| File No | 250972 | Committee Item N | o. <u>6</u> |
|-----------|--|----------------------------|------------------|
| | | Board Item No | |
| (| COMMITTEE/BOAR AGENDA PACKE | D OF SUPERV | ISORS |
| | Budget and Finance Con | | October 29, 2025 |
| Cmte Boar | | | |
| | Motion Resolution Ordinance Legislative Digest Budget and Legislative A Youth Commission Repol Introduction Form Department/Agency Cov MOU Grant Information Form Grant Budget Subcontract Budget Contract/Agreement Form 126 – Ethics Comm Award Letter Application Public Correspondence | ort er Letter and/or Re | port |
| OTHER | (Use back side if addition | nal space is neede | d) |
| | THP and HNMP Allocation Cal Government Agency | | |
| | | | |

Completed by:Brent JalipaDateOctober 23, 2025Completed by:Brent JalipaDate

| 1 | [Apply for Grant and Accept Funds Allocation - California Department of Housing and Community Development - Transitional Housing Programs - Up to \$4,741,224 - Housing |
|----|---|
| 2 | Navigation and Maintenance Program - Up to \$617,870] |
| 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 up to \$4,741,224 and Housing Navigation and Maintenance |
| 8 | Program for an amount up to \$617,870 which provide funding to help young adults |
| 9 | secure and maintain housing. |
| 10 | |
| 11 | WHEREAS, The State of California, Department of Housing and Community |
| 12 | Development ("Department") issued an Allocation Acceptance Form (the "THP Allocation |
| 13 | Acceptance Form"), dated August 19, 2025 under Round 7 of the Transitional Housing |
| 14 | Program ("THP"), authorized by Item 2240-102-0001 of Section 2.00 of the Budget Act of |
| 15 | 2025 (Chapter 4 of the Statutes of 2025) and Chapter 11.7 (commencing with Section 50807) |
| 16 | of Part 2 of Division 31 of the Health and Safety Code; and |
| 17 | WHEREAS, The Department issued an Allocation Acceptance Form (the "HNMP |
| 18 | Allocation Acceptance Form"), dated August 19, 2025 under Round 4 of the Housing |
| 19 | Navigation and Maintenance Program ("HNMP") authorized by Item 2240-103-0001 of Section |
| 20 | 2.00 of the Budget Act of 2025 (Chapter 4 of the Statutes of 2025) and Chapter 11.8 |
| 21 | (commencing with Section 50811) of Part 2 of Division 31 of the Health and Safety Code; and |
| 22 | WHEREAS, The THP Allocation Acceptance Form and the HNMP Allocation |
| 23 | Acceptance Form are collectively referred to as the "Allocation Acceptance Forms"; and |
| 24 | WHEREAS, The Allocation Acceptance Forms relate to the availability of the funds |
| 25 | under the THP and HNMP Programs; and |

| 1 | WHEREAS, The County of San Francisco ("County") may be listed as an eligible |
|----|--|
| 2 | applicant in the THP Allocation Acceptance Form, dated August 19, 2025, the County may |
| 3 | also be listed as an eligible applicant in the HNMP Allocation Acceptance Form, dated August |
| 4 | 19, 2025; now, therefore, be it |
| 5 | RESOLVED, That the Board of Supervisors for the County of San Francisco does |
| 6 | determine and declare as follows; and, be it |
| 7 | FURTHER RESOLVED, That County is hereby authorized and directed to apply for |
| 8 | and accept County's allocation award, as detailed in the THP Allocation Acceptance Form, in |
| 9 | the amount of \$2,370,612 detailed and authorized in the THP Allocation Acceptance Form at |
| 10 | the time this Resolution is executed and authorized; and, be it |
| 11 | FURTHER RESOLVED, That County hereby affirms that if THP funds remain available |
| 12 | for allocation after the deadline for submitting a signed Allocation Acceptance Form, and if the |
| 13 | County is eligible for an additional allocation from the remaining funds for the THP program, |
| 14 | the County is hereby authorized and directed to accept this additional allocation of funds |
| 15 | ("Additional THP Allocation") up to the amount authorized by Department but not to exceed |
| 16 | \$4,741,224; and, be it |
| 17 | FURTHER RESOLVED, That County is hereby authorized and directed to apply for |
| 18 | and accept County's allocation award in the amount of \$308,935 as detailed in the HNMP |
| 19 | Allocation Acceptance Form at the time this Resolution is executed and authorized; and, be it |
| 20 | FURTHER RESOLVED, That County hereby affirms that if HNMP funds remain |
| 21 | available for allocation after the deadline for submitting a signed Allocation Acceptance Form, |
| 22 | and if the County is eligible for an additional allocation from the remaining funds for the HNMP |
| 23 | program, the County is hereby authorized and directed to accept this additional allocation of |
| 24 | funds ("Additional HNMP Allocation") up to the amount authorized by Department but not to |

