

File No. 221205

Committee Item No. 3

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee
Board of Supervisors Meeting

Date January 11, 2023
Date _____

Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Youth Commission Report
- Introduction Form
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- Public Correspondence

OTHER (Use back side if additional space is needed)

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Completed by: Brent Jalipa Date January 5, 2023
Completed by: Brent Jalipa Date _____

1 [Apply for Grant and Accept Funds Allocation - California Department of Housing and
2 Community Development - Transitional Housing Program for an Amount up to \$4,084,482 -
3 Housing Navigation and Maintenance Program for an Amount up to \$607,376]

3

4 **Resolution authorizing the Human Services Agency, on behalf of the City and County**
5 **of San Francisco, to apply for and accept the county allocation award from the**
6 **California Department of Housing and Community Development under the Transitional**
7 **Housing Program for an amount up to \$4,084,482 and Housing Navigation and**
8 **Maintenance Program for an amount up to \$607,376 to help young adults secure and**
9 **maintain housing.**

10

11 WHEREAS, The State of California, Department of Housing and Community
12 Development (“Department”) issued an allocation acceptance form, dated November 1, 2022
13 on file with the Clerk of the Board of Supervisors in File No. 221205 under Round 4 of the
14 Transitional Housing Program (“THP”), authorized by item 2240-102-0001 of section 2.00 of
15 the Budget Act of 2022 (Chapter 249 of the Statutes of 2022) and Chapter 11.7 (commencing
16 with Section 50807) of part 2 of Division 31 of the Health and Safety Code (the “THP
17 Allocation Acceptance Form”); and

18 WHEREAS, The State of California, Department of Housing and Community
19 Development (“Department”) issued an Allocation Acceptance form, dated November 1, 2022
20 on file with the Clerk of the Board of Supervisors in File No. 221205 under Round 1 of the
21 Housing Navigation and Maintenance Program (“HNMP”) authorized by Item 2240-103-0001
22 of Section 2.00 of the Budget Act of 2022 (Chapter 43 of the Statutes of 2022) and Chapter
23 11.8 (commencing with Section 50811) of Part 2 of Division 31 of the Health and Safety Code
24 (the “HNMP Allocation Acceptance Form”); and

25

1 WHEREAS, The THP Allocation Acceptance Form and the HNMP Allocation
2 Acceptance Form are collectively referred to as the “Allocation Acceptance Forms”; and

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

5 WHEREAS, The County of San Francisco (“County”) may be listed as an eligible
6 applicant in THP Allocation Acceptance Form, dated November 1, 2022 and the County may
7 also be listed as an eligible applicant in the HNMP Allocation Acceptance Form dated
8 November 1, 2022; now, therefore, be it

9 RESOLVED, That County is hereby authorized and directed to apply for and accept
10 County’s allocation award, as detailed in the THP Allocation Acceptance Form, in the amount
11 of \$2,042,421 and authorized in the THP Allocation Acceptance Form and applicable state
12 law at the time this Resolution is executed and authorized; and, be it

13 FURTHER RESOLVED, That County hereby affirms that if THP funds remain available
14 for allocation after the deadline for submitting a signed Allocation Acceptance Form, and if the
15 County is eligible for an additional allocation from the remaining funds for the THP program,
16 the County is hereby authorized and directed to accept this additional allocation of funds
17 (“Additional THP Allocation”) up to the amount authorized by Department but not to exceed
18 \$4,084,842; and, be it

19 FURTHER RESOLVED, That County is hereby authorized and directed to apply for
20 and accept County’s allocation award in the amount of \$303,688 as detailed in the HNMP
21 Allocation Acceptance Form and applicable state law at the time this Resolution is executed
22 and authorized; and, be it

23 FURTHER RESOLVED, That County hereby affirms that if HNMP funds remain
24 available for allocation after the deadline for submitting a signed Allocation Acceptance Form,
25 and if the County is eligible for an additional allocation from the remaining funds for the HNMP

1 program, the County is hereby authorized and directed to accept this additional allocation of
2 funds (“Additional HNMP Allocation”) up to the amount authorized by Department but not to
3 exceed \$607,376; and, be it

4 FURTHER RESOLVED, That Executive Director of the Human Services Agency, or his
5 or her designee, is hereby authorized and directed to act on behalf of County in connection
6 with the THP Allocation Award and any Additional THP Allocation, and to enter into, execute,
7 and deliver any and all documents required or deemed necessary or appropriate to participate
8 in the THP Program, including but not limited to a Standard Agreement, be awarded the THP
9 Allocation Award, and any additional THP Allocation, and any amendments to such
10 documents (collectively, the “THP Allocation Award Documents”); and, be it

