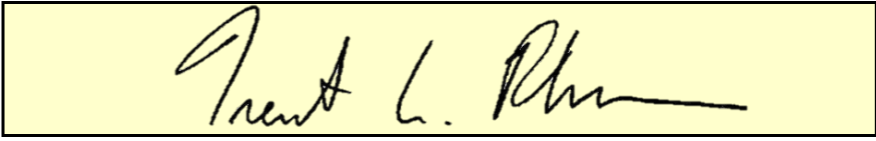


<b>Housing Navigators Program (HNP) Allocation Acceptance Round 2</b>										10/4/2021											
<b>County Allocation (select Applicant County in row 7 below):</b>										<b>\$147,020</b>											
<p>Pursuant to Item 2240-103-0001 of Section 2.00 of the Budget Act of 2019 (SB 109), as amended 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.</p>																					
<b>Allocation Applicant</b>																					
<b>Allocation Applicant is a County Child Welfare Agency</b>										Yes											
<p>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. □</p>																					
<b>Applicant County</b>		<b>San Francisco County</b>																			
<b>Legal name of Applicant as stated on resolution</b>				<b>City and County of San Francisco</b>																	
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					
<b>Federal Tax ID Number (FEIN):</b>		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	
<b>File Name:</b>		<b>App Resolution</b>		Reference sample resolution document						Attached to email?		No									
<b>File Name:</b>		<b>App TIN</b>		Reference Taxpayer Identification Number (TIN) document						Attached to email?		Yes									
<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><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></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:</p> <p style="text-align: center;"><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> <p>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.</p>										Yes											
<b>Certification</b>																					
<p><b>On behalf of the entity identified in the signature block below, I certify that:</b></p> <p>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>																					
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					