exceed \$617,870; and, be it

| 1 | FURTHER RESOLVED, That Executive Director of the Human Services Agency or his |
|----|--|
| 2 | or her designee, is hereby authorized and directed to act on behalf of County in connection |
| 3 | with the THP Allocation Award and any Additional THP Allocation, and to enter into, execute, |
| 4 | and deliver any and all documents required or deemed necessary or appropriate to participate |
| 5 | in the THP Program, including but not limited to a Standard Agreement, be awarded the THP |
| 6 | Allocation Award, and any additional THP Allocation, and any amendments to such |
| 7 | documents (collectively, the "THP Allocation Award Documents"); and, be it |
| 8 | FURTHER RESOLVED, That Executive Director of the Human Services Agency or his |
| 9 | or her designee, is hereby authorized and directed to act on behalf of County in connection |
| 10 | with the HNMP Allocation Award and any additional HNMP Allocation, and to enter into, |
| 11 | execute, and deliver any and all documents required or deemed necessary or appropriate to |
| 12 | participate in the HNMP Program, including but not limited to a Standard Agreement, be |
| 13 | awarded the HNMP Allocation Award, and any additional HNMP Allocation, and any |
| 14 | amendments to such documents (collectively, the "HNMP Allocation Award Documents"); and, |
| 15 | be it |
| 16 | FURTHER RESOLVED, That County shall be subject to the terms and conditions that |
| 17 | are specified in the THP and HNMP Allocation Award Documents, and that County will use |
| 18 | the THP and HNMP Allocation Award funds, and any additional THP and HNMP Allocation |
| 19 | funds, in accordance with the Allocation Acceptance Form, the THP and HNMP Allocation |
| 20 | Award Documents, and any subsequent amendments or amendment thereto, as well as any |
| 21 | and all other THP and HNMP requirements, or other applicable laws; and, be it |
| 22 | FURTHER RESOLVED, That County affirms it has the discretion to accept any or all of |
| 23 | the THP and HNMP program funds as detailed herein. |

24

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| 1 | |
|----|---|
| 2 | APPROVED: |
| 3 | |
| 4 | |
| 5 | /s/ |
| 6 | Trent Rhorer |
| 7 | Executive Director, Human Services Agency |
| 8 | |
| 9 | |
| 10 | |
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Transitional Housing Program (THP) Round 7 Allocation Acceptance Form

Housing Navigation and Maintenance Program (HNMP) Round 4 Allocation Acceptance Form



Gavin Newsom, Governor State of California

Tomiquia Moss, Secretary
Business, Consumer Services and
Housing Agency

Gustavo Velasquez, Director Department of Housing and Community Development

651 West Bannon Street, Suite 400 Sacramento, CA 95811 Telephone: (916) 263-2771 Website: www.hcd.ca.gov

Email: TAY@hcd.ca.gov

September 2025

Transitional Housing Program (THP) Allocation Acceptance Round 7

Rev. 09/15/25

County Allocation (select Applicant County in row 7 below):

\$2,370,612

Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2025 (Chapter 4 of the Statutes of 2025) 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.

