

Transitional Housing Program (THP) Allocation Acceptance Round 2							Rev. 7/27/20						
County Allocation (select Applicant County in row 7 below):						\$297,600							
Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2020 (Chapter 6 of the Statutes of 2020) 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 25 years secure and maintain housing, with priority given to young adults formerly in the foster care or probation systems.													
<b>Allocation Applicant</b>													
Allocation Applicant is a County Child Welfare Agency						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 25 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 25.													
<b>Applicant County</b> San Bernardino County													
<b>Legal name of Applicant as stated on resolution:</b> San Bernardino Children and Family Services													
Address		150 S. Lena Rd.		City	San Bernardino	State	CA	Zip	92415-0515				
Auth Rep Name		Marlene Hagen		Title	Director	Auth Rep Email		Mhagen@hss.sbcounty.gov					
Contact Name		Jeany Zepeda		Title	Deputy Director	Email		Jeany.Zepeda@hss.sbcounty.gov					
Address		1495 S. E Street		City	San Bernardino	State	CA	Zip	92415-0515				
Federal Tax ID Number (FEIN)		95-6002748											
<b>Administrative Fiscal Representative</b>													
Legal Name		Elizabeth Scott-Jones		Contact Name		Elizabeth Scott-Jones		Contact Email		escottjones@hss.sbcounty.gov			
Phone		909-388-0276		Address		150 S. Lena Rd.		City	San Bernardino	State	CA	Zip	92415-0515
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			
<b>Use of Funds</b>													
Funds shall be used to help young adults who are 18 to 25 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;													
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.													
<b>Expenditure of Funds</b>													
Any grant funds remaining unexpended as of June 30, 2023, 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, 2023 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>Thursday, November 12, 2020</b>													
HCD will only accept applications electronically at the following email address:													
<a href="mailto:THP@hcd.ca.gov">THP@hcd.ca.gov</a>													
<b>Reporting Requirements</b>													
Applicant acknowledges and agrees to submit an annual report to the Department for the three years following distribution of TAY Program funds addressing the following:													
1) How many people were served?													
2) What were the funds used for?													
3) Who were the housing navigator(s)?													
4) How many people served were in foster care?													
5) How many people served were in probation system?													
<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.													
Printed Name		Marlene Hagen		Title of Signatory		Director		Signature		Date			
Name:		San Bernardino County Children and Family Services		Phone Number:		909-387-2792							
Address:		150 S. Lena Rd.		City:		San Bernardino		State:		CA			
				Zip:		92415-0515							