

File No. 250972

Committee Item No. 6

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date October 29, 2025

Board of Supervisors Meeting Date _____

Cmte Board

☐	☐	Motion
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☐	☐	Ordinance
☐	☐	Legislative Digest
☐	☐	Budget and Legislative Analyst Report
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☒	☐	Department/Agency Cover Letter and/or Report
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☐	☐	Form 126 – Ethics Commission
☐	☐	Award Letter
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OTHER (Use back side if additional space is needed)

☒	☐	<u>THP and HNMP Allocation Acceptance Form 8/19/2025</u>
☒	☐	<u>Cal Government Agency TIN Form 8/22/2025</u>
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Completed by: Brent Jalipa Date October 23, 2025

Completed by: Brent Jalipa Date _____

1 [Apply for Grant and Accept Funds Allocation - California Department of Housing and
2 Community Development - Transitional Housing Programs - Up to \$4,741,224 - Housing
3 Navigation and Maintenance Program - Up to \$617,870]

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
25 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.
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APPROVED:

/s/
Trent Rhorer
Executive Director, Human Services Agency

***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**

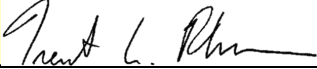
September 2025

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; 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 County of San Francisco, PO Box 7988				City		San Francisco		State		CA		Zip		94120-7988				
Auth Rep Name		Trent Rhorer			Title		Executive Director		Auth Rep Email		trent.rhorer@sfgov.org			Phone		415-760-7620				
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			Phone		415-557-2660				
Address		PO Box 7988				City		San Francisco		State		CA		Zip		94120-7988				
Federal Tax ID Number (FEIN)			946000417																	
Administrative Fiscal Representative																				
Contact Name		Heather Davis			Title		Revenue Manager		Contact Email		heather.davis@sfgov.org									
Phone		415-557-5542		Address		PO Box 7988			City		San Francisco		State		CA		Zip		94120-7988	
File Name:		App Resolution		Reference sample resolution document								Attached to email?		Yes						
File Name:		App GovTIN Form		Reference Taxpayer Identification Number (TIN) document								Attached to email?		Yes						
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 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																				

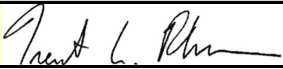
Applicant acknowledges and agrees to submit an bi-annual report to the Department for the two years following contract execution addressing the following: A. Number of program participants served who were homeless at time of program entry; B. Number of program participants served who were in the State’s foster care system; C. Number of program participants served who were formerly in the State’s foster care or probation systems; D. Number of program participants who exited homelessness into temporary housing; E. Number of program participants who exited homelessness into permanent housing; F. Itemization on use of program fund expenditures; G. Who were the housing navigators or other subcontractor(s)? H. Subpopulation data including: 1. Number of participants that are employed; 2. Number of participants identified as LGBTQ+; 3. Number of participants having a disability; 4. Number of participants with minor children in the household; and, 5. Average number of children per household.	Yes
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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.			
Trent Rhorer	Executive Director		9/15/25
Authorized Rep Printed Name	Title of Authorized Rep	Signature	Date

Housing Navigation and Maintenance Program (HNMP) Allocation Acceptance Round 4												Rev. 09/15/25									
County Allocation (select Applicant County in row 7 below):												\$308,935									
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;																					
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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 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						City		San Francisco		State		CA		Zip		94120-7988			
Auth Rep Name		Trent Rhorer				Title		Executive Director		Auth Rep Email		trent.rhorer@sfgov.org				Phone		415-760-7620			
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				Phone		415-557-2660			
Address		PO Box 7988						City		San Francisco		State		CA		Zip		94120-7988			
Federal Tax ID Number (FEIN)				946000417																	
Administrative Fiscal Representative																					
Contact Name		Heather Davis				Title		Revenue Manager				Contact Email		heather.davis@sfgov.org							
Phone		415-557-5542		Address		PO Box 7988				City		San Francisco		State		CA		Zip		94120-7988	
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																					
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. <u>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.</u> <i>The Department will only accept applications electronically via email no later than 5:00 p.m. on:</i>			
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.			Yes
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.			
Trent Rhorer	Executive Director		9/15/25
Authorized Rep Printed Name	Title of Authorized Rep	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
Government
Agency Name*

City and County of San Francisco

Remit-To
Address (Street
or PO Box)*

CCSF Sacramento Lockbox, P.O. Box 103122

City*

Pasadena

State * CA

Zip Code**4 91189-3122

Government Type:

☒ City

☒ County

☐ Special District

☐ Federal

☐ Other (Specify)

Federal
Employer
Identification
Number
(FEIN)*

94-6000417

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

SF Human Services Agency, F210

Complete
Address

PO Box 7988, San Francisco, CA 94120

Dept/Division/Unit
Name

Complete
Address

Dept/Division/Unit
Name

Complete
Address

Dept/Division/Unit
Name

Complete
Address

Contact Person*

Heather Davis

Title

SFHSA Revenue Manager

Phone number*

415-557-5542

E-mail address

heather.davis@sfgov.org

Signature*

Heather Davis

Date

8/22/2025

City and County of San Francisco



Daniel Lurie, Mayor

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