		Transitio	onal Hou	ising Program		ation Acceptance				Rev. 10/
						ounty Allocation (se				\$2,091,24
'ursuant to i	item 2240-102-000	01 of Section	2.00 of the	Budget Act of 202	3 (Chapter 12	of the Statutes of 202	23) and Chapter 1	1.7 (comme	ncing with S	Section 50807)
						and Community Deve				
		help young a	dults 18 to	24 years of age, in	clusive, secur	e and maintain housi	ng, with priority giv	en to young	g adults form	nerly in the fos
are or prob	ation systems.									
					All					
Ulocation A	pplicant is a County	v			Allocation A	ppiicant				
	pplicant is a county	y								
Pursuant to	Section 50807(b) c	of the HSC, H	ICD consu	Ited with the Depar	tment of Socia	I Services, the Depar	tment of Finance,	and the Co	unty Welfare	e Directors
						se funds to counties.				
otal statewic	de number of young	g adults 18 th	hrough 20	years of age in fost	er care and h	omeless unaccompan	ied young adults (ages 18 thre	ough 24).	-
Applicant Co	ounty San Fran of Applicant as stat	ncisco City an		Situ and County of S		Human Services Age				
	y and County of San				San Francisco	City San Francis		ate CA	Zip	94120
uth Rep Nar		11101000,1	.0. Dox 700	Title Executive D)irector		ent.rhorer@sfgov.or		Phone	415-557-6540
ontact Name							an.h.miller@sfgov.o			415-558-2660
ddress P.C						City San Francis		ate CA		94120
	ID Number (FEIN)	94-60004	117							
	ve Fiscal Represent	itative		O	Lis athers Day	1.		le a stile and a	1.0.1	
	Heather Davis 5-557-5542	Address	City and Court	Contact Name	Heather Dav		Contact Email		vis@sfgov.o	94120
le Name:	App Resolution	, 1001035		sample resolution d					Attached	
le Name:	App GovTIN Form	n		Taxpayer Identificat		N) document			Attached	
				, ,	Use of F					
unds shall I	be used to help you	ung adults wi	ho are 18 t	o 24 years of age,		ure and maintain hous	sing with priority g	iven to youn	g adults for	merly in the sta
				clude, but are not li					-	-
				ion in your commur						
						the state's foster care			_	
						ld welfare system and	the Homeless Co	ontinuum of	Care; and	
Provide e	ngagement in outre	each and targ	geting to se	erve those with the						
					Expenditure					
						fully executed Stands				
			ayable to th	e Department of H	ousing and Co	ommunity Developme	nt and mailed to 2	020 West E	I Camino Av	/e. Room 300
nust referen	nce the Contract Nu	umber.			5	bininanity Developine	int und municu to z			
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