

File No. 211052

Committee Item No. 5

Board Item No. 9

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee  
Board of Supervisors Meeting

Date November 10, 2021

Date November 16, 2021

#### Cmte Board

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/>            | Motion                                       |
| <input checked="" type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/>            | MOU  |
| <input checked="" type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Award Letter                                 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Application                                  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Public Correspondence                        |

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

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<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Brent Jalipa

Date November 5, 2021

Completed by: Brent Jalipa

Date November 12, 2021

1 [Apply for and Accept Funds Allocation - California Department of Housing and Community  
2 Development - Child Welfare Agency Allocation - Housing Navigator Program - Up to  
3 \$183,775]

3

4 **Resolution authorizing the Human Services Agency to apply for and accept a County**  
5 **Child Welfare Agency Allocation for an amount up to \$183,775 from the California**  
6 **Department of Housing and Community Development under the Housing Navigator**  
7 **Program to help young adults secure and maintain housing.**

8

9 WHEREAS, The State of California, Department of Housing and Community  
10 Development issued an Allocation Acceptance form, dated October 4, 2021, under the  
11 Housing Navigator Program for \$5,000,000 authorized by the Health and Safety Code Ch.  
12 11.8, Section 50811 of the Budget Act of 2021 (Chapter 69 of the Statutes of 2021 (SB 129));  
13 and

14 WHEREAS, The Allocation Acceptance form relates to the availability of Housing  
15 Navigator Program funds for the purpose of housing stability to help young adults 18 to 25  
16 years old secure and maintain housing, with priority given to young adults formerly in the  
17 foster care or probation systems; and

18 WHEREAS, City and County of San Francisco was included in the Allocation  
19 Acceptance form dated October 5, 2021, as a county child welfare agency eligible to apply for  
20 funding; and

21 WHEREAS, Allocations shall be distributed to county child welfare services agencies  
22 based on each county's percentage of the total statewide number of young adults aged 18 to  
23 25 years in foster care; now, therefore, be it

24 RESOLVED, That the Human Services Agency is hereby authorized to apply for and  
25 accept the Housing Navigator Program Allocation award, as detailed in the Allocation

1 Acceptance form, up to the amount authorized by the Allocation Acceptance form and  
2 applicable state law; and, be it

3 FURTHER RESOLVED, That if funds remain available for allocation after the deadline  
4 for submitting a signed Allocation Acceptance form, and if the Department of Housing and  
5 Community Development advises the Human Services Agency that San Francisco is eligible  
6 for an additional allocation from these remaining funds, the Human Services Agency is hereby  
7 authorized and directed to accept this additional allocation of funds up to the amount  
8 authorized by the Department of Housing and Community Development; and, be it

9 FURTHER RESOLVED, That the Executive Director of the Human Services Agency is  
10 hereby authorized to act on behalf of the City and County of San Francisco in connection with  
11 the Housing Navigator Program Allocation award, and to enter into, execute, and deliver any  
12 and all documents required or deemed necessary or appropriate to be awarded the Housing  
13 Navigator Program Allocation award, and all amendments thereto; and, be it

14 FURTHER RESOLVED, That the Human Services Agency shall be subject to the  
15 terms and conditions that are specified in the Housing Navigator Program Allocation Award  
16 Documents and the Human Services Agency will use the Housing Navigator Program award  
17 funds in accordance with the Allocation Acceptance form, other applicable rules and laws, and  
18 the Housing Navigator Program requirements.

19

20

21 APPROVED:

22

23

\_\_\_\_\_ /s/

24

Trent Rhorer

25

Executive Director, Human Services Agency

**File Number:** \_\_\_\_\_  
(Provided by Clerk of Board of Supervisors)

**Grant Resolution Information Form**  
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: **Housing Navigators Program for Young Adults Formerly (or in) Foster Care**
2. Department: San Francisco Human Services Agency
3. Contact Person: Susie Smith                      Telephone: (415) 307-3291
4. Grant Approval Status (check one):  
 Approved by funding agency                       Not yet approved
5. Amount of Grant Funding Approved or Applied for: TBD by the State Department of Housing and Community Development, based on San Francisco's percentage of the total statewide number of young adults aged 18 to 25 years in foster care.
- 6a. Matching Funds Required: N/A  
b. Source(s) of matching funds (if applicable):
- 7a. Grant Source Agency: State of California Department of Housing and Community Development  
b. Grant Pass-Through Agency (if applicable):
8. Proposed Grant Project Summary: this grant will 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.
9. Grant Project Schedule, as allowed in approval documents, or as proposed:  

Start-Date: TBD                      End-Date: TBD
- 10a. Amount budgeted for contractual services:  
b. Will contractual services be put out to bid? TBD  
c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements?  
d. Is this likely to be a one-time or ongoing request for contracting out? TBD
- 11a. Does the budget include indirect costs? TBD  
b1. If yes, how much?  
b2. How was the amount calculated?  
c1. If no, why are indirect costs not included?  
 Not allowed by granting agency                       To maximize use of grant funds on direct services

Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs?

