

RESOLUTION NUMBER: 25- 9059

RESOLUTION AUTHORIZING AN APPLICATION FOR, AND ACCEPTANCE OF, THE COUNTY ALLOCATION AWARD UNDER ROUND 7 OF THE TRANSITIONAL HOUSING PROGRAM AND ROUND 4 OF THE HOUSING NAVIGATION AND MAINTENACE PROGRAM

WHEREAS, the State of California, Department of Housing and Community Development (“Department”) issued an Allocation Acceptance Form (the “THP Allocation Acceptance Form”), dated August 22, 2025 under Round 7 of the Transitional Housing Program (“THP”), authorized by item 2240-102-0001 of section 2.00 of the Budget Act of 2025 (Chapter 4 of the Statutes of 2025) and Chapter 11.7 (commencing with Section 50807) of part 2 of Division 31 of the Health and Safety Code .

WHEREAS, the Department issued an Allocation Acceptance Form (the “HNMP Allocation Acceptance Form”), dated August 22, 2025 under Round 4 of the Housing Navigation and Maintenance Program (“HNMP”) authorized by 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.

The THP Allocation Acceptance Form and the HNMP Allocation Acceptance Form are collectively referred to as the “Allocation Acceptance Forms”.

WHEREAS, the Allocation Acceptance Forms relate to the availability of the funds under the THP and HNMP Programs; and

WHEREAS, the County of Plumas (“County”) may be listed as an eligible applicant in the THP Allocation Acceptance Form, dated August, 22, 2025, the County may also be listed as an eligible applicant in the HNMP Allocation Acceptance Form dated August 22, 2025.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Supervisors for the County of Plumas does determine and declare as follows:

SECTION 1. That County is hereby authorized and directed to apply for and accept County’s allocation award, as detailed in the THP Allocation Acceptance Form, in the amount of \$ 26,265 detailed and authorized in the THP Allocation Acceptance Form at the time this resolution is executed and authorized.

SECTION 2. That County hereby affirms that if THP funds remain available for allocation after the deadline for submitting a signed Allocation Acceptance Form, and if the County is eligible for an additional allocation from the remaining funds for the THP program, the County is hereby authorized and directed to accept this additional allocation of funds ("Additional THP Allocation") up to the amount authorized by Department but not to exceed \$ 52,530.00.

SECTION 3. That County is hereby authorized and directed to apply for and accept County's allocation award in the amount of \$ 19,139.00 as detailed in the HNMP Allocation Acceptance Form at the time this resolution is executed and authorized.

SECTION 4. That County hereby affirms that if HNMP funds remain available for allocation after the deadline for submitting a signed Allocation Acceptance Form, and if the County is eligible for an additional allocation from the remaining funds for the HNMP program, the County is hereby authorized and directed to accept this additional allocation of funds ("Additional HNMP Allocation") up to the amount authorized by Department but not to exceed \$ 38,278.00.

SECTION 5. That Acting Director, or his or her designee, is hereby authorized and directed to act on behalf of County in connection with the THP Allocation Award and any Additional THP Allocation, and to enter into, execute, and deliver any and all documents required or deemed necessary or appropriate to participate in the THP Program, including but not limited to a Standard Agreement, be awarded the THP Allocation Award, and any additional THP Allocation, and any amendments to such documents (collectively, the "THP Allocation Award Documents").

SECTION 6. That Acting Director, or his or her designee, is hereby authorized and directed to act on behalf of County in connection with the HNMP Allocation Award and any Additional HNMP Allocation, and to enter into, execute, and deliver any and all documents required or deemed necessary or appropriate to participate in the HNMP Program, including but not limited to a Standard Agreement, be awarded the HNMP Allocation Award, and any additional HNMP Allocation, and any amendments to such documents (collectively, the "HNMP Allocation Award Documents").

SECTION 7. That County shall be subject to the terms and conditions that are specified in the THP and HNMP Allocation Award Documents, and that County will use the THP and HNMP Allocation Award funds, and any additional THP and HNMP Allocation funds, in accordance with the Allocation Acceptance Form, the THP and HNMP

Allocation Award Documents, and any subsequent amendments or amendment thereto, as well as any and all other THP and HNMP requirements, or other applicable laws.

SECTION 8. That County affirms it has the discretion to accept any or all of the THP and HNMP program funds as detailed herein.

