

Pet Assistance and Support Program Round 3



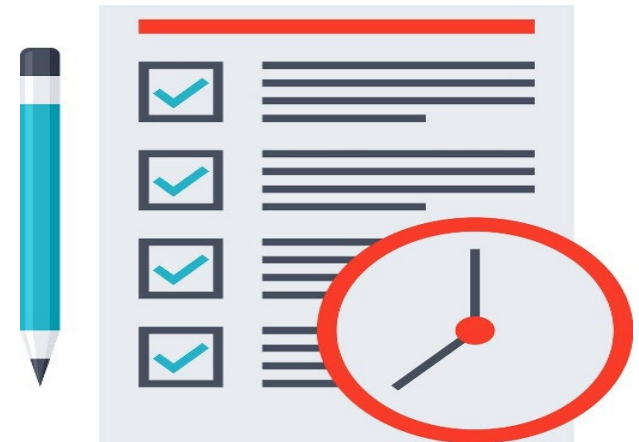
Division of State Financial Assistance
Process Design and Implementation
Homelessness Branch





Today's Agenda

- **PAS Team Introductions**
- **Program Update and Overview**
- **PAS Round 3 Document package**
- **Anticipated Program Timeline and Next steps**
- **Q & A**





PAS Team Introductions

- **Branch Chief:** Patty Fado
- **Section Chief:** Catherine Kungu
- **Program Manager:** Jason Blair
- **HCD Representative:** Tanya Jackson, Lesley Ukkred, Holly Grandez, Nicklas Baker



Program Update and Overview

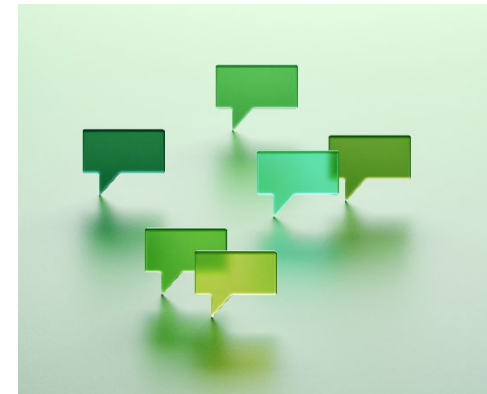
- Pursuant to Section 19.56 (a) (1) (h)(1)(AJ) of the Budget Act of 2022 one million dollars (\$1 million) has been allocated to the Pet Assistance and Support (PAS) Program.
- HCD has allocated designated funding to eligible Round 2 grantees.
- Funding shall be used for the purpose of providing shelter, food, and basic veterinary services for pets owned by individuals experiencing homelessness.
- Shelters will continue to commit to:
 - ✓ Developing Rules of conduct
 - ✓ Provide shelter, food for pets
 - ✓ Provide Vet services





PAS Document Package

- March 20, 2023 - An email Invitation was sent to eligible grantees to accept an allocation for the current funding round.
- The email to current Authorized representatives and program contacts included:
 - The Allocation Acceptance Form
 - GovTIN or STD 204 Form
 - Draft resolution sample.
- To accept and receive an allocation, grantees must submit the documents via email to **PetAssistanceSupport@hcd.ca.gov** no later than **4:00 p.m. on Thursday, April 13, 2023.**





Allocation Acceptance Form

Pet Assistance Program (PAS) Allocation Acceptance Round 3										Rev. 03/20/23	
General Instructions: (Additional instructions and guidance are given throughout the PAS Allocation Acceptance Form in "red" text and in cell comments. "Yellow" cells are for data entry.)											
PAS Allocation (Select the Grantee in Row 9 below):									\$0		
Pursuant to Section 19.56 (a) (1) (h)(1)(AJ) of the Budget Act of 2022 one million dollars (\$1 million) has been allocated to the Pet Assistance and Support (PAS) Program, the Department of Housing and Community Development (HCD) shall allocate funding to eligible entities for the purpose of providing shelter, food, and basic veterinary services for pets owned by individuals experiencing homelessness.											
Allocation Applicant											
Is your organization accepting the additional PAS funds?										N/A	
Is your organization declining the additional PAS funds?										N/A	
State the reason for declining the additional allocation											
Round 2 Grantee Demographic Information											
Grantee Name		Select the Grantee Name from the Drop Down List									
Legal name of the Entity as stated on the resolution:											
Address					City		State		Zip		
Auth Rep Name			Title		Auth Rep Email			Phone			
Contact Name			Title		Email			Phone			
Address					City		State		Zip		
Federal Tax ID Number (FEIN)											
Administrative Fiscal Representative											
Legal Name			Contact Name			Contact Email					
Phone		Address			City		State		Zip		
Document Checklist											
File Name:	Board Resolution	Reference sample resolution document						Attached to email?			
File Name:	Gov TIN	Government agency applicants must submit a Government TIN Form						Attached to email?			
File Name:	Payee Data Record Form (STD 204)	Non-government agency applicants must submit a Payee Data Record (STD-204)						Attached to email?			



