

File No. 241153

Committee Item No. 2

Board Item No. 9

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee

Date February 5, 2025

Board of Supervisors Meeting

Date February 11, 2025

Cmte Board

- | | | |
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| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input 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 (Use back side if additional space is needed)

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|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>THP Allocation Acceptance Form 10/9/2024</u> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Updated THP Allocation Acceptance Form 11/13/2024</u> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>CAL FI\$CAL Taxpayer ID Form 10/21/2024</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
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| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Completed by: Brent Jalipa

Date January 30, 2025

Completed by: Brent Jalipa

Date February 5, 2025

1 [Apply for Grant and Accept Funds Allocation - California Department of Housing and
2 Community Development - Transitional Housing Programs Up to \$4,210,804 - Housing
3 Navigation and Maintenance Program Up to \$629,926]

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 under the**
6 **California Department of Housing and Community Development Transitional Housing**
7 **Program for an amount up to \$4,210,804 and Housing Navigation and Maintenance**
8 **Program for an amount up to \$629,926 which provide funding to help young adults**
9 **secure and maintain housing.**

10
11 WHEREAS, The State of California, Department of Housing and Community
12 Development (“Department”) issued an Allocation Acceptance Form (the “THP Allocation
13 Acceptance Form”), dated October 9, 2024, under Round 6 of the Transitional Housing
14 Program (“THP”), authorized by Item 2240-102-0001 of Section 2.00 of the Budget Act of
15 2024 (Chapter 22 of the Statutes of 2024) and Chapter 11.7 (commencing with Section
16 50807) of part 2 of Division 31 of the Health and Safety Code; and

17 WHEREAS, The Department issued an Allocation Acceptance Form (the “HNMP
18 Allocation Acceptance Form”), dated October 9, 2024, under Round 3 of the Housing
19 Navigation and Maintenance Program (“HNMP”) authorized by Item 2240-103-0001 of
20 Section 2.00 of the Budget Act of 2024 (Chapter 22 of the Statutes of 2024) and Chapter 11.8
21 (commencing with Section 50811) of Part 2 of Division 31 of the Health and Safety Code; and

22 WHEREAS, The THP Allocation Acceptance Form and the HNMP Allocation
23 Acceptance Form are collectively referred to as the “Allocation Acceptance Forms;” and

24 WHEREAS, The Allocation Acceptance Forms relate to the availability of the funds
25 under the THP and HNMP Programs; and

1 WHEREAS, The County of San Francisco (“County”) may be listed as an eligible
2 applicant in the THP Allocation Acceptance Form, dated October 9, 2024, the County may
3 also be listed as an eligible applicant in the HNMP Allocation Acceptance Form dated
4 October 9, 2024; now, therefore, be it

5 RESOLVED, That County is hereby authorized and directed to apply for and accept
6 County’s allocation award, as detailed in the THP Allocation Acceptance Form, in the amount
7 of \$2,105,402 detailed and authorized in the THP Allocation Acceptance Form at the time this
8 Resolution is executed and authorized; and, be it

9 FURTHER RESOLVED, That County hereby affirms that if THP funds remain available
10 for allocation after the deadline for submitting a signed Allocation Acceptance Form, and if the
11 County is eligible for an additional allocation from the remaining funds for the THP program,
12 the County is hereby authorized and directed to accept this additional allocation of funds
13 (“Additional THP Allocation”) up to the amount authorized by Department but not to exceed
14 \$4,210,804; and, be it

15 FURTHER RESOLVED, That County is hereby authorized and directed to apply for
16 and accept County’s allocation award in the amount of \$314,963 as detailed in the HNMP
17 Allocation Acceptance Form at the time this Resolution is executed and authorized; and, be it

18 FURTHER RESOLVED, That County hereby affirms that if HNMP funds remain
19 available for allocation after the deadline for submitting a signed Allocation Acceptance Form,
20 and if the County is eligible for an additional allocation from the remaining funds for the HNMP
21 program, the County is hereby authorized and directed to accept this additional allocation of
22 funds (“Additional HNMP Allocation”) up to the amount authorized by Department but not to
23 exceed \$629,926; and, be it

24 FURTHER RESOLVED, That Executive Director of the Human Services Agency or his
25 or her designee, is hereby authorized and directed to act on behalf of County in connection

1 with the THP Allocation Award and any Additional THP Allocation, and to enter into, execute,
2 and deliver any and all documents required or deemed necessary or appropriate to participate
3 in the THP Program, including but not limited to a Standard Agreement, be awarded the THP
4 Allocation Award, and any additional THP Allocation, and any amendments to such
5 documents (collectively, the “THP Allocation Award Documents”); and, be it

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

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

20 FURTHER RESOLVED, That County affirms it has the discretion to accept any or all of
21 the THP and HNMP program funds as detailed herein.

