

Transitional Housing Program (THP) Allocation Acceptance Round 3						Rev. 10/01/2021
County Allocation (select Applicant County in row 7 below):						\$459,200
Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2021 (Chapter 69 of the Statutes of 2021) and Chapter 11.7 (commencing with Section 50807) of Part 2 of Division 31 of the Health and Safety Code (HSC), the Department of Housing and Community Development (HCD) shall allocate \$8 million in funding to counties for the purpose of housing stability to help young adults 18 to 24 years secure and maintain housing, with priority given to young adults formerly in the foster care or probation systems.						
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 aged 18 to 24 years in foster care. The allocation excludes Alpine and Sierra county because their calculation did not demonstrate a need for young adults aged 18 to 24.						
Applicant County		San Francisco County				
Legal name of Applicant as stated on resolution:						
Address		City		State		Zip
Auth Rep Name		Title		Auth Rep Email		Phone
Contact Name		Title		Email		Phone
Address		City		State		Zip
Federal Tax ID Number (FEIN)						
Administrative Fiscal Representative						
Legal Name		Contact Name		Contact Email		
Phone		Address		City		State Zip
File Name:	App Resolution	Reference sample resolution document				Attached to email?
File Name:	App TIN	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 secure and maintain housing. 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 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.						
Allocation Acceptance Requirements						
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:						
Friday, November 12, 2021 HCD will only accept applications electronically at the following email address: THP@hcd.ca.gov						
Reporting Requirements						
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:						
A.The 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 served who were in the state's probation system F.Number of program participants who exited homelessness into temporary housing. G.The number of program participants who exited homelessness into permanent housing.						
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.						
Printed Name		Title of Signatory		Signature		Date
Name:		Phone Number:				
Address:		City:		State:		Zip: