

Transitional Housing Program (THP) Allocation Acceptance							Rev. 2/4/20			
<b>County Allocation:</b>						<b>\$297,600</b>				
Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2019 (Chapter 23 of the Statutes of 2019) 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.										
Allocation Applicant										
<b>Allocation Applicant is a County Child Welfare Agency</b>							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.										
Applicant County		San Bernardino County								
Legal name of Applicant as stated on resolution:		San Bernardino County Children and Family Services								
Address		150 S. Lena Rd.		City	San Bernardino	State	CA	Zip	92415-0515	
Auth Rep Name	Jeany Zepeda		Title	Deputy Director		Auth Rep Email	Jeany.Zepeda@hss.sbcounty.gov		Phone	909-891-3568
Contact Name	Kristin Hinds		Title	Child Welfare Services Manager		Email	khinds@hss.sbcounty.gov		Phone	909-891-3562
Address		1495 S. E Street		City	San Bernardino	State	CA	Zip	92415-0515	
Federal Tax ID Number (FEIN)		95-6002748								
Administrative Fiscal Representative										
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 Signature Block	Signature Block - upload in Microsoft Word document						Attached to email?	Yes	
File Name:	App TIN	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 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.										
Expenditure of Funds										
Any grant funds remaining unexpended as of June 30, 2022, 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, 2022 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:										
<b>Tuesday, March 31, 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>										
Reporting Requirements										
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?							Yes			
Certification										
<b>On behalf of the entity identified in the signature block below, I certify that:</b> 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.										
<b>SUBJECT TO THE BOARD'S APPROVAL</b>										
Marlene Hagen		Director		[Signature]			3/17/20			
Printed Name		Title of Signatory		Signature			Date			
Entity Name:		San Bernardino County Children and Family Services			Phone Number:		909-387-2792			
Entity Address:		150 S. Lena Rd.		City:	San Bernardino	State:	CA	Zip:	92415-0515	

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