22
23
24
25

***Transitional Housing Program (THP)
Round 6 Allocation Acceptance Form***

***Housing Navigation and Maintenance Program (HNMP)
Round 3 Allocation Acceptance Form***



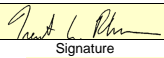
**Gavin Newsom, Governor
State of California**

**Tomiquia Moss, Secretary
Business, Consumer Services and
Housing Agency**

**Gustavo Velasquez, Director
Department of Housing and
Community Development**

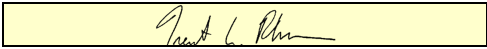
**651 West Bannon Street, 8th floor
Sacramento, CA 95811
Telephone: (916) 263-2771
Website: www.hcd.ca.gov
Email: TAY@hcd.ca.gov**

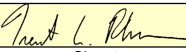
October 2024

Transitional Housing Program (THP) Allocation Acceptance Round 6							Rev. 10/09/24
County Allocation (select Applicant County in row 7 below):						\$2,105,402	
Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2024 (Chapter 22 of the Statutes of 2024) 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 funding to counties for the purpose of housing stability to help young adults 18 to 24 years of age, inclusive, secure and maintain housing, with priority given to young adults formerly in the foster care or probation systems.							
Housing First							
The Contractor shall certify to employ the core components of Housing First, pursuant to Welfare and Institutions Code Section 8255.							
Allocation Applicant							
Allocation Applicant is a County						Yes	
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 18 through 20 years of age in foster care and homeless unaccompanied young adults (ages 18 through 24).							
Applicant County: San Francisco City and County							
Legal name of Applicant as stated on resolution: City and County of San Francisco							
Address: City and County of San Francisco, P.O. Box 7988							
Auth Rep Name: Trent Rhorer		Title: Executive Director		Auth Rep Email: trent.rhorer@sfgov.org		Phone: 415-557-6540	
Contact Name: Joan Miller		Title: Deputy Director, Family & Children's Services		Email: joan.h.miller@sfgov.org		Phone: 415-557-2660	
Address: P.O. Box 7988							
Federal Tax ID Number (FEIN): 94-6000417							
Administrative Fiscal Representative							
Legal Name: Heather Davis		Contact Name: Heather Davis		Contact Email: heather.davis@sfgov.org			
Phone: 415-557-5542		Address: P.O. Box 7988		City: San Francisco		State: CA Zip: 94120	
File Name: App Resolution		Reference sample resolution document				Attached to email?	Yes
File Name: App GovTIN Form		Reference Taxpayer Identification Number (TIN) document				Attached to email?	Yes
Use of Funds							
Funds shall be used to help young adults who are 18 to 24 years of age, inclusive, secure and maintain housing with priority given to young adults formerly in the state's foster care or probation systems. 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.							
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 651 Bannon Street, 8th floor, Sacramento CA 95811 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:							
Friday, November 8, 2024							
HCD will only accept applications electronically at the following email address:							
TAY@hcd.ca.gov							
Reporting Requirements							
Applicant acknowledges and agrees to submit a bi-annual report to the Department for the two years following contract execution addressing the following:							
A. Number of program participants served who were homeless at time of program entry; B. Number of program participants served who were in the State's foster care system; C. Number of program participants served who were formerly in the State's foster care or probation systems; D. Number of program participants who exited homelessness into temporary housing; E. Number of program participants who exited homelessness into permanent housing; F. Itemization on use of program fund expenditures; G. Who were the housing navigators or other subcontractor(s)? H. Subpopulation 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.						Yes	
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				11/1/24	
Printed Name		Title of Signatory		Signature		Date	
Name: Trent Rhorer		Phone Number: 415-557-6540					
Address: P.O. Box 7988		City: San Francisco		State: CA		Zip: 94120	