11 FURTHER RESOLVED, That Executive Director of the Human Services Agency, or his
12 or her designee, is hereby authorized and directed to act on behalf of County in connection
13 with the HNMP Allocation Award and any Additional HNMP Allocation, and to enter into,
14 execute, and deliver any and all documents required or deemed necessary or appropriate to
15 participate in the HNMP Program, including but not limited to a Standard Agreement, be
16 awarded the HNMP Allocation Award, and any additional HNMP Allocation, and any
17 amendments to such documents (collectively, the “HNMP Allocation Award Documents”); and,
18 be it

19 FURTHER RESOLVED, That County shall be subject to the terms and conditions that
20 are specified in the THP and HNMP Allocation Award Documents, and that County will use
21 the THP and HNMP Allocation Award funds, and any additional THP and HNMP Allocation
22 funds, in accordance with the Allocation Acceptance Form, the THP and HNMP Allocation
23 Award Documents, and any subsequent amendments or amendment thereto, as well as any
24 and all other THP and HNMP requirements, or other applicable laws; and, be it
25

1 FURTHER RESOLVED, That the County has the discretion to accept both the THP
2 and HNMP program funds as detailed herein but in the event that one of the two allocations
3 are not made available for the County; or the County opts to not receive one of the
4 allocations, the County affirms that it is authorized to accept either of the allocations
5 independent of each other.

6 APPROVED:
7

8
9
10 _____ /s/

11 Trent Rhorer
12 Executive Director, Human Services Agency
13

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Transitional Housing Program (THP)

Round 4 Allocation Acceptance Form

Housing Navigation and Maintenance Program

Round 1 Allocation Acceptance Form



**Gavin Newsom, Governor
State of California**

**Lourdes M. Castro Ramírez, Secretary
Business, Consumer Services and Housing Agency**

**Gustavo F. Velasquez, Director
California Department of Housing and Community Development**

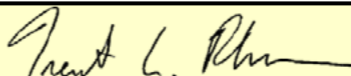
**2020 West El Camino Avenue, Suite 150
Sacramento, CA 95833
Phone: (916) 263-2771
Email: THP@hcd.ca.gov**

November 2022

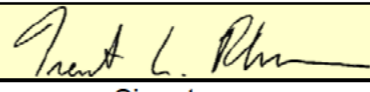
im (HNMP)

y

ment

Transitional Housing Program (THP) Allocation Acceptance Round 4										Rev. 11/01/22										
County Allocation (select Applicant County in row 7 below):										\$2,042,421										
Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2022 (Chapter 249 of the Statutes of 2022) 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 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.																				
Allocation Applicant																				
Allocation Applicant is a County											Yes									
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). The allocation excludes Colusa, Mariposa, Modoc, Mono, and Sierra county because their calculation did not demonstrate need.																				
Applicant County																				
San Francisco City and County																				
Legal name of Applicant as stated on resolution:																				
City and County of San Francisco																				
Address			City and County of San Francisco Human Services Agency, PO Box 7988			City		San Francisco		State		CA		Zip		94120				
Auth Rep Name		Trent Rhorer			Title		Executive Director, Human Services			Auth Rep Email		trent.rhorer@sfgov.org		Phone		(415) 557-6540				
Contact Name		Joan Miller			Title		Deputy Director, Family & Children's Services			Email		joan.h.miller@sfgov.org		Phone		(415) 558-2660				
Address			PO Box 7988			City		San Francisco		State		CA		Zip		94120				
Federal Tax ID Number (FEIN)			94-6000417																	
Administrative Fiscal Representative																				
Legal Name			Heather Davis			Contact Name			Heather Davis			Contact Email			heather.davis@sfgov.org					
Phone		(415) 557-5542		Address		City and County of San Francisco Human Services Agency, PO Box 7988			City		San Francisco		State		CA		Zip		94120	
File Name:		App Resolution		Reference sample resolution document						Attached to email?		No								
File Name:		App GovTIN Form		Reference Taxpayer Identification Number (TIN) document						Attached to email?		Yes								
Use of Funds																				
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:																				
<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																				
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																				
<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. <u>If Signed Resolution is not available by submittal date please include the scheduled date of Board of Supervisors meeting and anticipated date the Signed Resolution will be submitted to the Department. The Department will only accept applications electronically via email no later than 5:00 p.m. on:</u></p> <p style="text-align: center;">Thursday, December 1, 2022</p> <p style="text-align: center;"><i>HCD will only accept applications electronically at the following email address:</i></p> <p style="text-align: center;">THP@hcd.ca.gov</p>																				
Reporting Requirements																				
Applicant acknowledges and agrees to submit an bi-annual report to the Department for the two years following contract execution addressing the following:																				
<ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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. 											Yes									
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. In addition, I acknowledge that all information in this application and attachments is public, and may be disclosed by the State.</p>																				
Trent Rhorer			Executive Director						11/16/22											
Printed Name			Title of Signatory			Signature			Date											
Name:		Trent Rhorer			Phone Number:		(415) 557-6540													
Address:			PO Box 7899			City:		San Francisco		State:		CA		Zip:		94120				

