File No. <u>221205</u>

Committee Item No. <u>3</u> Board Item No. <u>7</u>

# COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee:	Budget and Finance Committee	Date	January 11, 2023
Board of Sup	pervisors Meeting	Date	January 24, 2023

### **Cmte Board**

		Motion
$\bowtie$	$\bowtie$	Resolution
		Ordinance
H		Legislative Digest
H	H	
		Budget and Legislative Analyst Report
		Youth Commission Report
		Introduction Form
$\boxtimes$	$\boxtimes$	Department/Agency Cover Letter and/or Report
		MOU
		Grant Information Form
		Grant Budget
		Subcontract Budget
		Contract/Agreement
$\square$		Form 126 – Ethics Commission
H	H	Award Letter
Å	M	Application
		Public Correspondence

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

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Completed by:	Brent Jalipa	Date	January 5, 2023
Completed by:	Brent Jalipa	Date	January 19, 2023

1	[Apply for Grant and Accept Funds Allocation - California Department of Housing and Community Development - Transitional Housing Program for an Amount up to \$4,084,482 -
2	Housing Navigation and Maintenance Program for an Amount up to \$607,376]
3	
4	Resolution authorizing the Human Services Agency, on behalf of the City and County
5	of San Francisco, to apply for and accept the county allocation award from the
6	California Department of Housing and Community Development under the Transitional
7	Housing Program for an amount up to \$4,084,482 and Housing Navigation and
8	Maintenance Program for an amount up to \$607,376 to help young adults secure and
9	maintain housing.
10	
11	WHEREAS, The State of California, Department of Housing and Community
12	Development ("Department") issued an allocation acceptance form, dated November 1, 2022
13	on file with the Clerk of the Board of Supervisors in File No. 221205 under Round 4 of the
14	Transitional Housing Program ("THP"), authorized by item 2240-102-0001 of section 2.00 of
15	the Budget Act of 2022 (Chapter 249 of the Statutes of 2022) and Chapter 11.7 (commencing
16	with Section 50807) of part 2 of Division 31 of the Health and Safety Code (the "THP
17	Allocation Acceptance Form"); and
18	WHEREAS, The State of California, Department of Housing and Community
19	Development ("Department") issued an Allocation Acceptance form, dated November 1, 2022
20	on file with the Clerk of the Board of Supervisors in File No. 221205 under Round 1 of the
21	Housing Navigation and Maintenance Program ("HNMP") authorized by Item 2240-103-0001
22	of Section 2.00 of the Budget Act of 2022 (Chapter 43 of the Statutes of 2022) and Chapter
23	11.8 (commencing with Section 50811) of Part 2 of Division 31 of the Health and Safety Code
24	(the "HNMP Allocation Acceptance Form"); and

WHEREAS, The THP Allocation Acceptance Form and the HNMP Allocation
 Acceptance Form are collectively referred to as the "Allocation Acceptance Forms"; and
 WHEREAS, The Allocation Acceptance Forms relate to the availability of the funds
 under the THP and HNMP Programs; and

4

5 WHEREAS, The County of San Francisco ("County") may be listed as an eligible 6 applicant in THP Allocation Acceptance Form, dated November 1, 2022 and the County may 7 also be listed as an eligible applicant in the HNMP Allocation Acceptance Form dated 8 November 1, 2022; now, therefore, be it

9 RESOLVED, That County is hereby authorized and directed to apply for and accept 10 County's allocation award, as detailed in the THP Allocation Acceptance Form, in the amount 11 of \$2,042,421 and authorized in the THP Allocation Acceptance Form and applicable state 12 law at the time this Resolution is executed and authorized; and, be it

FURTHER RESOLVED, That County hereby affirms that if THP funds remain available for allocation after the deadline for submitting a signed Allocation Acceptance Form, and if the County is eligible for an additional allocation from the remaining funds for the THP program, the County is hereby authorized and directed to accept this additional allocation of funds ("Additional THP Allocation") up to the amount authorized by Department but not to exceed \$4,084,842; and, be it

FURTHER RESOLVED, That County is hereby authorized and directed to apply for
 and accept County's allocation award in the amount of \$303,688 as detailed in the HNMP
 Allocation Acceptance Form and applicable state law at the time this Resolution is executed
 and authorized; and, be it

FURTHER RESOLVED, That County hereby affirms that if HNMP funds remain
 available for allocation after the deadline for submitting a signed Allocation Acceptance Form,
 and if the County is eligible for an additional allocation from the remaining funds for the HNMP

1 program, the County is hereby authorized and directed to accept this additional allocation of

2 funds ("Additional HNMP Allocation") up to the amount authorized by Department but not to