Housing Navigation and Maintenance Program (HNMP) Allocation Acceptance Round 3		Rev. 10/09/24
County Allocation (select Applicant County in row 7 below):		\$314,963
<p>Pursuant to item 2240-103-0001 of Section 2.00 of the Budget Act of 2024 (Chapter 22 of the Statutes of 2024) and Chapter 11.8 (commencing with Section 50811) of Part 2 of Division 31 of the Health and Safety Code (HSC), the Department of Housing and Community Development (HCD) shall allocate funding to counties for the support of housing navigators to help young adults 18 years and up to 24 years of age, inclusive, secure and maintain housing, with priority given to young adults currently or formerly in the foster care system.</p>		
Housing First		
<p>The Contractor shall certify to employ the core components of Housing First, pursuant to Welfare and Institutions Code Section 8255.</p>		
Allocation Applicant		
Allocation Applicant is a County		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 17 through 21 years of age in the foster care and probation system. The allocation excludes Alpine and Mono counties because their calculation did not demonstrate need. The housing navigation and maintenance program for a county that accepts an allocation of money pursuant to this section shall provide training to its child welfare agency social workers and probation officers who serve nonminor dependents. The training shall address an overview of the housing resources available through the local coordinated entry system, homeless continuum of care, and county public agencies, including, but not limited to, housing navigation, permanent affordable housing, THP-Plus, and housing choice vouchers. The training shall also address how to access and receive a referral to existing housing resources, the social worker's and probation officer's role in identifying unstable housing situations for youth, and referring youth to housing assistance programs.</p>		
Applicant County San Francisco City and County		
Legal name of Applicant as stated on resolution: City and County of San Francisco		
Address City and County of San Francisco, P.O. Box 7988		City San Francisco
Auth Rep Name Trent Rhorer		State CA
Title Executive Director		Zip 94120
Auth Rep Email trent.rhorer@sfgov.org		Phone 415-557-6540
Contact Name Joan Miller		Email joan.h.miller@sfgov.org
Title Deputy Director, Family and Children's Services		Phone 415-557-2660
Address P.O. Box 7988		City San Francisco
Federal Tax ID Number (FEIN) 94-6000417		State CA
Administrative Fiscal Representative		Zip 94120
Legal Name Heather Davis		Contact Email heather.davis@sfgov.org
Contact Name Heather Davis		State CA
Phone 415-557-5542		Zip 94120
Address P.O. Box 7988		City San Francisco
File Name: App Resolution	Reference sample resolution document	Attached to email? Yes
File Name: App TIN	Reference Taxpayer Identification Number (TIN) document	Attached to email? Yes
Use of Funds		
<p>The HNMP program funds housing navigators for counties. The role of a housing navigator is to act as a housing specialist to assist young adults with their pursuits of locating available housing and overcoming barriers to locating housing. Housing navigation and maintenance activities may include, but are not limited to:</p> <ol style="list-style-type: none"> 1) Assist young adults aged 18-24 years of age, inclusive, secure and maintain housing (with priority access given to young adults in the state's foster care system); 2) Provide housing case management which include essential services in emergency supports to foster youth; 3) Prevent young adults from becoming homeless; and 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		
<p>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 651 Bannon Street, 8th Floor, Sacramento CA 95811 and must reference the Contract Number.</p>		
Allocation Acceptance Requirements		
<p>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:</p> <p style="text-align: center;">Friday, November 8, 2024</p> <p style="text-align: center;">HCD will only accept applications electronically at the following email address: TAY@hcd.ca.gov</p>		
Reporting Requirements		
<p>Applicant acknowledges and agrees to submit a bi-annual report to the Department for the two years following contract execution addressing the following:</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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. 		Yes
Certification		
<p>On behalf of the entity identified in the signature block below, I certify that:</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.

Trent Rhorer		Executive Director				11/1/24			
Printed Name		Title of Signatory		Signature		Date			
Name:	Trent Rhorer			Phone Number:					
Address:	P.O. Box 7988			City:	San Francisco	State:	CA	Zip:	94941

