

File No. 230200

Committee Item No. 4

Board Item No. \_\_\_\_\_

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date December 6, 2023

Board of Supervisors Meeting Date \_\_\_\_\_

#### Cmte Board

|                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/> | Motion                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Resolution                                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Ordinance                                    |
| <input type="checkbox"/>            | <input type="checkbox"/> | Legislative Digest                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Budget and Legislative Analyst Report        |
| <input type="checkbox"/>            | <input type="checkbox"/> | Youth Commission Report                      |
| <input type="checkbox"/>            | <input type="checkbox"/> | Introduction Form                            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/> | MOU  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Grant Information Form                       |
| <input type="checkbox"/>            | <input type="checkbox"/> | Grant Budget                                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Subcontract Budget                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Contract/Agreement                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Form 126 – Ethics Commission                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Award Letter                                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Application                                  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Public Correspondence                        |

#### OTHER (Use back side if additional space is needed)

|                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Transitional Housing Program Allocation Acceptance Round 5 10/19/2023</u>   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Housing Navigation and Maintenance Program (HNMP) Allocation Acceptance</u> |
|                                     |                          | <u>Round 2 10/19/2023</u>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Government Agency Taxpayer ID Form 10/26/2023</u>                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____  |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____  |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____  |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____  |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____  |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____  |

Completed by: Brent Jalipa Date December 1, 2023

Completed by: Brent Jalipa Date \_\_\_\_\_

1 [Apply for Grant and Accept Funds Allocation - California Department of Housing and  
2 Community Development - Transitional Housing Programs - \$2,091,240 - Housing Navigation  
and Maintenance Program - \$291,098]

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 under the**  
6 **California Department of Housing and Community Development Transitional Housing**  
7 **Program for an amount of \$2,091,240 and Housing Navigation and Maintenance**  
8 **Program for an amount of \$291,098 which provide funding to help young adults secure**  
9 **and maintain housing.**

10  
11 WHEREAS, The State of California, Department of Housing and Community  
12 Development ("Department") issued an allocation acceptance form, dated October 19, 2023,  
13 on file with the Clerk of the Board of Supervisors in File No. 231200 under Round 5 of the  
14 Transitional Housing Program ("THP"), authorized by Item 2240-102-0001 of Section 2.00 of  
15 the Budget Act of 2023 (Chapter 12 of the Statutes of 2023) 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 October 19, 2023,  
20 on file with the Clerk of the Board of Supervisors in File No. 231200, under Round 2 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 2023 (Chapter 12 of the Statutes of 2023) 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

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 October 19, 2023, and the County may  
7 also be listed as an eligible applicant in the HNMP Allocation Acceptance Form dated  
8 October 19, 2023; 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 \$2,091,240 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 \$4,182,480; 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 \$291,098 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 \$582,196; 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

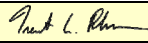
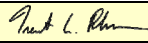
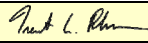
FURTHER RESOLVED, That the County has the discretion to accept both the THP and HNMP program funds as detailed herein but in the event that one of the two allocations are not made available for the County; or the County opts to not receive one of the allocations, the County affirms that it is authorized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

APPROVED:

