

Housing Navigation and Maintenance Program (HNMP) Allocation Acceptance Round 2										Rev. 10/19/23			
County Allocation (select Applicant County in row 7 below):										\$1,194,121			
Pursuant to item 2240-103-0001 of Section 2.00 of the Budget Act of 2023 (Chapter 12 of the Statutes of 2023) 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.													
Allocation Applicant													
Allocation Applicant is a County										Yes			
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. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>													
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											
Administrative Fiscal Representative													
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 TIN		Reference Taxpayer Identification Number (TIN) document						Attached to email?		Yes	
Use of Funds													
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:													
<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													
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:													
<p>Friday, November 17, 2023</p> <p>HCD will only accept applications electronically at the following email address:</p> <p>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:										Yes			
<p>A. Number of program participants served with program funds;</p> <p>B. Itemization of use of program funds;</p> <p>C. Details on housing navigators and other subcontractors;</p> <p>D. Number of program participants served who were in the State's foster care system;</p> <p>E. Number of program participants who were homeless at time of program entry;</p> <p>F. Number of program participants who exited homelessness into temporary housing;</p> <p>G. Number of program participants who exited homelessness into permanent housing; and,</p> <p>H. Subpopulation data including:</p> <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. 													
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.

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
Children and Family Services"/>	Complete Address	<input type="text" value="150 S. Lena Road
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