PASSED AND ADOPTED this 16 day of September 2025, by the following vote:

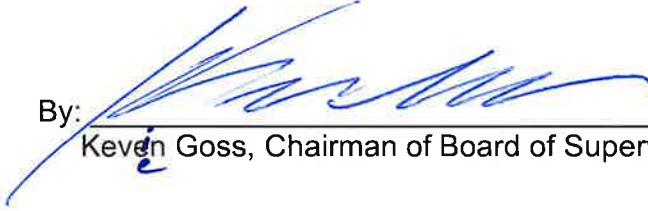
AYES Supervisors: Ceresola, Engel, McGowan, Hall, Goss

NOES

ABSTENTIONS

ABSENT

By:


Kevin Goss, Chairman of Board of Supervisors

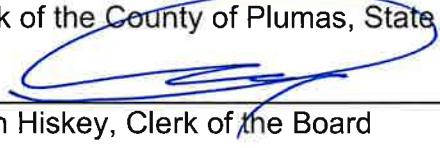
STATE OF CALIFORNIA

County of Plumas

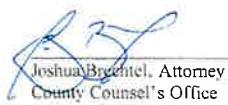
I, Allen Hiskey, County Clerk of the County of Plumas, State of California, hereby certify the above and foregoing to be a full, true and correct copy of a resolution adopted by the County Board of Supervisors on this 16 day of September 2025

Clerk of the County of Plumas, State of California

By:


Allen Hiskey, Clerk of the Board

Approved as to form:


Joshua Brechtel, Attorney
County Counsel's Office

***Transitional Housing Program (THP)
Round 7 Allocation Acceptance Form***

***Housing Navigation and Maintenance Program (HNMP)
Round 4 Allocation Acceptance Form***



**Gavin Newsom, Governor
State of California**

**Tomiquia Moss, Secretary
Business, Consumer Services and
Housing Agency**

**Gustavo Velasquez, Director
Department of Housing and
Community Development**

**651 West Bannon Street, Suite 400
Sacramento, CA 95811
Telephone: (916) 263-2771
Website: www.hcd.ca.gov
Email: TAY@hcd.ca.gov**