/s/  
Trent Rhorer  
Executive Director, Human Services Agency

n:\health\as2022\9690067\01640271.docx

| Transitional Housing Program (THP) Allocation Acceptance Round 5   |  |   |  |               |  | Rev. 10/19/23   |     |
|--|--|---|--|---------------|--|---|-----|
| County Allocation (select Applicant County in row 7 below):  |  |   |  |               |  | \$2,091,240   |     |
| Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2023 (Chapter 12 of the Statutes of 2023) 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   |  |   |  |               |  |   |     |
| 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).   |  |   |  |               |  |   |     |
| Applicant County San Francisco City and County   |  |   |  |               |  |   |     |
| Legal name of Applicant as stated on resolution: City and County of San Francisco, Human Services Agency   |  |   |  |               |  |   |     |
| Address  |  | City and County of San Francisco, P.O. Box 7988 |  | City          |  | San Francisco   |     |
| Auth Rep Name  |  | Trent Rhorer                                    |  | Title         |  | Executive Director  |     |
| Contact Name   |  | Joan Miller                                     |  | Title         |  | Deputy Director, Family & Children's Services                         |     |
| Address  |  | P.O. Box 7988                                   |  | City          |  | San Francisco   |     |
| State  |  | CA  |  | Zip           |  | 94120   |     |
| Phone  |  | 415-557-6540                                    |  | Email         |  | trent.rhorer@sfgov.org  |     |
| Phone  |  | 415-558-2660                                    |  | Email         |  | joan.h.miller@sfgov.org   |     |
| Federal Tax ID Number (FEIN)   |  | 94-6000417                                      |  |               |  |   |     |
| Administrative Fiscal Representative   |  |   |  |               |  |   |     |
| Legal Name   |  | Heather Davis                                   |  | Contact Name  |  | Heather Davis   |     |
| Phone  |  | 415-557-5542                                    |  | Address       |  | City and County of San Francisco Human Services Agency, P.O. Box 7988 |     |
| City   |  | San Francisco                                   |  | State         |  | CA  |     |
| Zip  |  | 94120   |  | File Name:    |  | App Resolution  |     |
| Reference sample resolution document   |  | Attached to email?                              |  | File Name:    |  | App GovTIN Form   |     |
| Reference Taxpayer Identification Number (TIN) document  |  | Attached to email?                              |  | 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:   |  |   |  |               |  |   |     |
| 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   |  |   |  |               |  |   |     |
| 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:  |  |   |  |               |  |   |     |
| Friday, November 17, 2023  |  |   |  |               |  |   |     |
| HCD will only accept applications electronically at the following email address:   |  |   |  |               |  |   |     |
| TAY@hcd.ca.gov   |  |   |  |               |  |   |     |
| 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:   |  |   |  |               |  |   |     |
| A. Number of program participants served who were homeless at time of program entry;<br>B. Number of program participants served who were in the State's foster care system;<br>C. Number of program participants served who were formerly in the State's foster care or probation systems;<br>D. Number of program participants who exited homelessness into temporary housing;<br>E. Number of program participants who exited homelessness into permanent housing;<br>F. Itemization on use of program fund expenditures;<br>G. Who were the housing navigators or other subcontractor(s)?<br>H. Subpopulation data including:<br>1. Number of participants that are employed;<br>2. Number of participants identified as LGBTQ+;<br>3. Number of participants having a disability;<br>4. Number of participants with minor children in the household; and,<br>5. Average number of children per household. |  |   |  |               |  |   | Yes |
| 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.  |  |   |  |               |  |   |     |
| Trent Rhorer   |  | Executive Director                              |  | Signature     |  | 10/26/23  |     |
| Printed Name   |  | Title of Signatory                              |  | Signature     |  | Date  |     |
| Name:  |  | Trent Rhorer                                    |  | Phone Number: |  | 415-557-6540  |     |
| Address:   |  | P.O. Box 7988                                   |  | City:         |  | San Francisco   |     |
| State:   |  | CA  |  | Zip:          |  | 94120   |     |