Allocation Acceptance Form

Use of Funds

Round 2 Grantees are eligible to receive a share of the one million dollars (\$1 million) in Pet Assistance and Support Program funds. The qualified homeless shelters shall provide eligible uses of funds to include the provision of shelter, pet food and supplies, and basic veterinary services for pets owned by individuals experiencing homelessness, along with staffing and liability insurance related to providing those services. Shelters must commit to meeting the following conditions: Have rules of conduct and responsibility regarding pets and their owners; provide shelter for pets, such as crates or kennels either near bedding areas or in separate areas or have a similar set up that ensures the safety and well-being of pets and humans; provide food for the pets of individuals in homeless shelters; and offer the services of a veterinarian, including, but not limited to, spaying and neutering services, vaccination, and behavioral support.

Budget		
PAS ELIGIBLE EXPENSES	Budget Total	Allocation Total Amount
Crates and Kennels	\$	
Pet Food and Supply	\$	
Veterinarian Services	\$	
Staff (for assisting with pets)	\$	
Independent Audit (if applicable)	\$	
Liability Insurance (if applicable)	\$	
TOTAL PAS ELIGIBLE EXPENSE BUDGET	\$	\$

Expenditure of Funds

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 2020 West El Camino Ave. Room 300 and must reference the Contract Number.

Allocation Acceptance Requirements

To accept and receive the additional allocation, grantees must submit the following: 1. Signed Allocation Acceptance form, 2. Payee Data Record Form (STD 204) or Gov TIN Form, and 3. Signed Resolution. **If the Signed Resolution is not available by the submittal date please include the scheduled date of the Board meeting and the anticipated date the Signed Resolution will be submitted to the Department.** The Department will only accept applications electronically via email no later than 4:00 p.m. on:

Thursday, April 13, 2023

HCD will only accept the PAS Allocation Acceptance Forms and any accompanying attachments electronically at the following email address:
PetAssistanceSupport@hcd.ca.gov

Reporting Requirements

Applicant acknowledges and agrees to submit a completed bi-annual report each year by January 31 and July 31 for the term of the contract with HCD. The Bi-Annual Reports shall be submitted electronically and shall include, but not be limited to, the following information:

1. Shelter Operation Information
2. Revenue Sources
3. Eligible Expenses
4. Shelter Metrics
 - a. Total number of common household pets assisted by the PAS program
 - b. Total number of PAS- assisted Pets receiving Behavioral Support Training from veterinary services
 - c. Total number of PAS- assisted pets receiving Spay/Neuter veterinary services
 - d. Total number of PAS- assisted Pets receiving Vaccination veterinary services
 - e. Total number of PAS- assisted Pets that are Emotional Support Service Animals
 - f. Number of participants assisted
 - g. Number of shelter beds available
 - h. Participant's average length of stay
 - i. Number of exits to permanent housing
 - j. Number of exits to homelessness
 - k. Number of minor children (ages 0-17) assisted
 - l. Number of Transitioned aged Youth (18-24) assisted
 - m. Number of Seniors (ages 65+)
 - n. Number of Veterans assisted
 - o. Number of Persons with a reported disability assisted
 - p. Number of persons identifying as LGBT/QIA+ assisted

N/A

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.

Printed Name		Title of Signatory		Signature		Date	
Name:		Phone Number:					
Address:		City:		State:		Zip:	

Disclosure: Information provided in this acceptance form and submitted attachments will become a public record available for review by the public pursuant to the Public Records Act. As such, any materials provided will be disclosable to any person making a public records request. Please use discretion in providing HCD with information that is not specifically requested, including but not limited to, bank account numbers, personal phone numbers and home addresses. By providing this information to HCD, the grantee is waiving any claim of confidentiality and consents to the disclosure of all submitted material upon request.




