

<b>Housing Navigators Program (HNP) Allocation Acceptance Round 2</b>						Rev. 10/01/21				
<b>County Allocation (select Applicant County in row 7 below):</b>						<b>\$43,240</b>				
<p>Pursuant to Item 2240-103-0001 of Section 2.00 of the Budget Act of 2019 (SB 109), as amended by Section 2.00 of Chapter 21 of the Statutes of 2021 (AB 128), the California Department of Housing and Community Development (the "Department") shall allocate \$5,000,000 in funding to counties for the support of housing navigators to help young adults 18 years and up to 21 years secure and maintain housing, with priority given to young adults in the foster care system. The county may use the funding to provide housing navigation services directly or through a contract with other housing assistance programs in the county. It is encouraged that the county coordinate with the local Continuum of Care to foster communication and collaboration.</p>										
<b>Allocation Applicant</b>										
<b>Allocation Applicant is a County</b>										
<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 aged 18 through 21 year old in foster care. The allocation excludes Alpine, Mono, and Sierra counties because their calculation did not demonstrate a need for young adults aged 18-21.</p>										
<b>Applicant County</b>		<b>Santa Barbara County</b>								
<b>Legal name of Applicant as stated on resolution:</b>		<b>Santa Barbara County Department of Social Services</b>								
<b>Address</b>	234 Camino del Remedio			<b>City</b>	Santa Barbara	<b>State</b>	CA	<b>Zip</b>	93110	
<b>Auth Rep Name</b>	Daniel Nielson	<b>Title</b>	Director	<b>Auth Rep Email</b>	D.Nielson@sbcsocialserv.org	<b>Phone</b>	805-346-7101			
<b>Contact Name</b>	Amy Krueger	<b>Title</b>	Adult and Children Services Deputy Director	<b>Email</b>	A.Krueger@sbcsocialserv.org	<b>Phone</b>	805-346-8351			
<b>Address</b>	2125 S. Centerpointe Parkway			<b>City</b>	Santa Maria	<b>State</b>	CA	<b>Zip</b>	93455	
<b>Federal Tax ID Number (FEIN)</b>		95-6002833								
<b>Administrative Fiscal Representative</b>										
<b>Legal Name</b>	Santa Barbara County		<b>Contact Name</b>	Evelyn Rainbolt		<b>Contact Email</b>	E.Rainbolt@sbcsocialserv.org			
<b>Phone</b>	805-681-4667	<b>Address</b>	234 Camino del Remedio		<b>City</b>	Santa Barbara	<b>State</b>	CA	<b>Zip</b>	93110
<b>File Name:</b>	<b>App Resolution</b>	Reference sample resolution document				<b>Attached to email?</b>	Yes			
<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 HNP program funds housing navigators for counties. The role of a housing navigator is to act as a housing specialist to assist young adults with their pursuits of locating available housing and overcoming barriers to locating housing. Housing navigator activities may include, but are not limited to: of age secure and maintain housing. Use of funds may include, but are not limited to:</p> <ol style="list-style-type: none"> <li>1) Assist young adults aged 18-21 secure and maintain housing (with priority access given to young adults in the state's foster care system);</li> <li>2) Provide housing case management which include essential services in emergency supports to foster youth;</li> <li>3) Prevent young adults from becoming homeless; and</li> <li>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.</li> </ol>										
<b>Expenditure of Funds</b>										
<p>Any grant funds remaining unexpended as of June 30, 2024 must be returned to the State. Checks shall be payable to the Department of Housing and Community Development and mailed to 2020 West El Camino Ave. Room 300, no later than July 31, 2024 and must reference the Contract Number.</p>										
<b>Allocation Acceptance Requirements</b>										
<p><b>In order to accept and receive an allocation, applicants must submit the following: Signed Allocation Acceptance form, Signed Resolution, and TIN Form. HCD will only accept applications electronically via email no later than 5:00 p.m. on:</b></p> <p style="text-align: center;"><b>Friday, November 12, 2021</b></p> <p style="text-align: center;">HCD will only accept applications electronically at the following email address:  <a href="mailto:HNP@hcd.ca.gov">HNP@hcd.ca.gov</a></p>										
<b>Reporting Requirements</b>										
<p>Applicant acknowledges and agrees to submit an annual report to the Department for the two years following distribution of HNP Program funds addressing the following:</p> <ol style="list-style-type: none"> <li>1) Number of program participants served with program funds.</li> <li>2) Details on use of program funds.</li> <li>3) Details on housing navigators and other subcontractors.</li> <li>4) Number of program participants served who were in the state's foster care system.</li> <li>5) Number of program participants who were homeless at time of program entry.</li> <li>6) Number of program participants who exited homelessness into temporary housing.</li> <li>7) Number of program participants who exited homelessness into permanent housing.</li> </ol>										
<b>Certification</b>										
<p><b>On behalf of the entity identified in the signature block below, I certify that:</b></p> <p>The information, statements and attachments included in this Allocation Acceptance form are, to the best of my knowledge and belief, true and correct. I possess the legal authority to submit this Allocation Acceptance form on behalf of the entity identified above. In addition, I acknowledge that all information in this application and attachments is public, and may be disclosed by the State.</p>										
Daniel Nielson		Director		[Signature]		[Date]				
Printed Name		Title of Signatory		Signature		Date				
<b>Name:</b>	Santa Barbara County			<b>Phone Number:</b>	805-346-7101					
<b>Address:</b>	2125 S. Centerpointe Parkway			<b>City:</b>	Santa Maria	<b>State:</b>	CA	<b>Zip:</b>	93455	