

File No. 200277

Committee Item No. \_\_\_\_\_

Board Item No. 23

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: \_\_\_\_\_

Date: \_\_\_\_\_

Board of Supervisors Meeting

Date: March 17, 2020

#### Cmte Board

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

#### OTHER

- |                          |                                     |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Draft Transitional Housing Program Allocation Acceptance Form |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | California Department of Housing and Community Development    |
|                          |                                     | Letter - 02/07/20   |
| <input type="checkbox"/> | <input type="checkbox"/>            | _____   |
| <input type="checkbox"/> | <input type="checkbox"/>            | _____   |
| <input type="checkbox"/> | <input type="checkbox"/>            | _____   |
| <input type="checkbox"/> | <input type="checkbox"/>            | _____   |
| <input type="checkbox"/> | <input type="checkbox"/>            | _____   |

Prepared by: Lisa Lew

Date: March 13, 2020

Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_

1 [Apply for Funds Allocation - California Department of Housing and Community Development -  
2 Child Welfare Agency Allocation - Transitional Housing Program - Up to \$459,200]

3 **Resolution authorizing the Human Services Agency to apply for and accept a County**  
4 **Child Welfare Agency Allocation for an amount up to \$459,200 from the California**  
5 **Department of Housing and Community Development under the Transitional Housing**  
6 **Program to help young adults secure and maintain housing.**

7  
8 WHEREAS, The State of California, Department of Housing and Community  
9 Development issued an Allocation Acceptance form under the Transitional Housing Program  
10 for \$8,000,000 authorized by item 2240-102-0001 of Section 2.00 of the Budget Act of 2019  
11 (Chapter 23 of the Statutes of 2019) and Chapter 11.7 (commencing with Section 50807) of  
12 Part 2 of Division 31 of the Health and Safety Code; and

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

17 WHEREAS, City and County of San Francisco was included in the Allocation  
18 Acceptance form dated February 7, 2020, as a county child welfare agency eligible to apply  
19 for funding; and

20 WHEREAS, The total allocation of \$8,000,000 shall be distributed to county child  
21 welfare services agencies based on each county's percentage of the total statewide number  
22 of young adults aged 18 to 25 years in foster care; and

23 WHEREAS, The Human Services Agency is applying to receive a county allocation of  
24 up to \$459,200; now, therefore, be it

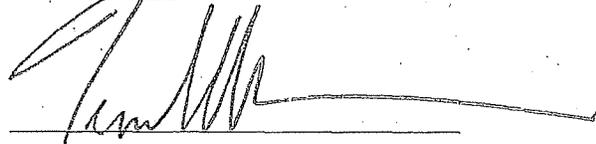
25 //

1 RESOLVED, That the Human Services Agency is hereby authorized to apply for and  
2 accept the Transitional Housing Program Allocation award, as detailed in the Allocation  
3 Acceptance form, up to the amount authorized by the Allocation Acceptance form and  
4 applicable state law; and, be it

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

10 FURTHER RESOLVED, That the Human Services Agency will use the Transitional  
11 Housing Program award funds in accordance with the Allocation Acceptance form, other  
12 applicable rules and laws, and the Transitional Housing Program requirements.  
13  
14  
15

