

File No. 220824

Committee Item No. 6

Board Item No. \_\_\_\_\_

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date July 27, 2022

Board of Supervisors Meeting Date \_\_\_\_\_

#### Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Youth Commission Report
- Introduction Form
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- Public Correspondence

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

- Housing Navigators Prgm Alloc Acceptance Rnd 2 11/12/2021
- Draft CA DHCD Award Letter
- Board Resolution No. 528-21 11/19/2021
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Completed by: Brent Jalipa Date July 21, 2022

Completed by: Brent Jalipa Date \_\_\_\_\_

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 reauthorizing 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 Navigators**  
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 Navigators Program for \$5,000,000 authorized by Item 2240-103-0001 of Section  
12 2.00 of the Budget Act of 2029, (SB 109), as amended by Section 2.00 of Chapter 21 of the  
13 Statutes of 2021 (AB 128); and

14 WHEREAS, The Allocation Acceptance form relates to the availability of Housing  
15 Navigators Program funds for the purpose of housing stability to help young adults 18 to 21  
16 years old secure and maintain housing, with priority given to young adults formerly in the  
17 foster care system; and

18 WHEREAS, City and County of San Francisco was included in the Allocation  
19 Acceptance form dated October 4, 2021, as a county child welfare agency eligible to apply for  
20 funding; and

21 WHEREAS, The Board of Supervisors previously approved acceptance of this  
22 allocation by passing Resolution No. 528-21, but Department of Housing and Community  
23 Development requires a new resolution which corrects inaccuracies in Resolution No. 528-21  
24 regarding the date of the Allocation Acceptance form, the eligible age range for these  
25 services, and the statutory authority for the Housing Navigators Program; and

1           WHEREAS, Allocations shall be distributed to county child welfare services agencies  
2 based on each county's percentage of the total statewide number of young adults aged 18 to  
3 21 years in foster care; now, therefore, be it

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

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

14           FURTHER RESOLVED, That the Human Services Agency's Deputy Director for Family  
15 and Children's Services is hereby authorized to act on behalf of the City and County of San  
16 Francisco in connection with the Housing Navigator Program Allocation award, and to enter  
17 into, execute, and deliver any and all documents required or deemed necessary or  
18 appropriate to be awarded the Housing Navigator Program Allocation award, and all  
19 amendments thereto; and, be it

20           FURTHER RESOLVED, That the Human Services Agency shall be subject to the  
21 terms and conditions that are specified in the Housing Navigator Program Allocation Award  
22 Documents and the Human Services Agency will use the Housing Navigator Program award  
23 funds in accordance with the Allocation Acceptance form, other applicable rules and laws, and  
24 the Housing Navigator Program requirements.



**File Number:** 220824  
(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:**

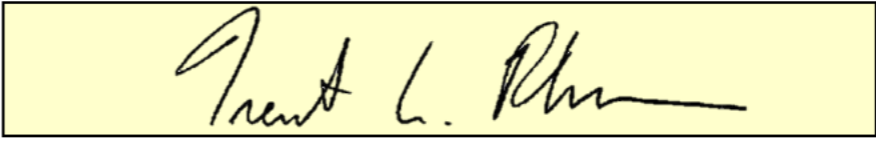
\_\_\_\_\_  
*/s/*

Trent Rhorer

Executive Director, Human Services Agency

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

DocuSigned by:  
*Trent Rhorer*  
9763A8870B74EE  
\_\_\_\_\_  
(Signature Required)