| Housing Navigation and Maintenance Program (HNMP) Allocation Acceptance Round 2   |  |  |          |  |  |  |  |  |  | Rev. 10/19/23 |  |                    |                            |  |  |              |  |           |  |                    |  |      |  |
|---|--|--|----------|--|--|--|--|--|--|---------------|--|--------------------|----------------------------|--|--|--------------|--|-----------|--|--------------------|--|------|--|
| County Allocation (select Applicant County in row 7 below):   |  |  |          |  |  |  |  |  |  | \$291,098     |  |                    |                            |  |  |              |  |           |  |                    |  |      |  |
| Pursuant to item 2240-103-0001 of Section 2.00 of the Budget Act of 2023 (Chapter 12 of the Statutes of 2023) 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. |  |  |          |  |  |  |  |  |  |               |  |                    |                            |  |  |              |  |           |  |                    |  |      |  |
| Applicant County San Francisco City and County  |  |  |          |  |  |  |  |  |  |               |  |                    |                            |  |  |              |  |           |  |                    |  |      |  |
| Legal name of Applicant as stated on resolution: City and County of San Francisco, Human Services Agency  |  |  |          |  |  |  |  |  |  |               |  |                    |                            |  |  |              |  |           |  |                    |  |      |  |
| Address City and County of San Francisco, P.O. 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 P.O. 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, P.O. Box 7988 City San Francisco State CA Zip 94120  |  |  |          |  |  |  |  |  |  |               |  |                    |                            |  |  |              |  |           |  |                    |  |      |  |
| File Name: App Resolution Reference sample resolution document Attached to email?   |  |  |          |  |  |  |  |  |  |               |  |                    |                            |  |  |              |  |           |  |                    |  |      |  |
| File Name: App TIN Reference Taxpayer Identification Number (TIN) document Attached to email?   |  |  |          |  |  |  |  |  |  |               |  |                    |                            |  |  |              |  |           |  |                    |  |      |  |
| 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:  |  |  |          |  |  |  |  |  |  |               |  |                    |                            |  |  |              |  |           |  |                    |  |      |  |
| 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);<br>2) Provide housing case management which include essential services in emergency supports to foster youth;<br>3) Prevent young adults from becoming homeless; and<br>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.   |  |  |          |  |  |  |  |  |  |               |  |                    |                            |  |  |              |  |           |  |                    |  |      |  |
| 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  |  |  |          |  |  |  |  |  |  |               |  |                    |                            |  |  |              |  |           |  |                    |  |      |  |
| 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:   |  |  |          |  |  |  |  |  |  |               |  |                    |                            |  |  |              |  |           |  |                    |  |      |  |
| <b>Friday, November 17, 2023</b><br>HCD will only accept applications electronically at the following email address:<br><a href="mailto:TAY@hcd.ca.gov">TAY@hcd.ca.gov</a>  |  |  |          |  |  |  |  |  |  |               |  |                    |                            |  |  |              |  |           |  |                    |  |      |  |
| Reporting Requirements  |  |  |          |  |  |  |  |  |  |               |  |                    |                            |  |  |              |  |           |  |                    |  |      |  |
| Applicant acknowledges and agrees to submit a bi-annual report to the Department for the two years following contract execution addressing the following:   |  |  |          |  |  |  |  |  |  | Yes           |  |                    |                            |  |  |              |  |           |  |                    |  |      |  |
| A. Number of program participants served with program funds;<br>B. Itemization of use of program funds;<br>C. Details on housing navigators and other subcontractors;<br>D. Number of program participants served who were in the State's foster care system;<br>E. Number of program participants who were homeless at time of program entry;<br>F. Number of program participants who exited homelessness into temporary housing;<br>G. Number of program participants who exited homelessness into permanent housing; and,<br>H. Subpopulation data including:<br>1. Number of participants that are employed;<br>2. Number of participants identified as LGBTQ+;<br>3. Number of participants with a disability;<br>4. Number of participants with minor children in the household; and,<br>5. Average number of children per household.  |  |  |          |  |  |  |  |  |  |               |  |                    |                            |  |  |              |  |           |  |                    |  |      |  |
| Certification   |  |  |          |  |  |  |  |  |  |               |  |                    |                            |  |  |              |  |           |  |                    |  |      |  |
| On behalf of the entity identified in the signature block below, I certify that:<br>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.  |  |  |          |  |  |  |  |  |  |               |  |                    |                            |  |  |              |  |           |  |                    |  |      |  |
| <table border="0"> <tr> <td>Trent Rhorer</td> <td>Executive Director</td> <td></td> <td>10/26/23</td> </tr> <tr> <td colspan="2">Printed Name</td> <td colspan="2">Signature</td> </tr> <tr> <td colspan="2">Title of Signatory</td> <td colspan="2">Date</td> </tr> </table>   |  |  |          |  |  |  |  |  |  |               |  | Trent Rhorer       | Executive Director         |  | 10/26/23                                 | Printed Name |  | Signature |  | Title of Signatory |  | Date |  |
| Trent Rhorer  | Executive Director                       |  | 10/26/23 |  |  |  |  |  |  |               |  |                    |                            |  |  |              |  |           |  |                    |  |      |  |
| Printed Name  |  | Signature  |          |  |  |  |  |  |  |               |  |                    |                            |  |  |              |  |           |  |                    |  |      |  |
| Title of Signatory  |  | Date   |          |  |  |  |  |  |  |               |  |                    |                            |  |  |              |  |           |  |                    |  |      |  |
| <table border="0"> <tr> <td>Name: Trent Rhorer</td> <td>Phone Number: 415-557-6540</td> </tr> <tr> <td>Address: P.O. Box 7988</td> <td>City: San Francisco State: CA Zip: 94120</td> </tr> </table>   |  |  |          |  |  |  |  |  |  |               |  | Name: Trent Rhorer | Phone Number: 415-557-6540 | Address: P.O. Box 7988   | City: San Francisco State: CA Zip: 94120 |              |  |           |  |                    |  |      |  |
| Name: Trent Rhorer  | Phone Number: 415-557-6540               |  |          |  |  |  |  |  |  |               |  |                    |                            |  |  |              |  |           |  |                    |  |      |  |
| Address: P.O. Box 7988  | City: San Francisco State: CA Zip: 94120 |  |          |  |  |  |  |  |  |               |  |                    |                            |  |  |              |  |           |  |                    |  |      |  |

