

Transitional Housing Program (THP)

Round 2 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**

July 2020

Transitional Housing Program (THP) Allocation Acceptance Round 2										Rev. 7/27/20											
County Allocation (select Applicant County in row 7 below):										\$459,200											
<p>Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2020 (Chapter 6 of the Statutes of 2020) 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 \$8 million in funding to counties for the purpose of housing stability to help young adults 18 to 25 years secure and maintain housing, with priority given to young adults formerly in the foster care or probation systems.</p>																					
Allocation Applicant																					
Allocation Applicant is a County Child Welfare Agency																					
<p>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 aged 18 to 25 years in foster care. The allocation excludes Alpine and Sierra county because their calculation did not demonstrate a need for young adults aged 18 to 25</p>																					
Applicant County		San Francisco 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)557-6541							
Contact Name		Joan Miller		Title		Deputy Director, Family and Children Services		Email		joan.miller@sfgov.org		Phone		(415) 558-2660							
Address		City and County of San Francisco Human Services Agency 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?		Yes									
File Name:		App TIN		Reference Taxpayer Identification Number (TIN) document						Attached to email?		Yes									
Use of Funds																					
<p>Funds shall be used to help young adults who are 18 to 25 years of age secure and maintain housing. Use of funds may include, but are not limited to:</p> <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																					
<p>Any grant funds remaining unexpended as of June 30, 2023, 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, no later than July 31, 2023 and must reference the Contract Number.</p>																					
Allocation Acceptance Requirements																					
<p>In order to accept and receive an allocation, applicants must submit the following: Signed Allocation Acceptance form, Signed Resolution, and TIN Form#CD will only accept applications electronically via email no later than 5:00 p.m. on:</p> <p style="text-align: center;">Thursday, November 12, 2020</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																					
<p>Applicant acknowledges and agrees to submit an annual report to the Department for the three years following distribution of TAY Program funds addressing the following:</p> <ol style="list-style-type: none"> 1) How many people were served? 2) What were the funds used for? 3) Who were the housing navigator(s)? 4) How many people served were in foster care? 5) How many people served were in probation system? 																					
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>																					
		Human Services Agency, Executive Director																			
Printed Name		Title of Signatory				Signature				Date											
Name:		Trent Rhorer				Phone Number:				(415) 557-6541											
Address:		City and County of San Francisco Human Services Agency PO Box 7988				City:		San Francisco		State:		CA		Zip:		94120					