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 Sup	ervisors Meeting	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

(Use back side if additional space is needed) OTHER

\boxtimes		Transitional Housing Program Allocation Acceptance Round 5 10/19/2023 Housing Navigation and Maintenance Program (HNMP) Allocation Acceptance
	Round 2	2 10/19/2023
\boxtimes		Government Agency Taxpayer ID Form 10/26/2023

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 Community Development - Transitional Housing Programs - \$2,091,240 - Housing Navigation
2	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

WHEREAS, The THP Allocation Acceptance Form and the HNMP Allocation
 Acceptance Form are collectively referred to as the "Allocation Acceptance Forms;" and
 WHEREAS, The Allocation Acceptance Forms relate to the availability of the funds
 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

FURTHER RESOLVED, 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 \$4,182,480; and, be it

FURTHER RESOLVED, That County is hereby authorized and directed to apply for and accept County's allocation award in the amount of \$291,098 as detailed in the HNMP Allocation Acceptance Form and applicable state law at the time this Resolution is executed and authorized; and, be it

FURTHER RESOLVED, 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

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

FURTHER RESOLVED, That Executive Director of the Human Services Agency, 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"); and, be it

FURTHER RESOLVED, That Executive Director of the Human Services Agency, or his 11 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, be it 18

FURTHER RESOLVED, 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; 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

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Housing Navigation	on and Maintenance Program (H	INMP) Allocation Acce	otance Round 2	Rev. 10/19/23
		County Allocation (select	Applicant County in row 7 below	v): \$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.				
Alle setion Angliaget is a County	Allocation	n 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 an				
Legal name of Applicant as stated on resolu				
Address City and County of San Francisco, P.(City San Francisco	State CA Z orer@sfgov.org Phone	
Auth Rep Name Trent Rhorer Contact Name Joan Miller	Title Executive Director Title Deputy Director, Family & Ch		orer@sfgov.org Phone miller@sfgov.org Phone	
Address P.O. Box 7988	1100	City San Francisco		ip 94120
Federal Tax ID Number (FEIN) 94-60004	17			
Administrative Fiscal Representative				
Legal Name Heather Davis	Contact Name Heather [City and County of San Francisco Human Services Agency, P.C		ontact Email heather.davis@sfgov	
Phone 415-557-5542 Address File Name: App Resolution	Reference sample resolution document	Box 7988 City San Francisco		ip 94120 ed to email?
File Name: App TIN	Reference Taxpayer Identification Number	(TIN) document		ed to email?
		Funds		
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 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:				
	HCD will only accept applications elect		il address:	
		cd.ca.gov		
Applicant acknowledges and agrees to sub-		equirements	Intract execution addressing the fe	llowing:
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 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: 1.Number of participants that are employed; 2.Number of participants that are employed; 4.Number of participants with a disability; 4.Number of participants with a disability; 5.Average number of children per household.				
	Certif	ication		
On behalf of the entity identified in the signature block below, I certification 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	6	LI PL.	10/26/23
		14	Cimetan	
Printed Name Name: Trent Rhorer	Title of Signatory	Phone Number: 41	Signature	Date
Address: P.O. Box 7988		City: San Francisco		ip: <mark>94120</mark>

State of California Financial Information System for California (FI\$Cal) **GOVERNMENT AGENCY TAXPAYER ID FORM** 2000 Evergreen Street, Suite 215

2000 Evergreen Street, Suite : 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 Special District	County Federal		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		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-1	mail address		
Signature*	Healhin Doors		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