3 exceed \$607,376; and, be it

FURTHER RESOLVED, That Executive Director of the Human Services Agency, or his or her designee, is hereby authorized and directed to act on behalf of County in connection with the THP Allocation Award and any Additional THP Allocation, and to enter into, execute, and deliver any and all documents required or deemed necessary or appropriate to participate in the THP Program, including but not limited to a Standard Agreement, be awarded the THP Allocation Award, and any additional THP Allocation, and any amendments to such documents (collectively, the "THP Allocation Award Documents"); and, be it

FURTHER RESOLVED, That Executive Director of the Human Services Agency, or his 11 12 or her designee, is hereby authorized and directed to act on behalf of County in connection 13 with the HNMP Allocation Award and any Additional HNMP Allocation, and to enter into, 14 execute, and deliver any and all documents required or deemed necessary or appropriate to 15 participate in the HNMP Program, including but not limited to a Standard Agreement, be 16 awarded the HNMP Allocation Award, and any additional HNMP Allocation, and any 17 amendments to such documents (collectively, the "HNMP Allocation Award Documents"); and, 18 be it

FURTHER RESOLVED, That County shall be subject to the terms and conditions that are specified in the THP and HNMP Allocation Award Documents, and that County will use the THP and HNMP Allocation Award funds, and any additional THP and HNMP Allocation funds, in accordance with the Allocation Acceptance Form, the THP and HNMP Allocation Award Documents, and any subsequent amendments or amendment thereto, as well as any and all other THP and HNMP requirements, or other applicable laws; and, be it

25

1	FURTHER RESOLVED, That the County has the discretion to accept both the THP
2	and HNMP program funds as detailed herein but in the event that one of the two allocations
3	are not made available for the County; or the County opts to not receive one of the
4	allocations, the County affirms that it is authorized to accept either of the allocations
5	independent of each other.
6	
7	APPROVED:
8	
9	
10	/s/
11	Trent Rhorer
12	Executive Director, Human Services Agency
13	
14	
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# Transitional Housing Program (THP) Round 4 Allocation Acceptance Form

# **Housing Navigation and Maintenance Progra**

Round 1 Allocation Acceptance Form



Gavin Newsom, Governor State of California

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

Gustavo F. Velasquez, Director California Department of Housing and Community Develop

> 2020 West El Camino Avenue, Suite 150 Sacramento, CA 95833 Phone: (916) 263-2771 Email: <u>THP@hcd.ca.gov</u>

> > November 2022

ım (HNMP)

У

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Yes

		Transiti	onal Housi	ng Program (	(THP) Allocat	ion Accepta	nce Round	4			Rev	.11/01/2
						nty Allocation						2,421
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					Allocation App	olicant						
Allocation Ap	plicant is a Cou	nty			••							Yes
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Applicant Cou	-	rancisco City ar tated on resolut	-	and County of S	San Francisco							
-			-	Agency, PO Box 7		City San Fra	ncisco	State	CA	Zin	94120	
Auth Rep Nam					virector, Human \$		trent.rhorer@				(415) 557-	6540
Contact Name					r, Family & Children's		joan.h.miller@				(415) 558-	
Address PO I						City San Fra	ncisco	State	CA	Zip	94120	
	D Number (FEIN		17									
	e Fiscal Repres	entative						<b>F</b> 1		<u> </u>		
	Heather Davis	Address		Contact Name	Heather Davis		Contact			@sfgov.org	04420	
,	5) 557-5542 App Resolution	Address		mple resolution do			ncisco	Sta	ate CA	Attached	94120	No
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ne Name.		200		Apayer Identificati	Use of Fun					Allucheu		103
foster care or 1) Identify an 2) Assist this 3) Improve co	r probation syst d assist housin population to s oordination of s	tems. Use of fund and services for t secure and main services and lin	nds may inclue nis population ntain housing cages to comm	de, but are not li in your commu (with priority giv nunity resource		e state's foster I welfare systen	care or prob	ation system)	);		-	he state
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				Allocati	on Acceptance	Requirements	;					
Resolution.	If Signed Reso	olution is not a	vailable by s	ubmittal date <u>p</u> tment. The Dep	t the following: <u>please include t</u> partment will or sday, Decemi	he scheduled nly accept app	date of Boar	d of Superv	isors me	eting and	anticipa	ted date
			HCD will on	ly accept applica	ations electronic	ally at the follow	ving email ad	dress:				
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				R	eporting Requi	rements						
Applicant ack	nowledges and	agrees to sub	nit an bi-annu		Department for		ollowina contr	act executior	address	ing the fol	lowina:	
				neless at time of ne State's foster	•	-	-			_	_	

C. Number of program participants served who were formerly in the State's foster care or probation systems;

D.INumber of program participants who exited homelessness into temporary housing; E.INumber of program participants who exited homelessness into permanent housing; F.IItemization on use of program fund expenditures; G.IWho were the housing navigators or other subcontractor(s)? H.ISubpopulation data including: 1.Number of participants that are employed; 2.Number of participants identified as LGBTQ+; 3.Number of participants having a disability; 4.Number of participants with minor children in the household; and, 5.Average number of children per household. Certification On behalf of the entity identified in the signature block below, I certify that: The information, statements and attachments included in this Allocation Acceptance form are, to the best of my knowledge and belief, true and correct.