Transitional Housing Program (THP) Allocation Acceptance Round 6						Rev. 11/13/24						
County Allocation (select Applicant County in row 7 below):						\$2,146,720						
Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2024 (Chapter 22 of the Statutes of 2024) 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 funding to counties for the purpose of housing stability to help young adults 18 to 24 years of age, inclusive, secure and maintain housing, with priority given to young adults formerly in the foster care or probation systems.												
Housing First												
The Contractor shall certify to employ the core components of Housing First, pursuant to Welfare and Institutions Code Section 8255.												
Allocation Applicant												
Allocation Applicant is a County												
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 18 through 20 years of age in foster care and homeless unaccompanied young adults (ages 18 through 24).												
Applicant County												
San Francisco City and County												
Legal name of Applicant as stated on resolution:												
City and County of San Francisco												
Address	City and County of San Francisco, P.O. Box 7988			City	San Francisco	State	CA	Zip	94120			
Auth Rep Name	Trent Rhorer			Title	Executive Director	Auth Rep Email	trent.rhorer@sfgov.org		Phone	415-557-6540		
Contact Name	Joan Miller			Title	Deputy Director	Email	joan.h.miller@sfgov.org		Phone	415-557-2660		
Address	P.O. Box 7988			City	San Francisco	State	CA	Zip	94120			
Federal Tax ID Number (FEIN)	94-6000417											
Administrative Fiscal Representative												
Legal Name	Heather Davis			Contact Name	Heather Davis		Contact Email	heather.davis@sfgov.org				
Phone	415-557-5542		Address	P.O. Box 7988			City	San Francisco	State	CA	Zip	94120
File Name:	App Resolution		Reference sample resolution document						Attached to email?			
File Name:	App GovTIN Form		Reference Taxpayer Identification Number (TIN) document						Attached to email?			
Use of Funds												
Funds shall be used to help young adults who are 18 to 24 years of age, inclusive, secure and maintain housing with priority given to young adults formerly in the state's foster care or probation systems. Use of funds may include, but are not limited to:												
<ol style="list-style-type: none"> 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. 												
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 651 Bannon Street, 8th floor, Sacramento CA 95811 and must reference the Contract Number.												
Allocation Acceptance Requirements												
<p>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:</p> <p style="text-align: center; color: red;">Friday, November 8, 2024</p> <p style="text-align: center;">HCD will only accept applications electronically at the following email address:</p> <p style="text-align: center; color: blue;">TAY@hcd.ca.gov</p>												
Reporting Requirements												
Applicant acknowledges and agrees to submit a bi-annual report to the Department for the two years following contract execution addressing the following:												
<ol style="list-style-type: none"> A. Number of program participants served who were homeless at time of program entry; B. Number of program participants served who were in the State's foster care system; C. Number of program participants served who were formerly in the State's foster care or probation systems; D. Number of program participants who exited homelessness into temporary housing; E. Number of program participants who exited homelessness into permanent housing; F. Itemization on use of program fund expenditures; G. Who were the housing navigators or other subcontractor(s)? H. Subpopulation data including: <ol style="list-style-type: none"> 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												
<p>On behalf of the entity identified in the signature block below, I certify that:</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				11/14/2024						
Printed Name		Title of Signatory		Signature		Date						
Name:	Trent Rhorer			Phone Number:	415-557-6540							
Address:	P.O. Box 7988			City:	San Francisco	State: CA Zip: 94120						

State of California
Financial Information System for California (FI\$Cal)
GOVERNMENT AGENCY TAXPAYER ID FORM

2000 Evergreen Street, Suite 215
Sacramento, CA 95815
www.fiscal.ca.gov
1-855-347-2250



The principal purpose of the information provided is to establish the unique identification of the government entity.

Instructions: You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields marked with an asterisk (*) are required. Hover over fields to view help information. Please print the form to sign prior to submittal. You may email the form to: vendors@fiscal.ca.gov, or fax it to (916) 576-5200, or mail it to the address above.

Principal Government Agency Name*

Remit-To Address (Street or PO Box)*

City* State * Zip Code*+4

Government Type: City County Special District Federal Other (Specify) Federal Employer Identification Number (FEIN)*

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>

Contact Person* Title

Phone number* E-mail address

Signature* Date

City and County of San Francisco



London Breed, Mayor

Human Services Agency

Department of Human Services
Department of Aging and Adult Services
Office of Early Care and Education

Trent Rhorer, Executive Director

November 13, 2024

Ms. Angela Calvillo, Clerk of the Board
Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102 – 4689

Re: Resolution to Apply and Accept for Transitional Housing Programs and Housing Navigation and Maintenance Program Funds

Dear Ms. Calvillo:

Attached please find a copy of a proposed resolution for submission to the Board of Supervisors; this resolution would authorize the San Francisco Human Services Agency (HSA) to apply for and accept a state allocation for the State Transitional Housing Program and Housing Navigation and Maintenance Program. The programs are funded by the California Department of Housing and Community Development and are intended to help young adults, ages 18 to 25 years old, secure and maintain housing, with priority given to young adults formerly in the foster care or probation systems.

In addition to the resolution, please find the associated list of accompanying documents.

- Signed Allocation Acceptance forms
- San Francisco Government TIN

In order to apply for the funds, HSA is required to submit these approved resolutions by January 15th, 2025.

The following person may be contacted regarding this matter: Susie Smith, Human Services Agency Deputy Director, Policy and Planning; (415) 557-6348; susie.smith@sfgov.org

Due to the time-sensitive date for submission to the state, I respectfully request that this item be calendared prior to January 15th, 2025.

Sincerely,

Trent Rhorer
Executive Director