

Transitional Housing Program (THP) Allocation Acceptance Round 5						Rev. 10/19/23	
County Allocation (select Applicant County in row 7 below):					\$1,531,800		
Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2023 (Chapter 12 of the Statutes of 2023) 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.							
<b>Allocation Applicant</b>							
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 Bernardino County					
Legal name of Applicant as stated on resolution: San Bernardino County							
Address	150 S. Lena Road	City	San Bernardino	State	CA	Zip	92415
Auth Rep Name	Jeany Zepeda	Title	Director, CFS	Auth Rep Email	Jeany.Zepeda@hss.sbcounty.gov	Phone	909-387-2792
Contact Name	Gregory Bennett	Title	Staff Analyst II	Email	Gregory.Bennett@hss.sbcounty.gov	Phone	909-388-0304
Address	150 S. Lena Road	City	San Bernardino	State	CA	Zip	92415
Federal Tax ID Number (FEIN)		95-6002748					
<b>Administrative Fiscal Representative</b>							
Legal Name	Gloria Perez	Contact Name	Gloria Perez	Contact Email	Gloria.Perez@hss.sbcounty.gov		
Phone	909-388-0276	Address	150 S. Lena Road	City	San Bernardino	State	CA
Zip	92415						
File Name:	App Resolution	Reference sample resolution document			Attached to email?	No	
File Name:	App GovTIN Form	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 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.							
<b>Expenditure of Funds</b>							
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.							
<b>Allocation Acceptance Requirements</b>							
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. <b>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:</b>							
<b>Friday, November 17, 2023</b>							
HCD will only accept applications electronically at the following email address:							
<a href="mailto:TAY@hcd.ca.gov">TAY@hcd.ca.gov</a>							
<b>Reporting Requirements</b>							
Applicant acknowledges and agrees to submit a bi-annual report to the Department for the two years following contract execution addressing the following:						Yes	
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.							
<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.							
Jeany Zepeda		Director, CFS					
Printed Name		Title of Signatory		Signature		Date	
Name:	San Bernardino County		Phone Number:		909-387-2792		
Address:	150 S. Lena Road		City:	San Bernardino	State:	CA	
				Zip:	92415		

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" value="San Bernardino County&lt;br/&gt;Children and Family Services"/>	Complete Address	<input type="text" value="150 S. Lena Road&lt;br/&gt;San Bernardino, CA 92415-0515"/>
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