Housing First

The Contractor shall certify to employ the core components of Housing First, pursuant to Welfare and Institutions Code Section 8255 (b) as shown below:

- 1) Tenant screening and selection practices that promote accepting applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services:
- 2) Applicants are not rejected on the basis of poor credit or financial history, poor or lack of rental history, criminal convictions unrelated to tenancy, or behaviors that indicate a lack of "housing readiness";
- 3) Acceptance of referrals directly from shelters, street outreach, drop-in centers, and other parts of crisis response systems frequented by vulnerable people experiencing homelessness:
 - melessness;
 4) Supportive services that emphasize engagement and problem solving over therapeutic goals and service plans that are highly tenant-driven without predetermined goals;
 - 5) Participation in services or program compliance is not a condition of permanent housing tenancy;
 - 6) Tenants have a lease and all the rights and responsibilities of tenancy, as outlined in California's Civil, Health and Safety, and Government codes;
 - 7) The use of alcohol or drugs in and of itself, without other lease violations, is not a reason for eviction;
- 8) In communities with coordinated assessment and entry systems, incentives for funding promote tenant selection plans for supportive housing that prioritize eligible tenants based on criteria other than "first-come-first-serve," including, but not limited to, the duration or chronicity of homelessness, vulnerability to early mortality, or high utilization of crisis services. Prioritization may include triage tools, developed through local data, to identify high-cost, high-need homeless residents;
- 9) Case managers and service coordinators who are trained in and actively employ evidence-based practices for client engagement, including, but not limited to, motivational interviewing and client-centered counseling;
- 10) Services are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants' lives, where tenants are engaged in nonjudgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices, as well as connected to evidence-based treatment if the tenant so chooses; and
- 11) The project and specific apartment may include special physical features that accommodate disabilities, reduce harm, and promote health and community and independence among tenants.

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).

| Applicant County | San Francisco | | | | | | | | |
|---|------------------------------------|--|----------|----------|--------------------|-------|------------|-------|--------------|
| Legal name of Applicant as stated on resolution: City and County of San Francisco | | | | | | | | | |
| Address City and Cou | unty of San Francisco, PO Box 7988 | | City | San Fran | cisco | State | CA | Zip | 94120-7988 |
| Auth Rep Name Tre | ent Rhorer | Title Executive Director | Auth Rep | Email | trent.rhorer@sfgov | org. | | Phone | 415-760-7620 |
| Address PO Box 798 | City | San Fran | cisco | State | CA | Zip | 94120-7988 | | |
| Contact Name Jos | an Miller | Title Deputy Director, Family & Children's | Services | Email | joan.h.miller@sfgo | v.org | • | Phone | 415-557-2660 |
| Address PO Box 7988 | City | San Fran | cisco | State | CA | Zip | 94120-7988 | | |
| Fodorel Toy ID Number (FFIN) 046000417 | | | | | | | | | |

Federal Tax ID Number (FEIN) 946000417

| Administ | Administrative Fiscal Representative | | | | | | | | | | | |
|--|--|----------|---------|-----------------|--|------------------------|-------------------------|---|-------|--|--|----|
| Contact Name Heather Davis | | | Title | Revenue Manager | | Contact Email | heather.davis@sfgov.org | | | | | |
| Phone | 415-5 | 557-5542 | Address | PO Box 7988 | | | City San Francisco |) | State | | | 38 |
| File Name: App Resolution Reference sample resolution document | | | | | | Attached to email? Yes | | | | | | |
| File Nam | File Name: App GovTIN Form Reference Taxpayer Identification Number (TIN) document | | | | | | Attached to email? Yes | | | | | |
| Here of Freedom | | | | | | | | | | | | |

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
- 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 651 Bannon Street, Suite 400, Attention: Administration and Management Division, Accounts Payable, Sacramento CA 95811 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:

