

SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



ITEM: 3.5
(ID # 12302)

MEETING DATE:
Tuesday, May 12, 2020

FROM : PUBLIC SOCIAL SERVICES:

SUBJECT: PUBLIC SOCIAL SERVICES: Adoption of Resolution No. 2020-085, Authorizing the Director of the Department of Public Social Services to apply for and accept the County Allocation award under the State of California, Department of Housing and Community Development Housing Navigators Program. All Districts [Total Cost \$223,940 - Source of Funds State 100%]

RECOMMENDED MOTION: That the Board of Supervisors:
Adopt Resolution No. 2020-085 Authorizing the Director of the Department of Public Social Services to apply for and accept the County Allocation award under the State of California, Department of Housing and Community Development Housing Navigators Program on Behalf of the County, and the Chairman of the Board, or Designee, to Enter Into and Execute the Standard Agreement and Any Required Documents, and Amendments Thereto, Necessary to Receive and Administer the Funds.

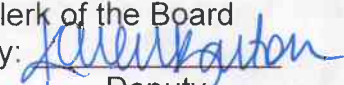
ACTION:Policy


Sayori Baldwin, DPSS Director 4/15/2020

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Washington, seconded by Supervisor Hewitt and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington, Perez and Hewitt
Nays: None
Absent: None
Date: May 12, 2020
xc: DPSS

Kecia R. Harper
Clerk of the Board
By: 
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$111,970	\$111,970	\$223,940	\$0
NET COUNTY COST	\$	\$	\$	\$
SOURCE OF FUNDS: State 100%			Budget Adjustment:	No
			For Fiscal Year:	19/20

C.E.O. RECOMMENDATION: [CEO use]

BACKGROUND:

Summary

The California Department of Housing and Community Development (HCD) has allocated \$223,940 to Riverside County for the Housing Navigators Program. The funds need to be expended by June 30, 2022. HCD may allocate additional funding towards HNP in the upcoming Fiscal Years. An extension was sent to HCD to give Riverside County time to submit the resolution for the allocation.

The Housing Navigators funds will be used for housing navigators to act as a housing specialist to assist young adults between the ages of 18-21 to secure and maintain housing. Priority is given to young adults in foster care. The funding will also assist with case management, preventative measures to protect youth from homelessness and assist youth with linkages to community resources.

Impact on Residents and Businesses

The HNP Services funding will ensure that young adults between the ages of 18 to 21 secure and maintain housing.

Additional Fiscal Information

100% of HNP funding comes from State funds.

ATTACHMENTS:

- ATTACHMENT A.** Resolution No. 2020-085
- ATTACHMENT B.** HNP Allocation Acceptance Form
- ATTACHMENT C.** Government TIN Form

2
3 RESOLUTION NO. 2020-085

4
5
6 A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF RIVERSIDE
7 AUTHORIZING THE DIRECTOR OF THE DEPARTMENT OF PUBLIC SOCIAL SERVICES, OR
8 DESIGNEE, TO APPLY FOR AND ACCEPT THE COUNTY ALLOCATION AWARD UNDER THE
9 STATE OF CALIFORNIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
10 HOUSING NAVIGATORS PROGRAM ON BEHALF OF THE COUNTY, AND THE CHAIRMAN OF
11 THE BOARD, OR DESIGNEE, TO ENTER INTO AND EXECUTE THE STANDARD AGREEMENT
12 AND ANY REQUIRED DOCUMENTS, AND AMENDMENTS THERETO, NECESSARY TO
13 RECEIVE AND ADMINISTER THE FUNDS

14
15 WHEREAS, the State of California (the "State"), Department of Housing and Community
16 Development ("Department") issued a Housing Navigators Program ("HNP" or "Program") Allocation
17 Acceptance form, dated February 4, 2020, to allocate \$223,940 ("County Allocation") for the County of
18 Riverside ("County") pursuant to Item 2240-103-0001 of Section 2 of the Budget Act of 2019, as amended
19 by Section 16 of Chapter 363 of the Statutes of 2019 (SB 109); and

20 WHEREAS, the HNP Allocation Acceptance form relates to funding to county child welfare
21 agencies for the provision of housing navigators services to help young adults aged 18 years and up to 21
22 years secure and maintain housing, with priority given to young adults in the foster care system; and

23 WHEREAS, the County of Riverside, Department of Public Social Services ("DPSS" or
24 "Applicant"), is the allocation applicant required to submit the HNP Allocation Acceptance form, and other
25 documentation, on behalf of the County in order to accept and receive an allocation; and

26 WHEREAS, the HNP County Allocation award will be used by DPSS to provide housing
27 navigators to act as housing specialists to assist young adults in overcoming barriers to housing;

FORM APPROVED COUNTY COUNSEL
BY: LISA SANCHEZ DATE 4/23/2020

1 NOW, THEREFORE, BE IT RESOLVED, DETERMINED, AND ORDERED, by the
2 Board of Supervisors of the County of Riverside, State of California, ("Board") in regular session assembled
3 on May 12, 2020, at 9:30 a.m. or soon thereafter, in the meeting room located on the first floor of the County
4 Administrative Center, 4080 Lemon Street, Riverside, California, that this Board does hereby determine
5 and declare as follows:

6 SECTION 1. That the Director of DPSS, or designee, is hereby authorized to apply for and
7 accept the Housing Navigators Program County Allocation award by the State of California, Department
8 of Housing and Community Development, on behalf of the County, as detailed in its HNP Allocation
9 Acceptance form in an amount up to \$223,940, as authorized by the Department under applicable state law.