Housing Navigation and Maintenance Program (HNMP) Allocation Acceptance Round 1										Rev.11/01/22					
County Allocation (select Applicant County in row 7 below):										\$303,688					
Pursuant to item 2240-103-0001 of Section 2.00 of the Budget Act of 2022 (Chapter 43 of the Statutes of 2022) and Chapter 11.8 (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.															
Allocation Applicant															
Allocation Applicant is a County															
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 excludes Alpine and Mono counties because their calculation 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 its child welfare agency social workers and probation officers who serve nonminor dependents. The training shall address an overview of the housing resources available through the local coordinated entry system, homeless continuum of care, and county public agencies, including, but not limited to, housing navigation, permanent affordable housing, THP-Plus, 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. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															
Applicant County		San Francisco City and County													
Legal name of Applicant as stated on resolution:				City and County of San Francisco											
Address		City and County of San Francisco Human Services Agency, PO Box 7988			City		San Francisco		State	CA	Zip	94120			
Auth Rep Name		Trent Rhorer		Title		Executive Director		Auth Rep Email		trent.rhorer@sfgov.org		Phone	(415) 557-6540		
Contact Name		Joan Miller		Title		Deputy Director, Family & Children's Services		Email		joan.h.miller@sfgov.org		Phone	(415) 558-2660		
Address		PO Box 7988			City		San Francisco		State	CA	Zip	94120			
Federal Tax ID Number (FEIN)		94-6000417													
Administrative Fiscal Representative															
Legal Name		Heather Davis			Contact Name		Heather Davis		Contact Email			heather.davis@sfgov.org			
Phone		(415) 557-5542	Address		City and County of San Francisco Human Services Agency, PO Box 7988			City		San Francisco		State	CA	Zip	94120
File Name:		App Resolution		Reference sample resolution document						Attached to email?		No			
File Name:		App TIN		Reference Taxpayer Identification Number (TIN) document						Attached to email?		Yes			
Use of Funds															
The HNMP 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 navigation and maintenance activities may include, but are not limited to:															
<ol style="list-style-type: none"> 1) Assist young adults aged 18-24 years of age, inclusive, secure and maintain housing (with priority access given to young adults in the state's foster care system); 2) Provide housing case management which include essential services in emergency supports to foster youth; 3) Prevent young adults from becoming homeless; and 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. 															
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															
<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 submittal date please include the scheduled date of Board of Supervisors meeting and anticipated date the Signed Resolution will be submitted to the Department. The Department will only accept applications electronically via email no later than 5:00 p.m. on:</p> <p style="text-align: center;">Thursday, December 01, 2022</p> <p style="text-align: center;">HCD will only accept applications electronically at the following email address:</p> <p style="text-align: center;">THP@hcd.ca.gov</p>															
Reporting Requirements															
Applicant acknowledges and agrees to submit an bi-annual report to the Department for the two years following contract execution addressing the following:															
<ol style="list-style-type: none"> A. Number of program participants served with program funds; B. Itemization of use of program funds; C. Details on housing navigators and other subcontractors; D. Number of program participants served who were in the State's foster care system; E. Number of program participants who were homeless at time of program entry; F. Number of program participants who exited homelessness into temporary housing; G. Number of program participants who exited homelessness into permanent housing; and, H. Subpopulation data including: <ol style="list-style-type: none"> 1. Number of participants that are employed; 2. Number of participants identified as LGBTQ+; 3. Number of participants with a disability; 4. Number of participants with minor children in the household; and, 5. Average number of children per household. 										Yes					
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. In addition, I acknowledge that all information in this application and attachments is public, and may be disclosed by the State.</p>															

Trent Rhorer		Executive Director				11/16/22			
Printed Name		Title of Signatory		Signature		Date			
Name:	Trent Rhorer			Phone Number:	(415) 557-6540				
Address:	PO Box 7988			City:	San Francisco	State:	CA	Zip:	94120

From: [Conine-Nakano, Susanna \(MYR\)](#)
To: [BOS Legislation, \(BOS\)](#)
Cc: [Paulino, Tom \(MYR\)](#); [Finetti, Roderick \(HSA\)](#)
Subject: Mayor -- Resolution -- CDHCD Transitional Housing Program and Housing Navigation and Maintenance Program
Date: Tuesday, November 29, 2022 4:39:49 PM
Attachments: [Mayor -- Resolution -- CDHCD Transitional Housing Program and Housing Navigation and Maintenance.zip](#)

Hello Clerks,

Attached for introduction to the Board of Supervisors is a Resolution authorizing the Human Services Agency, on behalf of the City and County of San Francisco, to apply for and accept the county allocation award under the California Department of Housing and Community Development Transitional Housing Program and Housing Navigation and Maintenance Program, which provides funding to help young adults secure and maintain housing.

Best,
Susanna

Susanna Conine-Nakano
Office of Mayor London N. Breed
City & County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 200
San Francisco, CA 94102
415-554-6147