Sample Resolution

[Insert Resolution Number and/or Project Name]
[Insert Name of Round 2 PAS Grantee]

AUTHORIZING RESOLUTION


[All, or A necessary quorum and majority] of the **[directors, supervisors, members, council members, etc.]** of **[official name of the entity, type of entity, and state of formation: a California nonprofit public benefit corporation, a California charter city, county, municipality, etc.]** (“Round 2 PAS Grantee”) hereby consent to, adopt and ratify the following resolutions:

WHEREAS, the State of California Department of Housing and Community Development (“Department”) issued an Allocation Acceptance form, dated March 20, 2023 under Round 3 of the Pets Assistance and Support program (“Program” or “PAS Program”); and 

WHEREAS, pursuant to the above-described PAS Allocation Acceptance form, the Round 2 PAS Grantee wishes to receive a PAS Program grant to fund shelter, pet food, pet supplies, and basic veterinarian services (“Services”), as well as staffing and liability insurance related to providing the Services; and

WHEREAS, the Department may approve funding allocations for the PAS Program subject to the terms and conditions of the PAS Allocation Acceptance form and PAS Program requirements.

NOW THEREFORE BE IT RESOLVED: The Round 2 PAS Grantee is authorized to accept a PAS Program Grant and is authorized to use all such funds for eligible activities as approved by the Department, and in a manner consistent and in compliance with any and all other contracts the Round 2 PAS Grantee may have with the Department, as well as all applicable state and federal statutes, rules, regulations, and laws, including without limitation all rules, regulations, and laws governing the PAS Program.

RESOLVED FURTHER: The Round 2 PAS Grantee is hereby authorized and directed to accept a PAS program grant in an amount not to exceed \$ **[Insert Amount]**, as detailed in the PAS Allocation Acceptance form and, enter into, execute, and deliver a State of California Standard Agreement and any and all other documents required or deemed necessary or appropriate to carry into effect the full intent and purpose of the above resolution, in order to evidence the PAS Program Grant, the Round 2 PAS Grantee’s obligations related thereto, and the Department’s security therefore, and all amendments thereto, as well as any other documents which are related to the PAS 



Sample Resolution

RESOLVED FURTHER: That **[Insert name and title of Authorized Signor(s)] [is/are]** hereby authorized to execute the PAS Documents, and any amendment or modification thereto, on behalf of the Applicant.

PASSED AND ADOPTED at a regular meeting of the **[Insert Name of Applicant]** this ____ day of _____, _____ by the following vote:

AYES: ____ NOES: ____ ABSTAIN: ____ ABSENT: ____

Signature of Approving Officer
[Insert printed name and title of Approving Officer]

CERTIFICATION

The undersigned, **[insert job title, e.g. Secretary, Clerk, etc.]** of **[Name of Applicant]** does hereby attest and certify that the **[foregoing / attached]** Resolution is a true, full and correct copy of a resolution duly adopted at a meeting of the **[directors, supervisors, members, council members, etc.]** which was duly convened and held on the date stated thereon, and that said document has not been amended, modified, repealed or rescinded since its date of adoption and is in full force and effect as of the date hereof.

ATTEST: _____
Signature of Attesting Officer
[Insert printed name and title of Attesting Officer]

DATE: _____



STD 204

STATE OF CALIFORNIA – DEPARTMENT OF FINANCE

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 03/2021)

Section 1 – Payee Information

NAME (This is required. Do not leave this line blank. Must match the payee's federal tax return)

BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME (If different from above)

MAILING ADDRESS (number, street, apt. or suite no.) (See instructions on Page 2)

CITY, STATE, ZIP CODE

E-MAIL ADDRESS

Section 2 – Entity Type

Check one (1) box only that matches the entity type of the Payee listed in Section 1 above. (See instructions on page 2)

SOLE PROPRIETOR / INDIVIDUAL

SINGLE MEMBER LLC *Disregarded Entity owned by an individual*

PARTNERSHIP

ESTATE OR TRUST

CORPORATION (see instructions on page 2)

MEDICAL (e.g., dentistry, chiropractic, etc.)

LEGAL (e.g., attorney services)

EXEMPT (e.g., nonprofit)

ALL OTHERS



STD 204

Section 3 – Tax Identification Number

Enter your Tax Identification Number (TIN) in the appropriate box. The TIN must match the name given in Section 1 of this form. Do not provide more than one (1) TIN. The TIN is a 9-digit number. **Note:** Payment will not be processed without a TIN.

- For **Individuals**, enter SSN.
- If you are a **Resident Alien**, and you do not have and are not eligible to get an SSN, enter your ITIN.
- Grantor Trusts (such as a Revocable Living Trust while the grantors are alive) may not have a separate FEIN. Those trusts must enter the individual grantor's SSN.
- For **Sole Proprietor or Single Member LLC (disregarded entity)**, in which the **sole member is an individual**, enter SSN (ITIN if applicable) or FEIN (FTB prefers SSN).
- For **Single Member LLC (disregarded entity)**, in which the **sole member is a business entity**, enter the owner entity's FEIN. Do not use the disregarded entity's FEIN.
- For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN.