10 SECTION 2. That the Chairman of the Board, or his or her designee, is hereby authorized
11 to act on behalf of the County in connection with the HNP County Allocation award, and to enter into,
12 execute, and deliver the standard agreement, forms, and any and all documents required or deemed
13 necessary or appropriate to be awarded the HNP County Allocation award, including amendments that
14 increase or decrease the awarded amount, as well as any other documents necessary to receive and
15 administer the funds, (collectively, the "Housing Navigators Program Allocation Award Documents"), as
16 approved as to form by County Counsel and consistent with the Board's approval hereto.

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

21 BE IT FURTHER RESOLVED, DETERMINED, AND ORDERED that this Board hereby
22 authorizes this resolution to take effect immediately upon its adoption.

23 ROLL CALL:

24 Ayes: Jeffries, Spiegel, Washington, Perez and Hewitt
25 Nays: None
26 Absent: None

27 The foregoing is certified to be a true copy of a
28 resolution duly adopted by said Board of Super-
visors on the date therein set forth.

KECIAR HARPER - Clerk of said Board
By  Deputy



The principal purpose of the information provided is to establish the unique identification of the government entity.

Instructions: You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields marked with an asterisk (*) are required. Hover over fields to view help information. Please print the form to sign prior to submittal. You may email the form to: vendors@fiscal.ca.gov, or fax it to (916) 576-5200, or mail it to the address above.

Principal Government Agency Name*

Remit-To Address (Street or PO Box)*

City* State * Zip Code*+4

Government Type: City County Special District Federal Other (Specify)
 Federal Employer Identification Number (FEIN)*

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>

Contact Person* Title

Phone number* E-mail address

Signature* Date

Housing Navigators Program (HNP) Allocation Acceptance						Rev. 2/4/20					
					County Allocation:	\$223,940					
<p>Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2019 (Chapter 23 of the Statutes of 2019) and Chapter 11.7 (commencing with Section 50807) of Part 2 of Division 31 of the Health and Safety Code (HSC), the Department of Housing and Community Development (HCD) shall allocate \$8 million in funding to counties for the purpose of housing stability to help young adults 18 to 25 years secure and maintain housing, with priority given to young adults formerly in the foster care or probation systems.</p>											
Allocation Applicant											
Allocation Applicant is a County Child Welfare Agency											
<p>Pursuant to Section 50807(b) of the HSC, HCD consulted with the Department of Social Services, the Department of Finance, and the County Welfare Directors Association to develop a formula allocation schedule for the purpose of distributing these funds to counties. The allocation is based on each county's percentage of the total statewide number of young adults aged 18 to 25 years in foster care. The allocation excludes Alpine and Sierra county because their calculation did not demonstrate a need for young adults aged 18 to 25.</p>											
Applicant County Riverside County											
Legal name of Applicant as stated on resolution: County of Riverside											
Address		4080 Lemon Street		City	Riverside	State	CA	Zip	92501		
Auth Rep Name		Sayori Baldwin		Title	Director	Auth Rep Email		sbaldwin@rivco.org			
Contact Name		Michelle Wohl		Title	Deputy Director	Email		mwohl@rivco.org			
Address		10281 Kidd Street		City	Riverside	State	CA	Zip	92503		
Federal Tax ID Number (FEIN)		95-6000930									
Administrative Fiscal Representative											
Legal Name		DPSS Fiscal		Contact Name		Monica Bentley		Contact Email		mbentley@rivco.org	
Phone	951-358-7761	Address		4060 County Circle Drive		City	Riverside	State	CA	Zip	92503
File Name:		App Resolution		Reference sample resolution document				Attached to email?			
File Name:		App Signature Block		Signature Block - upload in Microsoft Word document				Attached to email?			
File Name:		App TIN		Reference Taxpayer Identification Number (TIN) document				Attached to email?			
Use of Funds											
<p>Funds shall be used to help young adults who are 18 to 25 years of age secure and maintain housing. Use of funds may include, but are not limited to:</p> <ol style="list-style-type: none"> 1) Identify and assist housing services for this population in your community; 2) Assist this population to secure and maintain housing (with priority given to those in the state's foster care or probation system); 3) Improve coordination of services and linkages to community resources within the child welfare system and the Homeless Continuum of Care; and 4) Provide engagement in outreach and targeting to serve those with the most severe needs. 											
Expenditure of Funds											
<p>Any grant funds remaining unexpended as of June 30, 2022, must be returned to the State. Checks shall be payable to the Department of Housing and Community Development and mailed to 2020 West El Camino Ave. Room 300, no later than July 31, 2022 and must reference the Contract Number.</p>											
Allocation Acceptance Requirements											
<p>In order to accept and receive an allocation, applicants must submit the following: Signed Allocation Acceptance form, Signed Resolution, and TIN Form. HCD will only accept applications electronically via email no later than 5:00 p.m. on:</p>											
<p>Tuesday, March 31, 2020</p>											
<p>HCD will only accept applications electronically at the following email address:</p>											
<p>THP@hcd.ca.gov</p>											
Reporting Requirements											
<p>Applicant acknowledges and agrees to submit an annual report to the Department for the three years following distribution of TAY Program funds addressing the following:</p> <ol style="list-style-type: none"> 1) How many people were served? 2) What were the funds used for? 3) Who were the housing navigator(s)? 4) How many people served were in foster care? 5) How many people served were in probation system? 											
Certification											
<p>On behalf of the entity identified in the signature block below, I certify that:</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.</p> <p>In addition, I acknowledge that all information in this application and attachments is public, and may be disclosed by the State.</p>											
		Chairman, Board of Supervisors									
Printed Name		Title of Signatory		Signature		Date					
Entity Name:		County of Riverside		Phone Number:							
Entity Address:		4080 Lemon Street		City:	Riverside	State:	CA	Zip:	92501		