

| <b>Housing Navigators Program (HNP) Allocation Acceptance</b>  |  |                                       |  |   |  |                          |  |                   |  | Rev. 2/4/20                 |     |                             |     |               |     |       |
|--|--|---------------------------------------|--|---|--|--------------------------|--|-------------------|--|-----------------------------|-----|-----------------------------|-----|---------------|-----|-------|
| <b>County Allocation:</b>  |  |                                       |  |   |  |                          |  | <b>\$37,780</b>   |  |                             |     |                             |     |               |     |       |
| <p>Pursuant to Item 2240-103-0001 of Section 2 of the Budget Act of 2019, as amended by Section 16 of Chapter 363 of the Statutes of 2019 (SB 109), the Department of Housing and Community Development (HCD) shall allocate \$5 million in funding to counties for the support of housing navigators to help young adults aged 18 years and up to 21 years secure and maintain housing, with priority given to young adults in the foster care system. The county may use the funding to provide housing navigation services directly or through a contract with other housing assistance programs in the county. It is encouraged that the county coordinate with the local Continuum of Care to foster communication and collaboration.</p>   |  |                                       |  |   |  |                          |  |                   |  |                             |     |                             |     |               |     |       |
| <b>Allocation Applicant</b>  |  |                                       |  |   |  |                          |  |                   |  |                             |     |                             |     |               |     |       |
| <b>Allocation Applicant is a County Child Welfare Agency</b>   |  |                                       |  |   |  |                          |  |                   |  |                             |     |                             |     |               |     |       |
| <p>Pursuant to statute, HCD consulted with the Department of Social Services, the Department of Finance, and the County Welfare Directors Association to establish the formula allocation for the purpose of distributing these funds to counties. The formula allocation is based on each county's percentage of the total statewide number of young adults aged 18 through 21 year old in foster care. The allocation excludes Alpine, Mono, and Sierra counties because their calculation did not demonstrate a need for young adults aged 18-21.</p>   |  |                                       |  |   |  |                          |  |                   |  |                             |     |                             |     |               |     |       |
| <b>Applicant County</b>  |  | <b>Solano County</b>                  |  |   |  |                          |  |                   |  |                             |     |                             |     |               |     |       |
| <b>Legal name of Applicant as stated on resolution:</b>  |  |                                       |  | <b>Health and Social Services Department</b>            |  |                          |  |                   |  |                             |     |                             |     |               |     |       |
| Address  |  | 675 Texas St, Suite 6500              |  |   |  | City                     |  | Fairfield         |  | State                       |     | CA                          | Zip | 94533         |     |       |
| Auth Rep Name  |  | Birgitta Corsello                     |  | Title   |  | County Administrator     |  | Auth Rep Email    |  | becorsello@solanocounty.com |     | Phone                       |     | (707)784-6108 |     |       |
| Contact Name   |  | Aaron Crutison                        |  | Title   |  | Deputy Director          |  | Email             |  | acrutison@solanocounty.com  |     | Phone                       |     | (707)784-8331 |     |       |
| Address  |  | 275 Beck Ave                          |  |   |  | City                     |  | Fairfield         |  | State                       |     | CA                          | Zip | 94533         |     |       |
| <b>Federal Tax ID Number (FEIN)</b>  |  | 94-6000538                            |  |   |  |                          |  |                   |  |                             |     |                             |     |               |     |       |
| <b>Administrative Fiscal Representative</b>  |  |                                       |  |   |  |                          |  |                   |  |                             |     |                             |     |               |     |       |
| Legal Name   |  | Health and Social Services Department |  |   |  | Contact Name             |  | Birgitta Corsello |  | Contact Email               |     | becorsello@solanocounty.com |     |               |     |       |
| Phone  |  | (707)784-6108                         |  | Address   |  | 675 Texas St, Suite 6500 |  | City              |  | Fairfield                   |     | State                       |     | CA            | Zip | 94533 |
| <b>File Name:</b>  |  | <b>App Resolution</b>                 |  | Reference sample resolution document                    |  |                          |  |                   |  | Attached to email?          |     | Yes                         |     |               |     |       |
| <b>File Name:</b>  |  | <b>App Signature Block</b>            |  | Signature Block - upload in Microsoft Word document     |  |                          |  |                   |  | Attached to email?          |     | Yes                         |     |               |     |       |
| <b>File Name:</b>  |  | <b>App TIN</b>                        |  | Reference Taxpayer Identification Number (TIN) document |  |                          |  |                   |  | Attached to email?          |     | Yes                         |     |               |     |       |
| <b>Use of Funds</b>  |  |                                       |  |   |  |                          |  |                   |  |                             |     |                             |     |               |     |       |
| <p>The HNP program funds housing navigators for county child welfare agencies. The role of a housing navigator is to act as a housing specialist to assist young adults with their pursuits of locating available housing and overcoming barriers to locating housing. Housing navigator activities may include, but are not limited to:</p> <ol style="list-style-type: none"> <li>1) Assist young adults aged 18-21 secure and maintain housing (with priority 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 services 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, 2022, must be returned to the State. Checks shall be payable to the Department of Housing and Community Development and mailed to 2020 West El Camino Ave. Room 300, no later than July 31, 2022 and must reference the Contract Number.</p>  |  |                                       |  |   |  |                          |  |                   |  |                             |     |                             |     |               |     |       |
| <b>Allocation Acceptance Requirements</b>  |  |                                       |  |   |  |                          |  |                   |  |                             |     |                             |     |               |     |       |
| <p><b>In order to accept and receive an allocation, Applicants must submit the following: Signed Allocation Acceptance form, Signed Resolution, and TIN form. A complete signed application with all applicable information must be received by HCD via email no later than 5:00 p.m. on:</b></p> <p style="text-align: center; color: red;"><b>Tuesday, March 31, 2020</b></p> <p style="text-align: center;">HCD will only accept applications electronically at the following email address:</p> <p style="text-align: center; color: blue;"><a href="mailto:Stephanie.Tran-Houangvilay@hcd.ca.gov">Stephanie.Tran-Houangvilay@hcd.ca.gov</a></p>   |  |                                       |  |   |  |                          |  |                   |  |                             |     |                             |     |               |     |       |
| <b>Reporting Requirements</b>  |  |                                       |  |   |  |                          |  |                   |  |                             |     |                             |     |               |     |       |
| <p>Applicant acknowledges and agrees to submit an annual report to the Department for the three years following distribution of HNP Program funds addressing the following:</p> <ol style="list-style-type: none"> <li>1) How many people were served?</li> <li>2) What were the funds used for?</li> <li>3) Who were the housing navigator(s)?</li> <li>4) How many people served were in foster care?</li> </ol>   |  |                                       |  |   |  |                          |  |                   |  |                             | Yes |                             |     |               |     |       |
| <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.</p> <p>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>   |  |                                       |  |   |  |                          |  |                   |  |                             |     |                             |     |               |     |       |
|  |  |                                       |  |   |  |                          |  |                   |  |                             |     |                             |     |               |     |       |
| Printed Name   |  | Title of Signatory                    |  |   |  | Signature                |  |                   |  | Date                        |     |                             |     |               |     |       |
| Entity Name:   |  |                                       |  |   |  | Phone Number:            |  |                   |  |                             |     |                             |     |               |     |       |
| Entity Address:  |  |                                       |  |   |  | City:                    |  | State:            |  | Zip:                        |     |                             |     |               |     |       |