Social Security Number (SSN) or Individual Tax Identification Number (ITIN)

_____ - _____ - _____

OR

Federal Employer Identification Number (FEIN)

_____ - _____

Section 4 – Payee Residency Status (See instructions)

- CALIFORNIA RESIDENT** – Qualified to do business in California or maintains a permanent place of business in California.
- CALIFORNIA NONRESIDENT** – Payments to nonresidents for services may be subject to state income tax withholding.
 - No services performed in California
 - Copy of Franchise Tax Board waiver of state withholding is attached.



STD 204

Section 5 – Certification

*I hereby certify under penalty of perjury that the information provided on this document is true and correct.
Should my residency status change, I will promptly notify the state agency below.*

NAME OF AUTHORIZED PAYEE REPRESENTATIVE	TITLE	E-MAIL ADDRESS
SIGNATURE	DATE	TELEPHONE <i>(include area code)</i>

Section 6 – Paying State Agency

Please return completed form to:

STATE AGENCY/DEPARTMENT OFFICE	UNIT/SECTION		
MAILING ADDRESS	FAX	TELEPHONE <i>(include area code)</i>	
CITY	STATE	ZIP CODE	E-MAIL ADDRESS



GovTIN:

State of California
Financial Information System for California (FISCAL)
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*	<input type="text"/>		
Remit-To Address (Street or PO Box)*	<input type="text"/>		
City*	<input type="text"/>	State *	<input type="text"/>
		Zip Code*+4	<input type="text"/>
Government Type:	<input type="checkbox"/> City	<input type="checkbox"/> County	Federal Employer Identification Number (FEIN)*
	<input type="checkbox"/> Special District	<input type="checkbox"/> Federal	<input type="text"/>
	<input type="checkbox"/> Other (Specify)	<input type="text"/>	

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*	<input type="text"/>	Title	<input type="text"/>
Phone number*	<input type="text"/>	E-mail address	<input type="text"/>
Signature*	<input type="text"/>	Date	<input type="text"/>



GovTIN:

State of California
Financial Information System for California (FI\$Cal)
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Principal
Government
Agency Name*

Only the City or County. NO Subdepts.

Remit-To
Address (Street
or PO Box)*

City*

State *

Zip Code*+4



GovTIN:

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



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Principal Government Agency Name*

Remit-To Address (Street or PO Box)* Street or PO Box -Can include the Department name here where the funds will be remitted to.

City* State * Zip Code*+4

Government Type: City County Federal
 Special District Federal Federal Employer



GovTIN:

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	VICTORVILLE WATER DISTRICT	Complete Address	14343 CIVIC DR., VICTORVILLE, CA 92392
Dept/Division/Unit Name	SOUTHERN CALIFORNIA LOGISTICS AIRPORT AUTHORITY	Complete Address	18374 PHANTOM, VICTORVILLE, CA 92394
Dept/Division/Unit Name	SUCCESSOR AGENCY TO THE VICTORVILLE REDEVELOPMENT AGENCY	Complete Address	14343 CIVIC DR., VICTORVILLE, CA 92392
Dept/Division/Unit Name		Complete Address	



GovTIN:

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"/>	<div style="border: 1px solid red; padding: 5px; color: red;">Print, date and sign.</div>	
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*	<input type="text"/>	Title	<input type="text"/>
Phone number*	<input type="text"/>	E-mail address	<input type="text"/>
Signature*	<input type="text"/>	Date	<input type="text"/>

Anticipated Timeline

Allocation Acceptance Form Release	March 20, 2023
Allocation Acceptance Form Due Date	April 13, 2023
Award Announcements	May, 2023
Standard Agreement Packages	August, 2023





Technical Assistance

Consultations are available. If interested contact PetAssistanceSupport@hcd.ca.gov and provide three meeting options for your availability.





PetAssistanceSupport@hcd.ca.gov

**California Department of Housing and
Community Development**

Follow HCD on Social Media



Like us on Facebook: [/CaliforniaHCD](https://www.facebook.com/CaliforniaHCD)



Follow us on Twitter: [@California_HCD](https://twitter.com/California_HCD)



Follow us on LinkedIn: [/company/californiahcd](https://www.linkedin.com/company/californiahcd)