I possess the legal authority to submit this Allocation Acceptance form on behalf of the entity identified above.

In addition, I acknowledge that all information in this application and attachments is public, and may be disclosed by the State.

	Trent Rhorer	Executive Director	Trent L. R.	hi		11/16/22
	Printed Name	Title of Signatory	 Signature			Date
Name:	Trent Rhorer		Phone Number: (415) 557-654	0		
Address:	PO Box 7899		City: San Francisco	State: CA	Zip: 9412	20

Yes

	Housi	ng Navigat	ion and Ma	aintenance Pr	ogram (HN	MP) Allo	cation	Acceptan	ce Roun	d 1		Rev.	11/01/2
					Co	ounty Allo	ocation	(select Appl	licant Cou	nty in row	7 below)	: \$303	3,688
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llocation Ap	plicant is a Coun	ty											
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4) Improve coordination of serves and linkages to key resources across the community including those from within the child welfare system and the local Continuum of Care.

#### Expenditure of Funds

Any grant funds remaining unexpended as of two years from the "Effective Date" of the fully executed Standard Agreement as stated in the STD 213, paragraph 2, must be returned to the State. Checks shall be payable to the Department of Housing and Community Development and mailed to 2020 West El Camino Ave. Room 300 and must reference the Contract Number.

#### Allocation Acceptance Requirements

In order to accept and receive an allocation, applicants must submit the following: 1. Signed Allocation Acceptance form, 2. GovTIN Form, and 3. Signed Resolution. If Signed Resolution is not available by submittal date please include the scheduled date of Board of Supervisors meeting and anticipated date the Signed Resolution will be submitted to the Department. The Department will only accept applications electronically via email no later than 5:00 p.m. on:

## Thursday, December 01, 2022

HCD will only accept applications electronically at the following email address:

### THP@hcd.ca.gov

#### **Reporting Requirements**

Applicant acknowledges and agrees to submit an bi-annual report to the Department for the two years following contract execution addressing the following:

A.Number of program participants served with program funds;

B.Itemization of use of program funds;

C.Details on housing navigators and other subcontractors;

D.Number of program participants served who were in the State's foster care system;

E.Number of program participants who were homeless at time of program entry;

F.Number of program participants who exited homelessness into temporary housing;

G.Number of program participants who exited homelessness into permanent housing; and,

H.Subpopulation data including:

1.Number of participants that are employed;

2.Number of participants identified as LGBTQ+;

3. Number of participants with a disability;

4. Number of participants with minor children in the household; and,

5. Average number of children per household.

#### Certification

On behalf of the entity identified in the signature block below, I certify that:

The information, statements and attachments included in this Allocation Acceptance form are, to the best of my knowledge and belief, true and correct.

I possess the legal authority to submit this Allocation Acceptance form on behalf of the entity identified above.

In addition, I acknowledge that all information in this application and attachments is public, and may be disclosed by the State.

	Trent Rhorer	Executive Director	Trent L. R	m		11/16/22
	Printed Name	Title of Signatory	Signature	;		Date
Name:	Trent Rhorer		Phone Number: (415) 557-654	10		
Address:	PO Box 7988		City: San Francisco	State: CA	Zip: 94	120

From:	Conine-Nakano, Susanna (MYR)
То:	BOS Legislation, (BOS)
Cc:	Paulino, Tom (MYR); Finetti, Roderick (HSA)
Subject:	Mayor Resolution CDHCD Transitional Housing Program and Housing Navigation and Maintenance Program
Date:	Tuesday, November 29, 2022 4:39:49 PM
Attachments:	Mayor Resolution CDHCD Transitional Housing Program and Housing Navigation and Maintenance.zip

Hello Clerks,

Attached for introduction to the Board of Supervisors is a Resolution authorizing the Human Services Agency, on behalf of the City and County of San Francisco, to apply for and accept the county allocation award under the California Department of Housing and Community Development Transitional Housing Program and Housing Navigation and Maintenance Program, which provides funding to help young adults secure and maintain housing.

Best, Susanna

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