16 APPROVED:

17   
18 \_\_\_\_\_

19 Trent Rhorer

20 Executive Director, Human Services Agency  
21  
22  
23  
24  
25

# **Transitional Housing Program (THP)**

## **Allocation Acceptance Form**



**Gavin Newsom, Governor  
State of California**

**Lourdes M. Castro Ramírez, Secretary  
Business, Consumer Services and Housing Agency**

**Douglas R. McCauley, Acting 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](mailto:THP@hcd.ca.gov)**

**February 2020**

Transitional Housing Program (THP) Allocation Acceptance						Rev. 2/14/20	
						County Allocation: \$459,200	
Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2019 (Chapter 23 of the Statutes of 2019) 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.							
<b>Allocation Applicant</b>							
Allocation Applicant is a County Child Welfare Agency							
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.							
Applicant County <b>San Francisco County</b>							
Legal name of Applicant as stated on resolution: <b>City and County of San Francisco</b>							
Address <b>City and County of San Francisco Human Services Agency PO Box 7988</b>						City <b>San Francisco</b>	
						State <b>CA</b>	
						Zip <b>94120</b>	
Auth Rep Name <b>Trent Rhorer</b>		Title <b>Executive Director, Human Services Agency, City and County of San Francisco</b>		Auth Rep Email <b>trent.rhorer@sfgov.org</b>		Phone <b>(415) 557-6541</b>	
Contact Name <b>Joan Miller</b>		Title <b>Deputy Director, Family and Child Services, City and County of San Francisco</b>		Email <b>joan.miller@sfgov.org</b>		Phone <b>(415) 558-2660</b>	
Address <b>City and County of San Francisco Human Services Agency PO Box 7988</b>						City <b>San Francisco</b>	
						State <b>CA</b>	
						Zip <b>94120</b>	
Federal Tax ID Number (FEIN) <b>94-6000417</b>							
<b>Administrative Fiscal Representative</b>							
Legal Name <b>Heather Davis</b>		Contact Name <b>Heather Davis</b>		Contact Email <b>Heather.Davis@sfgov.org</b>			
Phone <b>(415) 557-5542</b>		Address <b>City and County of San Francisco Human Services Agency PO Box 7988</b>		City <b>San Francisco</b>		State <b>CA</b>	
						Zip <b>94120</b>	
File Name: <b>App Resolution</b>		Reference sample resolution document				Attached to email?	
File Name: <b>App Signature Block</b>		Signature Block - upload in Microsoft Word document				Attached to email?	
File Name: <b>App TIN</b>		Reference Taxpayer Identification Number (TIN) document				Attached to email?	
<b>Use of Funds</b>							
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:							
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.							
<b>Expenditure of Funds</b>							
Any grant funds remaining unexpended as of June 30, 2022, 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, 2022 and must reference the Contract Number.							
<b>Allocation Acceptance Requirements</b>							
In order to accept and receive an allocation, applicants must submit the following: Signed Allocation Acceptance form, Signed Resolution, and TIN Form. HCD will only accept applications electronically via email no later than 5:00 p.m. on:							
<b>Tuesday, March 31, 2020</b>							
HCD will only accept applications electronically at the following email address:							
<a href="mailto:THP@hcd.ca.gov">THP@hcd.ca.gov</a>							
<b>Reporting Requirements</b>							
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:							
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?							
<b>Certification</b>							
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.							
Printed Name		Title of Signatory		Signature		Date	
Entity Name: <b>Trent Rhorer</b>		Executive Director, Human Services Agency, City and County of San Francisco					
Entity Address: <b>trent.rhorer@sfgov.org</b>		City: <b>San Francisco</b>		State: <b>CA</b>		Zip: <b>94120</b>	

**Tran-Houangvilay, Stephanie@HCD**

---

**From:** Tran-Houangvilay, Stephanie@HCD on behalf of THP@HCD  
**Sent:** Friday, February 7, 2020 9:06 AM  
**Subject:** Invitation to accept allocation for the Transitional Housing Program (THP)  
**Attachments:** Transitional Housing Program Acceptance 020720.xlsx; Transitional Housing Program Resolution template.docx; GovtTINForm\_000.pdf

**Categories:** THP

Good Morning,

Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2019 (Chapter 23 of the Statutes of 2019) 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.

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.

In order to accept and receive an allocation, applicants must submit the following: **Signed Allocation Acceptance form, Signed Resolution, and TIN form.** HCD will only accept completed applications electronically via email to [THP@hcd.ca.gov](mailto:THP@hcd.ca.gov) no later than **5:00 p.m. on Tuesday, March 31, 2020.** Please find attached the Transitional Housing Program Acceptance form, Resolution template and checklist and TIN form.

The anticipated timeline is as follows:

April	Application processing / Execute Standard Agreements
May - June	Awards

If you have any questions, please feel free to reach out to us.



*V wksdqL#W udqK rxdqjytdl/#*

Manager, Program Development & Implementation Unit  
Department of Housing & Community Development  
2020 W. El Camino Avenue, Suite 600 | Sacramento, CA 95833  
Phone: 916.274.0533

Sign up for HCD [alerts](#).



Print Form

# Introduction Form

By a Member of the Board of Supervisors or Mayor

RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO

2020 MAR 10 PM 1:09

BY \_\_\_\_\_  
Time stamp  
or meeting date

I hereby submit the following item for introduction (select only one):

- 1. For reference to Committee. (An Ordinance, Resolution, Motion or Charter Amendment).
- 2. Request for next printed agenda Without Reference to Committee.
- 3. Request for hearing on a subject matter at Committee.
- 4. Request for letter beginning : "Supervisor [ ] inquiries"
- 5. City Attorney Request.
- 6. Call File No. [ ] from Committee.
- 7. Budget Analyst request (attached written motion).
- 8. Substitute Legislation File No. [ ]
- 9. Reactivate File No. [ ]
- 10. Topic submitted for Mayoral Appearance before the BOS on [ ]

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- Small Business Commission
- Youth Commission
- Ethics Commission
- Planning Commission
- Building Inspection Commission

**Note: For the Imperative Agenda (a resolution not on the printed agenda), use the Imperative Form.**

Sponsor(s):

Yee

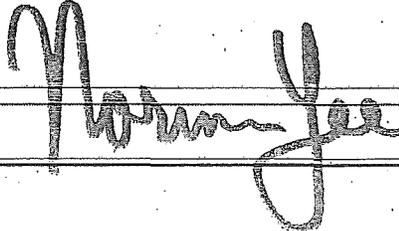
Subject:

Resolution- Authorizing Human Service Agency to apply for and accept allocation from the California Department of Housing and Community Development for Transitional Housing Programs-

The text is listed:

[ ]

Signature of Sponsoring Supervisor:



For Clerk's Use Only

