                       |  |                           |  |              |  |              |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
| <b>Contact Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Desiree Oglesby       |  |                                                         |  | <b>Title</b> |  | Deputy Director, Fiscal  |  | <b>Contact Email</b>  |  | Doglesby@tcdss.org        |  |              |  |              |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
| <b>Phone</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 530-527-1911          |  | <b>Address</b>                                          |  | Po Box 1515  |  | <b>City</b>              |  | Red Bluff             |  | <b>State</b>              |  | CA           |  | <b>Zip</b>   |  | 96080 |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
| <b>File Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>App Resolution</b> |  | Reference sample resolution document                    |  |              |  |                          |  |                       |  | <b>Attached to email?</b> |  | No           |  |              |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
| <b>File Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>App TIN</b>        |  | Reference Taxpayer Identification Number (TIN) document |  |              |  |                          |  |                       |  | <b>Attached to email?</b> |  | Yes          |  |              |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
| <b>Use of Funds</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |  |                                                         |  |              |  |                          |  |                       |  |                           |  |              |  |              |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
| <p>The HNMP 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 housing and overcoming barriers to locating housing. Housing navigation and maintenance activities may include, but are not limited to:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                       |  |                                                         |  |              |  |                          |  |                       |  |                           |  |              |  |              |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
| <p>1) Assist young adults aged 18-24 years of age, inclusive, secure and maintain housing (with priority access given to young adults in the state's foster care system);</p> <p>2) Provide housing case management which include essential services in emergency supports to foster youth;</p> <p>3) Prevent young adults from becoming homeless; and</p> <p>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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                       |  |                                                         |  |              |  |                          |  |                       |  |                           |  |              |  |              |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
| <b>Expenditure of Funds</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                         |  |              |  |                          |  |                       |  |                           |  |              |  |              |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
| <p>Any grant funds remaining unexpended as of two years from the "Effective Date" of the fully executed Standard Agreement as stated in the STD 213, paragraph 2, must be returned to the State. Checks shall be payable to the Department of Housing and Community Development and mailed to 651 Bannon Street, Suite 400, Attention: Administration and Management Division, Accounts Payable, Sacramento CA 95811 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: 1. Signed Allocation Acceptance Form, 2. GovTIN Form, and 3. Signed Resolution. If Signed Resolution is not available by submittal date please include the scheduled date of Board of Supervisors meeting and anticipated date the Signed Resolution will be submitted to the Department. The Department will only accept applications electronically via email no later than 5:00 p.m. on:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                       |  |                                                         |  |              |  |                          |  |                       |  |                           |  |              |  |              |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |
| <p><b>Tuesday, September 18, 2025</b></p> <p>HCD will only accept applications electronically at the following email address:</p> <p style="text-align: center;">TAY@hcd.ca.gov</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |  |                                                         |  |              |  |                          |  |                       |  |                           |  |              |  |              |  |       |  |  |  |  |  |                                                         |  |                  |  |  |  |  |  |  |  |  |  |                |  |                |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                      |  |                 |  |  |  |              |  |                          |  |                       |  |                  |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                     |  |                   |  |  |  |              |  |                        |  |              |  |                     |  |              |  |              |  |                |  |             |  |  |  |             |  |           |  |              |  |    |  |            |  |       |  |                                     |  |           |  |  |  |  |  |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |                     |  |                 |  |  |  |              |  |                         |  |                      |  |                    |  |              |  |              |  |                |  |             |  |             |  |           |  |              |  |    |  |            |  |       |  |                   |  |                       |  |                                      |  |  |  |  |  |  |  |                           |  |    |  |                   |  |                |  |                                                         |  |  |  |  |  |  |  |                           |  |     |  |

### Reporting Requirements

Applicant acknowledges and agrees to submit an bi-annual report to the Department for the two years following contract execution addressing the following:

- A. Number of program participants served with program funds;
- B. Itemization of use of program funds;
- C. Details on housing navigators and other subcontractors;
- D. Number of program participants served who were in the State's foster care system;
- E. Number of program participants who were homeless at time of program entry;
- F. Number of program participants who exited homelessness into temporary housing;
- G. Number of program participants who exited homelessness into permanent housing; and,
- H. Subpopulation data including:

- 1. Number of participants that are employed;
- 2. Number of participants identified as LGBTQ+;
- 3. Number of participants with a disability;
- 4. Number of participants with minor children in the household; and,
- 5. Average number of children per household.

Yes

### California Public Records Act

The application, including any and all supplemental documents submitted during the review process, is a public record, which is available for public review pursuant to the California Public Records Act (CPRA) (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code). After final awards have been issued, the Department may disclose any materials provided by the Applicant to any person making a request under the CPRA. The Department cautions Applicants to use discretion in providing information not specifically requested, including but not limited to, bank account numbers, personal phone numbers, and home addresses. By providing this information to the Department, the Applicant is waiving any claim of confidentiality and consents to the disclosure of submitted material upon request.

### 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.

Bekkie F. Emery

Authorized Rep Printed Name

Social Services Director

Title of Authorized Rep

*Bekkie F. Emery*

Signature

9/10/28

Date