Tuesday, September 18, 2025

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 | o were homeless at time of program entry: | | |
| B. Number of program participants served who | | | |
| C. Number of program participants served who | | r probation systems: | |
| D. Number of program participants who exited | | · F | |
| E. Number of program participants who exited | | | |
| F. Itemization on use of program fund expendi | | | |
| G. Who were the housing navigators or other | | | V = = |
| H. Subpopulation data including: | 、 | | Yes |
| Number of participants that are en | ıployed; | | |
| Number of participants identified a | s LGBTQ+; | | |
| Number of participants having a d | sability; | | |
| Number of participants with minor | children in the household; and, | | |
| Average number of children per ho | ousehold. | | |
| | | | |
| | California Publ | ic Records Act | |
| The application including any and all supplem | | ew process, is a public record, which is available for public review pursuant | to the |
| | | of Title 1 of the Government Code). After final awards have been issued, the | |
| | | a request under the CPRA. The Department cautions Applicants to use disc | |
| | | nt numbers, personal phone numbers, and home addresses. By providing th | |
| | _ | onsents to the disclosure of submitted material upon request. | |
| The matter to the Department, the Applicant is | marring any diamination defined in a single | one to the discossing of submitted material apon request. | |
| | Certific | cation | |
| On behalf of the entity identified in the sign | | | |
| | | m are, to the best of my knowledge and belief, true and correct. | |
| I possess the legal authority to submit this Allo | | | |
| In addition, I acknowledge that all information | n this application and attachments is publi | ic, and may be disclosed by the State. | |
| Trent Rhorer | Executive Director | Total Rhome | 9/15/25 |
| Authorized Rep Printed Name | Title of Authorized Rep | Signature | Date |
| • | • | · · | |
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Housing Navigation and Maintenance Program (HNMP) Allocation Acceptance Round 4

County Allocation (select Applicant County in row 7 below):

Rev. 09/15/25 \$308,935

Yes

Pursuant to item 2240-103-0001 of Section 2.00 of the Budget Act of 2025 (Chapter 4 of the Statutes of 2025) 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.

Housing First

The Contractor shall certify to employ the core components of Housing First, pursuant to Welfare and Institutions Code Section 8255.

- 1) Tenant screening and selection practices that promote accepting applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services:
- 2) Applicants are not rejected on the basis of poor credit or financial history, poor or lack of rental history, criminal convictions unrelated to tenancy, or behaviors that indicate a lack of "housing readiness":
- 3) Acceptance of referrals directly from shelters, street outreach, drop-in centers, and other parts of crisis response systems frequented by vulnerable people experiencing homelessness;
 - 4) Supportive services that emphasize engagement and problem solving over therapeutic goals and service plans that are highly tenant-driven without predetermined goals;
 - 5) Participation in services or program compliance is not a condition of permanent housing tenancy;
 - 6) Tenants have a lease and all the rights and responsibilities of tenancy, as outlined in California's Civil, Health and Safety, and Government codes;
 - 7) The use of alcohol or drugs in and of itself, without other lease violations, is not a reason for eviction;
- 8) In communities with coordinated assessment and entry systems, incentives for funding promote tenant selection plans for supportive housing that prioritize eligible tenants based on criteria other than "first-come-first-serve," including, but not limited to, the duration or chronicity of homelessness, vulnerability to early mortality, or high utilization of crisis services. Prioritization may include triage tools, developed through local data, to identify high-cost, high-need homeless residents;
- 9) Case managers and service coordinators who are trained in and actively employ evidence-based practices for client engagement, including, but not limited to, motivational interviewing and client-centered counseling;
- 10) Services are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants' lives, where tenants are engaged in nonjudgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices, as well as connected to evidence-based treatment if the tenant so chooses; and
- 11) The project and specific apartment may include special physical features that accommodate disabilities, reduce harm, and promote health and community and independence among tenants.