| Housing Navigators Program (HNP) Allocation Acceptance Round 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                    |  |                                                         |       |                                                                                       |                                                 |               |  | 10/4/2021          |  |                         |  |                         |  |                |  |     |  |       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------|--|---------------------------------------------------------|-------|---------------------------------------------------------------------------------------|-------------------------------------------------|---------------|--|--------------------|--|-------------------------|--|-------------------------|--|----------------|--|-----|--|-------|--|
| County Allocation (select Applicant County in row 7 below):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                    |  |                                                         |       |                                                                                       |                                                 |               |  | \$147,020          |  |                         |  |                         |  |                |  |     |  |       |  |
| Pursuant to Item 2240-103-0001 of Section 2.00 of the Budget Act of 2019 (SB 109), as amended by Section 2.00 of Chapter 21 of the Statutes of 2021 (AB 128), the California Department of Housing and Community Development (the "Department") shall allocate \$5,000,000 in funding to counties for the support of housing navigators to help young adults 18 years and up to 21 years secure and maintain housing, with priority given to young adults in the foster care system. The county may use the funding to provide housing navigation services directly or through a contract with other housing assistance programs in the county. It is encouraged that the county coordinate with the local Continuum of Care to foster communication and collaboration. |  |                                                                    |  |                                                         |       |                                                                                       |                                                 |               |  |                    |  |                         |  |                         |  |                |  |     |  |       |  |
| <b>Allocation Applicant</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                    |  |                                                         |       |                                                                                       |                                                 |               |  |                    |  |                         |  |                         |  |                |  |     |  |       |  |
| Allocation Applicant is a County Child Welfare Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                    |  |                                                         |       |                                                                                       |                                                 |               |  | 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 aged 18 through 21 year old in foster care. The allocation excludes Alpine, Mono, and Sierra counties because their calculation did not demonstrate a need for young adults aged 18-21. □                                                                                                                                                                                                    |  |                                                                    |  |                                                         |       |                                                                                       |                                                 |               |  |                    |  |                         |  |                         |  |                |  |     |  |       |  |
| Applicant County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | San Francisco County                                               |  |                                                         |       |                                                                                       |                                                 |               |  |                    |  |                         |  |                         |  |                |  |     |  |       |  |
| Legal name of Applicant as stated on resolution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                    |  | City and County of San Francisco                        |       |                                                                                       |                                                 |               |  |                    |  |                         |  |                         |  |                |  |     |  |       |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | City and County of San Francisco Human Services Agency PO Box 7988 |  |                                                         |       | City                                                                                  |                                                 | San Francisco |  | State              |  | CA                      |  | Zip                     |  | 94120          |  |     |  |       |  |
| Auth Rep Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Joan Miller                                                        |  |                                                         | Title |                                                                                       | Deputy Director, Family and Children's Services |               |  | Auth Rep Email     |  | joan.h.miller@sfgov.org |  | Phone                   |  | (415) 558-2660 |  |     |  |       |  |
| Contact Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Joan Miller                                                        |  |                                                         | Title |                                                                                       | Deputy Director, Family and Children's Services |               |  | Email              |  | joan.h.miller@sfgov.org |  | Phone                   |  | (415) 558-2660 |  |     |  |       |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | PO Box 7988                                                        |  |                                                         |       | City                                                                                  |                                                 | San Francisco |  | State              |  | CA                      |  | Zip                     |  | 94120          |  |     |  |       |  |
| Federal Tax ID Number (FEIN):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 94-6000417                                                         |  |                                                         |       |                                                                                       |                                                 |               |  |                    |  |                         |  |                         |  |                |  |     |  |       |  |
| <b>Administrative Fiscal Representative</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                    |  |                                                         |       |                                                                                       |                                                 |               |  |                    |  |                         |  |                         |  |                |  |     |  |       |  |
| Legal Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Heather Davis                                                      |  |                                                         |       | Contact Name                                                                          |                                                 | Heather Davis |  |                    |  | Contact                 |  | Heather.Davis@sfgov.org |  |                |  |     |  |       |  |
| Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | (415) 557-5542                                                     |  | Address                                                 |       | City and County of San Francisco Human Services Agency PO Box 7988                    |                                                 |               |  | City               |  | San Francisco           |  | State                   |  | CA             |  | Zip |  | 94120 |  |
| File Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | App Resolution                                                     |  | Reference sample resolution document                    |       |                                                                                       |                                                 |               |  | Attached to email? |  | No                      |  |                         |  |                |  |     |  |       |  |
| File Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | App TIN                                                            |  | Reference Taxpayer Identification Number (TIN) document |       |                                                                                       |                                                 |               |  | Attached to email? |  | Yes                     |  |                         |  |                |  |     |  |       |  |
| <b>Use of Funds</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                    |  |                                                         |       |                                                                                       |                                                 |               |  |                    |  |                         |  |                         |  |                |  |     |  |       |  |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                    |  |                                                         |       |                                                                                       |                                                 |               |  |                    |  |                         |  |                         |  |                |  |     |  |       |  |
| 1) Identify and assist housing services for this population in your community;<br>2) Assist this population to secure and maintain housing (with priority given to those in the state's foster care or probation system);<br>3) Improve coordination of services and linkages to community resources within the child welfare system and the Homeless Continuum of Care; and<br>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, 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                    |  |                                                         |       |                                                                                       |                                                 |               |  |                    |  |                         |  |                         |  |                |  |     |  |       |  |
| <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>Friday, November 12, 2021</b><br>HCD will only accept applications electronically at the following email address:<br><a href="mailto:HNP@hcd.ca.gov">HNP@hcd.ca.gov</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                    |  |                                                         |       |                                                                                       |                                                 |               |  |                    |  |                         |  |                         |  |                |  |     |  |       |  |
| <b>Reporting Requirements</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                    |  |                                                         |       |                                                                                       |                                                 |               |  |                    |  |                         |  |                         |  |                |  |     |  |       |  |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                    |  |                                                         |       |                                                                                       |                                                 |               |  | Yes                |  |                         |  |                         |  |                |  |     |  |       |  |
| A. Number of program participants served with program funds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                    |  |                                                         |       |                                                                                       |                                                 |               |  |                    |  |                         |  |                         |  |                |  |     |  |       |  |
| B. Details on 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                    |  |                                                         |       |                                                                                       |                                                 |               |  |                    |  |                         |  |                         |  |                |  |     |  |       |  |
| <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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                    |  |                                                         |       |                                                                                       |                                                 |               |  |                    |  |                         |  |                         |  |                |  |     |  |       |  |
| Trent Rhorer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Executive Director                                                 |  |                                                         |       |  |                                                 |               |  | 11/12/21           |  |                         |  |                         |  |                |  |     |  |       |  |
| Printed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Title of Signatory                                                 |  |                                                         |       | Signature                                                                             |                                                 |               |  | Date               |  |                         |  |                         |  |                |  |     |  |       |  |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Trent Rhorer                                                       |  |                                                         |       | Phone Number:                                                                         |                                                 | (415)557-6540 |  |                    |  |                         |  |                         |  |                |  |     |  |       |  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | PO Box 7988                                                        |  |                                                         |       | City:                                                                                 |                                                 | San Francisco |  | State:             |  | CA                      |  | Zip:                    |  | 94120          |  |     |  |       |  |



**DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
DIVISION OF STATE FINANCIAL ASSISTANCE**

2020 W. El Camino Avenue, Suite 670, 95833  
P. O. Box 952054  
Sacramento, CA 94252-2054  
(916) 263-2771  
[www.hcd.ca.gov](http://www.hcd.ca.gov)



DATE

Trent Rhorer, Director  
Human Services Agency  
City and County of San Francisco  
P.O. Box 7988  
San Francisco, CA 94120

Dear Trent Rhorer:

**RE: Award Announcement – Housing Navigators Program  
Notice of Funding Availability Fiscal Year 2021/2022, Round 2  
City and County of San Francisco  
Contract No. 21-HNP-17397**

The California Department of Housing and Community Development (Department) is pleased to announce that the City and County of San Francisco has been awarded a Housing Navigators Program (HNP), Round 2, award in the amount of \$147,020. This letter constitutes notice of the designation of HNP program funds for the City and County of San Francisco.

The City and County of San Francisco will be able to draw down funds when the Standard Agreement is fully executed, and any general and special conditions have been cleared in writing.

The Department intends to issue a Standard Agreement within 90 days of receipt of the documentation required to execute this contract. An HNP representative will be in communication with you within a week to discuss and confirm any documents needed.

Congratulations on your successful application. For further information, please contact Jason Blair, HNP Manager, Program Design and Implementation Branch, at (916) 776-7671 or [Jason.Blair@hcd.ca.gov](mailto:Jason.Blair@hcd.ca.gov).

Sincerely,

Jennifer Seeger  
Deputy Director  
Division of State Financial Assistance

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]

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.**

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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

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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



City and County of San Francisco

Tails  
Resolution

City Hall  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4689

File Number: 211052

Date Passed: November 16, 2021

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

November 10, 2021 Budget and Finance Committee - AMENDED, AN AMENDMENT OF THE WHOLE BEARING NEW TITLE

November 10, 2021 Budget and Finance Committee - RECOMMENDED AS AMENDED

November 16, 2021 Board of Supervisors - ADOPTED

Ayes: 10 - Chan, Haney, Mandelman, Mar, Melgar, Peskin, Preston, Safai, Stefani and Walton  
Excused: 1 - Ronen

File No. 211052

I hereby certify that the foregoing Resolution was ADOPTED on 11/16/2021 by the Board of Supervisors of the City and County of San Francisco.

f Angela Calvillo  
Clerk of the Board

London N. Breed  
Mayor

11/19/21

Date Approved

**From:** [Conine-Nakano, Susanna \(MYR\)](#)  
**To:** [BOS Legislation, \(BOS\)](#)  
**Cc:** [Paulino, Tom \(MYR\)](#); [Smith, Susie \(HSA\)](#); [Finetti, Roderick \(HSA\)](#)  
**Subject:** Mayor -- Resolution -- Housing Navigator Program  
**Date:** Tuesday, July 12, 2022 4:27:14 PM  
**Attachments:** [Mayor -- Resolution -- Housing Navigator Program.zip](#)

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Hello Clerks,

Attached for introduction to the Board of Supervisors is a Resolution reauthorizing the Human Services Agency to accept and expend a County Child Welfare Agency Allocation for an amount up to \$183,775 from the California Department of Housing and Community Development under the Housing Navigators Program to help young adults secure and maintain housing.

Please let me know if you have any questions.

Best,  
Susanna

Susanna Conine-Nakano  
Office of Mayor London N. Breed  
City & County of San Francisco  
1 Dr. Carlton B. Goodlett Place, Room 200  
San Francisco, CA 94102  
415-554-6147