September 2025

Transitional Housing Program (THP) Allocation Acceptance Round 7							Rev. 08/19/25																														
County Allocation (Select Applicant County in row 7 below):							\$26,845																														
<p>Pursuant to item 2245-102-0001 of Section 2.09 of the Budget Act of 2025 (Chapter 4 of the Statutes of 2025) and Chapter 117 (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 funding to counties for the purpose of housing stability to help young adults 18 to 24 years of age, inclusive, secure and maintain housing, with priority given to young adults formerly in the foster care or probation systems.</p>																																					
Housing First																																					
<p>The Contractor shall certify to employ the core components of Housing First, pursuant to Welfare and Institutions Code Section 8255 (b) as shown below:</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 intake 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>																																					
Allocation Applicant																																					
<p>Allocation Applicant is a County</p>																																					
<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 18 through 20 years of age in foster care and homeless unaccompanied young adults (ages 18 through 24).</p>																																					
<table border="1"> <thead> <tr> <th>Applicant County</th> <th>Plumas</th> </tr> </thead> <tbody> <tr> <td>Legal name of Applicant as stated on resolution:</td> <td>Plumas County Department Of Social Services</td> </tr> <tr> <td>Address:</td> <td>279 County Hospital Road, Suite 207</td> </tr> <tr> <td>Auth Rep Name:</td> <td>Jennifer Bromley</td> </tr> <tr> <td>Address:</td> <td>279 County Hospital Road, Suite 207</td> </tr> <tr> <td>Contact Name:</td> <td>Christine Rienert</td> </tr> <tr> <td>Address:</td> <td>279 County Hospital Road, Suite 207</td> </tr> <tr> <td>Federal Tax ID Number (FEIN):</td> <td>94-0000129</td> </tr> <tr> <td colspan="2">Administrative/Fiscal Representative</td> </tr> <tr> <td>Contact Name:</td> <td>Christine Rienert</td> </tr> <tr> <td>Title:</td> <td>Fiscal - Office Supervisor</td> </tr> <tr> <td>Phone:</td> <td>530-233-6492</td> </tr> <tr> <td>Address:</td> <td>279 County Hospital Road, Suite 207</td> </tr> <tr> <td>File Name:</td> <td>App Resolution</td> </tr> <tr> <td>File Name:</td> <td>App GovTIN Form</td> </tr> </tbody> </table>								Applicant County	Plumas	Legal name of Applicant as stated on resolution:	Plumas County Department Of Social Services	Address:	279 County Hospital Road, Suite 207	Auth Rep Name:	Jennifer Bromley	Address:	279 County Hospital Road, Suite 207	Contact Name:	Christine Rienert	Address:	279 County Hospital Road, Suite 207	Federal Tax ID Number (FEIN):	94-0000129	Administrative/Fiscal Representative		Contact Name:	Christine Rienert	Title:	Fiscal - Office Supervisor	Phone:	530-233-6492	Address:	279 County Hospital Road, Suite 207	File Name:	App Resolution	File Name:	App GovTIN Form
Applicant County	Plumas																																				
Legal name of Applicant as stated on resolution:	Plumas County Department Of Social Services																																				
Address:	279 County Hospital Road, Suite 207																																				
Auth Rep Name:	Jennifer Bromley																																				
Address:	279 County Hospital Road, Suite 207																																				
Contact Name:	Christine Rienert																																				
Address:	279 County Hospital Road, Suite 207																																				
Federal Tax ID Number (FEIN):	94-0000129																																				
Administrative/Fiscal Representative																																					
Contact Name:	Christine Rienert																																				
Title:	Fiscal - Office Supervisor																																				
Phone:	530-233-6492																																				
Address:	279 County Hospital Road, Suite 207																																				
File Name:	App Resolution																																				
File Name:	App GovTIN Form																																				
Use of Funds																																					
<p>Funds shall be used to help young adults who are 18 to 24 years of age, inclusive, secure and maintain housing with priority given to young adults formerly in the state's foster care or probation systems. Use of funds may include, but are not limited to:</p> <p>1) Identify and assist housing services for this population in your community;</p> <p>2) Assist this population to acquire and maintain housing (with priority given to those in the state's foster care or probation system);</p> <p>3) Improve coordination of services and linkages to community resources within the child welfare system and the Homeless Continuum of Care; and</p> <p>4) Provide engagement in outreach and targeting to serve those with the most severe needs.</p>																																					
Expenditure of Funds																																					
<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, Altenon: Administration and Management Division, Accounts Payable, Sacramento CA 95811 and must reference the Contract Number.</p>																																					
Allocation Acceptance Requirements																																					
<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 <u>submit date</u> please include the <u>scheduled date of Board of Supervisors meeting and anticipated date the Signed Resolution will be submitted to the Department</u>. The Department will only accept applications electronically via email no later than 5:00 p.m. on:</p>																																					
<p>Tuesday, September 18, 2025 <i>HCD will only accept applications electronically at the following email address:</i> TAY@hcd.ca.gov</p>																																					
Reporting Requirements																																					
<p>Applicant acknowledges and agrees to submit an bi-annual report to the Department for the two years following contract execution addressing the following:</p>																																					
<p>A. Number of program participants served who were homeless at time of program entry; B. Number of program participants served who were in the State's foster care system; C. Number of program participants served who were formerly in the State's foster care or probation systems; D. Number of program participants who exited homelessness into temporary housing; E. Number of program participants who exited homelessness into permanent housing; F. Itemization on use of program fund expenditures; G. Who were the housing navigators or other subcontractor(s)? H. Subpopulation data including:</p>																																					
<p>1. Number of participants that are employed; 2. Number of participants identified as LGBTQ+; 3. Number of participants having a disability; 4. Number of participants with minor children in the household; and, 5. Average number of children per household</p>																																					
California Public Records Act																																					
<p>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.</p>																																					
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.</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>																																					
<input type="text" value="Jennifer Bromley"/> <small>Authorized Rep/Printed Name</small>		<input type="text" value="Acting Director"/> <small>Title of Authorized Rep</small>		 <small>Signature</small>		<small>8/22/25</small> <small>Date</small>																															