12. Any other significant grant requirements or comments:

The State Department of Housing and Community Development requires submission of a board resolution to apply for and accept funding for this program; however, we do not yet know San Francisco's funding amount or other details that will be determined once we know our allocation amount.

Proposal ID:

Version ID:

Project ID:

**\*\*Disability Access Checklist\*\*\*(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Existing Site(s)      | <input type="checkbox"/> Existing Structure(s)      | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s)      |
| <input type="checkbox"/> New Site(s)           | <input type="checkbox"/> New Structure(s)           |  |

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Robert Walsh

(Name)

Director of Facilities

(Title)

Date Reviewed: 10/12/2021

DocuSigned by:  
Robert Walsh

B062BD38660E4BC  
(Signature Required)

**Department Head or Designee Approval of Grant Information Form:**

\_\_\_\_\_/s/\_\_\_\_\_  
\_\_\_\_\_

Trent Rhorer

Executive Director, Human Services Agency

Date Reviewed: 10/5/21\_\_\_\_\_

DocuSigned by:  
*Trent Rhorer*

9763A8870BB74EE...  
\_\_\_\_\_  
**(Signature Required)**

<b>Housing Navigators Program (HNP) Allocation Acceptance Round 2</b>						10/4/2021	
<b>County Allocation (select Applicant County in row 7 below):</b>						<b>\$147,020</b>	
<p>Pursuant to the Health and Safety Code Ch. 11.8, Section 50811 (the "Statute"), the California Department of Housing and Community Development (the "Department") has allocated funding to counties for use by child welfare services agencies. This Standard Agreement (the "Agreement") is entered into under the authority of, and in furtherance of the purposes of, the Statute.</p>							
<b>Allocation Applicant</b>							
<b>Allocation Applicant is a County</b>							
<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 21 years in foster care. The allocation excludes Alpine, Mono and Sierra county because their calculation did not demonstrate a need for young adults aged 18 to 21.</p>							
<b>Applicant County</b>		San Francisco County					
<b>Legal name of Applicant as stated on resolution:</b>							
<b>Address</b>		<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Auth Rep Name</b>	<b>Title</b>	<b>Auth Rep Email</b>		<b>Phone</b>			
<b>Contact Name</b>		<b>Title</b>		<b>Email</b>		<b>Phone</b>	
<b>Address</b>		<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Federal Tax ID Number (FEIN)</b>							
<b>Administrative Fiscal Representative</b>							
<b>Legal Name</b>		<b>Contact Name</b>		<b>Contact Email</b>			
<b>Phone</b>	<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>		
<b>File Name:</b>	<b>App Resolution</b>	Reference sample resolution document				Attached to email?	
<b>File Name:</b>	<b>App TIN</b>	Reference Taxpayer Identification Number (TIN) document				Attached to email?	
<b>Use of Funds</b>							
<p>Funds shall be used to help young adults who are 18 to 21 years of age secure and maintain housing. Use of funds may include, but are not limited to:</p> <ol style="list-style-type: none"> <li>1) Identify and assist housing services for this population in your community;</li> <li>2) Assist this population to secure and maintain housing (with priority given to those in the state's foster care or probation system);</li> <li>3) Improve coordination of services and linkages to community resources within the child welfare system and the Homeless Continuum of Care; and</li> <li>4) Provide engagement in outreach and targeting to serve those with the most severe needs.</li> </ol>							
<b>Expenditure of Funds</b>							
<p>Any grant funds remaining unexpended as of June 30, 2024 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, 2024 and must reference the Contract Number.</p>							
<b>Allocation Acceptance Requirements</b>							
<p>In order to accept and receive an allocation, applicants must submit the following: <b>Signed Allocation Acceptance form, Signed Resolution, and TIN Form.</b> HCD will only accept applications electronically via email no later than 5:00 p.m. on:</p> <p style="text-align: center;"><b>Friday, November 12, 2021</b></p> <p style="text-align: center;">HCD will only accept applications electronically at the following email address: <a href="mailto:HNP@hcd.ca.gov">HNP@hcd.ca.gov</a></p>							
<b>Reporting Requirements</b>							
<p>Applicant acknowledges and agrees to submit an annual report to the Department for the two years following distribution of TAY Program funds addressing the following:</p> <ol style="list-style-type: none"> <li>A. Number of program participants served with program funds</li> <li>B. Details on use of program funds</li> <li>C. Details on housing navigators and other subcontractors</li> <li>D. Number of program participants served who were in the state's foster care system</li> <li>E. Number of program participants who were homeless at time of program entry</li> <li>F. Number of program participants who exited homelessness into temporary housing</li> <li>G. Number of program participants who exited homelessness into permanent housing.</li> </ol>							
<b>Certification</b>							
<p>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.</p>							
<b>Printed Name</b>		<b>Title of Signatory</b>		<b>Signature</b>		<b>Date</b>	
<b>Name:</b>	<b>Phone Number:</b>		<b>State:</b>		<b>Zip:</b>		
<b>Address:</b>	<b>City:</b>		<b>State:</b>		<b>Zip:</b>		