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:                     | <input type="checkbox"/> City             | <input type="checkbox"/> County  | Federal Employer Identification Number (FEIN)* |             |  |
|                                      | <input type="checkbox"/> Special District | <input type="checkbox"/> Federal |  |             |  |
|                                      | <input type="checkbox"/> Other (Specify)  |                                  |  |             |  |

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 |  | Complete Address |  |
| Dept/Division/Unit Name |  | Complete Address |  |
| Dept/Division/Unit Name |  | Complete Address |  |
| Dept/Division/Unit Name |  | Complete Address |  |

|                 |  |                |      |  |
|-----------------|--|----------------|------|--|
| Contact Person* |  | Title          |      |  |
| Phone number*   |  | E-mail address |      |  |
| Signature*      |  |                | Date |  |



**From:** [Paulino, Tom \(MYR\)](#)  
**To:** [BOS Legislation, \(BOS\)](#)  
**Cc:** [Smith, Susie \(HSA\)](#); [Mccahon, David \(HSA\)](#)  
**Subject:** Mayor -- Resolution -- Transitional Housing Program and Housing Navigation and Maintenance Program  
**Date:** Tuesday, November 14, 2023 2:15:46 PM  
**Attachments:** [City and County of SF TAY Allocation Acceptance Form FY 2023 - 2024 HNMP R2 signed by TR.pdf](#)  
[City and County of SF TAY Allocation Acceptance Form FY 2023 - 2024 THP R5 signed by TR.pdf](#)  
[GovtTINForm\\_SFHSA\\_signed\\_Oct\\_2023.pdf](#)  
[HSA BOS Resolution for State THP and HNMP Funds 11-09-23.docx](#)

---

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 provide funding to help young adults secure and maintain housing.

Cheers,

**Tom Paulino**

He/Him

Liaison to the Board of Supervisors

Office of the Mayor

City and County of San Francisco