Housing Navigation and Maintenance Program (HNMP) Allocation Acceptance Round 4							Rev. 08/19/25																														
County Allocation (select Applicant County in row 7 below):							\$19,139																														
<p>Pursuant to Item 2240-103-0001 of Section 2 of the Budget Act of 2025 (Chapter 1 of the Statutes of 2025) and Chapter 11 B (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>																																					
Housing First																																					
<p>The Contractor shall certify to employ the core components of Housing First, pursuant to Welfare and Institutions Code Section 5205.</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 at program complaints 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 any of itself, without other reasonable intent, is not a tenancy violation;</p> <p>8) In communities with coordinated assessment and entry systems, incentives for funding promote instead selection plans for supportive housing that prioritize yields for tenants based on criteria other than "first-come, first-served," including, but not limited to, the duration or chronicity of homelessness, vulnerability to early mortality, or high utilization of crisis services. Prioritization may include usage 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>																																					
Allocation Applicant																																					
<p>Allocation Applicant is a County: <input checked="" type="checkbox"/> Yes</p> <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 includes Alameda and Marin counties because these 2 counties 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 child welfare agency social workers and probation officers who serve minimum dependents. The training shall address an overview of the housing resources available through the local coordinated entry system, housing continuum of care, and county public agencies, including, but not limited to, assisting in locating permanent affordable housing, DCFHCS, 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>																																					
<p>Applicant County: Plumas</p> <table border="1"> <tr> <td>Legal name of Applicant as stated on resolution:</td> <td>County of Plumas</td> </tr> <tr> <td>Address:</td> <td>170 County Hospital Road, Suite 202</td> </tr> <tr> <td>Auth Rep Name:</td> <td>Jennifer Bromby</td> </tr> <tr> <td>Auth Rep Title:</td> <td>Acting Director</td> </tr> <tr> <td>Address:</td> <td>170 County Hospital Road, Suite 202</td> </tr> <tr> <td>Contact Name:</td> <td>Christine Rasmussen</td> </tr> <tr> <td>Address:</td> <td>170 County Hospital Road, Suite 202</td> </tr> <tr> <td>Federal Tax ID Number (EIN):</td> <td>14-600211</td> </tr> <tr> <td>Administrative/Fiscal Representative:</td> <td></td> </tr> <tr> <td>Contact Name (Creative Raster):</td> <td>Christine Rasmussen</td> </tr> <tr> <td>Phone:</td> <td>(530) 623-0472</td> </tr> <tr> <td>Address:</td> <td>170 County Hospital Road, Suite 202</td> </tr> <tr> <td>File Name: App Resolution:</td> <td>Plumas Resolution</td> </tr> <tr> <td>File Name: App TIR:</td> <td>Plumas TIR</td> </tr> <tr> <td colspan="2" style="text-align: center;">Use of Funds</td> </tr> </table>								Legal name of Applicant as stated on resolution:	County of Plumas	Address:	170 County Hospital Road, Suite 202	Auth Rep Name:	Jennifer Bromby	Auth Rep Title:	Acting Director	Address:	170 County Hospital Road, Suite 202	Contact Name:	Christine Rasmussen	Address:	170 County Hospital Road, Suite 202	Federal Tax ID Number (EIN):	14-600211	Administrative/Fiscal Representative:		Contact Name (Creative Raster):	Christine Rasmussen	Phone:	(530) 623-0472	Address:	170 County Hospital Road, Suite 202	File Name: App Resolution:	Plumas Resolution	File Name: App TIR:	Plumas TIR	Use of Funds	
Legal name of Applicant as stated on resolution:	County of Plumas																																				
Address:	170 County Hospital Road, Suite 202																																				
Auth Rep Name:	Jennifer Bromby																																				
Auth Rep Title:	Acting Director																																				
Address:	170 County Hospital Road, Suite 202																																				
Contact Name:	Christine Rasmussen																																				
Address:	170 County Hospital Road, Suite 202																																				
Federal Tax ID Number (EIN):	14-600211																																				
Administrative/Fiscal Representative:																																					
Contact Name (Creative Raster):	Christine Rasmussen																																				
Phone:	(530) 623-0472																																				
Address:	170 County Hospital Road, Suite 202																																				
File Name: App Resolution:	Plumas Resolution																																				
File Name: App TIR:	Plumas TIR																																				
Use of Funds																																					

State of California
Financial Information System for California (FI\$Cal)
GOVERNMENT AGENCY TAXPAYER ID FORM
2000 Evergreen Street, Suite 215
Sacramento, CA 95815
www.fiscal.ca.gov
1-855-347-2250



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" value="Department of Social Services"/>	Complete Address	<input type="text" value="270 County Hospital Rd, Suite 207 Quincy, CA"/>
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