**Smith, Susie (HSA)**

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**To:** Rhorer, Trent (HSA)  
**Subject:** FW: Invitation to accept allocation for the Round 2 Housing Navigators Program (HNP)

**From:** HNP@HCD <[HNP@hcd.ca.gov](mailto:HNP@hcd.ca.gov)>  
**Sent:** Friday, October 1, 2021 2:57 PM  
**Subject:** Invitation to accept allocation for the Round 2 Housing Navigators Program (HNP)

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Good Afternoon,

Pursuant to the Health and Safety Code Ch. 11.8, Section 50811, the Department of Housing and Community Development (HCD) shall allocate \$5,000,000 in funding of the Housing Navigators Program (HNP) to counties for the purpose of housing stability to help young adults 18 to 21 years secure and maintain housing, with priority given to young adults formerly in the foster care system. As well as provide training to its child welfare agency social workers and probation officers who serve nonminor dependents

In agreement with the Department of Social Services, the Department of Finance, and the County Welfare Directors Association, the allocation for Round 2 of the Housing Navigators Program will remain the same as Round 1. As with Round 1, this allocation excludes Alpine County, Mono County and Sierra County because their calculation did not demonstrate a need for young adults aged 18 to 21.

To accept and receive an allocation for Round 2, applicants must submit the following: **Signed Allocation Acceptance form, Signed Resolution, and a signed GovTIN form.** HCD will only accept completed applications and relevant documentation via email to [HNP@hcd.ca.gov](mailto:HNP@hcd.ca.gov) no later than **5:00 p.m. on Friday, November 12, 2021.** Please find attached the HNP Allocation Acceptance form, Resolution template and GOVTIN form. These forms can also be found on the [HNP](#) webpage. The Department may grant extensions for Signed Resolutions upon request. If your county needs an extension for the Signed Resolution, please email request to [HNP@hcd.ca.gov](mailto:HNP@hcd.ca.gov) no later than 5:00p.m. on Friday, November 12, 2021.

The anticipated timeline is as follows:

October 1, 2021	Release of the Invitation to accept Round 2 Housing Navigators Program Allocation via email
November 12, 2021	<b>Allocation Acceptance form, Resolution &amp; GOVTIN form due</b>
January- March 2022	Award / Standard Agreement Execution



Please feel free to reach out to us with questions at [HNP@hcd.ca.gov](mailto:HNP@hcd.ca.gov).

Stay safe and healthy!

**From:** [Kittler, Sophia \(MYR\)](#)  
**To:** [BOS Legislation, \(BOS\)](#)  
**Cc:** [Smith, Susie \(HSA\)](#); [Rhorer, Trent \(HSA\)](#); [RIES, DAVID \(CAT\)](#)  
**Subject:** Mayor - Resolution - Authorization to Apply - Housing Navigator Program  
**Date:** Tuesday, October 5, 2021 6:53:39 PM  
**Attachments:** [01. Reso HSA Auth to Apply Housing Navigator Program.DOCX](#)  
[Housing Navigator Program Apply & Accept Full Packet 10.21.pdf](#)

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Dear Clerks,

Please find attached for introduction to the Board of Supervisors a **Resolution authorizing the Human Services Agency to apply for and accept a County Child Welfare Agency Allocation for an amount up to \$147,020 from the California Department of Housing and Community Development under the Housing Navigator Program to help young adults secure and maintain housing.**

Copying Director Rhorer for his electronic signature of approval.

Please let me know if you have any additional questions.

Sophia Kittler  
Office of Mayor London N. Breed  
415 554 6153 (desk)