Allocation Applicant

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 Legal name of Applicant as stated on resolution: City and County of San Francisco Address City and County of San Francisco, PO Box 7988 Zip 94120-7988 City San Francisco State 415-760-7620 Auth Rep Name Trent Rhorer Title Executive Director trent.rhorer@sfgov.org Phone Auth Rep Email Address PO Box 7988 City San Francisco State CA Zip 94120-7988 **Contact Name** Joan Miller Title Deputy Director, Family & Children's Services Email joan.h.miller@sfgov.org 415-557-2660 Phone Address PO Box 7988 City San Francisco State CA Zip 94120-7988

946000417 Federal Tax ID Number (FEIN) Administrative Fiscal Representative Contact Name Heather Davis Title Revenue Manager Contact Email heather.davis@sfgov.org Zip 94120-7988 Phone 415-557-5542 PO Box 7988 Address City San Francisco State 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

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);
- 2) Provide housing case management which include essential services in emergency supports to foster youth;
- 3) Prevent young adults from becoming homeless; and

Allocation Applicant is a County

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 651 Bannon Street, Suite 400, Attention: Administration and Management Division, Accounts Payable, Sacramento CA 95811 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:

Tuesday, September 18, 2025

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 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 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.

California Public Records Act

The application, including any and all supplemental documents submitted during the review process, is a public record, which is available for public review pursuant to the California Public Records Act (CPRA) (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code). After final awards have been issued, the Department may disclose any materials provided by the Applicant to any person making a request under the CPRA. The Department cautions Applicants to use discretion in providing information not specifically requested, including but not limited to, bank account numbers, personal phone numbers, and home addresses. By providing this information to the Department, the Applicant is waiving any claim of confidentiality and consents to the disclosure of submitted material upon request.

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.

Authorized Rep Printed Name

Trent Rhorer

Executive Director

Title of Authorized Rep

Trent L. Phr

9/15/25

Yes

Signature

Date

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

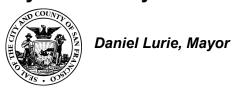


The principal purpose of the information provided is to establish the unique identification of the government entity.

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 City and County of San Francisco Government Agency Name* Remit-To CCSF Sacramento Lockbox, P.O. Box 103122 Address (Street or PO Box)* Zip Code*+4 |91189-3122 State * CA City* Pasadena Government Type: County Federal 94-6000417 **Employer** Special District Federal Identification Other (Specify) 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 Complete PO Box 7988, San Francisco, CA 94120 Name Address SF Human Services Agency, F210 Dept/Division/Unit Complete Name Address Dept/Division/Unit Complete Name Address Dept/Division/Unit Complete Name Address Contact Person* Title **Heather Davis** SFHSA Revenue Manager E-mail address Phone number* 415-557-5542 heather.davis@sfgov.org Leather Davis Signature* Date 8/22/2025

City and County of San Francisco

Human Services Agency



Department of Human Services
Department of Disability and Aging Services

Trent Rhorer, Executive Director

September 15, 2025

Ms. Angela Calvillo, Clerk of the Board Board of Supervisors City and County of San Francisco 1 Dr. Carlton B. Goodlett Place, Room 244 San Francisco, CA 94102 – 4689

Re: Resolution to Apply and Accept for Transitional Housing Programs and Housing Navigation and Maintenance Program Funds

Dear Ms. Calvillo:

Attached please find a copy of a proposed resolution for submission to the Board of Supervisors; this resolution would authorize the San Francisco Human Services Agency (HSA) to apply for and accept a state allocation for the State Transitional Housing Program and Housing Navigation and Maintenance Program. The programs are funded by the California Department of Housing and Community Development and are intended to help young adults, ages 18 to 25 years old, secure and maintain housing, with priority given to young adults formerly in the foster care or probation systems.

In addition to the resolution, please find the associated list of accompanying documents.

- Signed Allocation Acceptance forms
- San Francisco Government TIN

The following person may be contacted regarding this matter: Susie Smith, Human Services Agency Deputy Director, Policy and Planning; (415) 557-6348; susie.smith@sfgov.org

Due to the time-sensitive date for submission to the state, I respectfully request that this item be calendared as soon as possible.

Sincerely,

Trent Rhorer Executive Director