Housing Navigation and Maintenance Program (HNMP) Allocation Acceptance Round 3

Rev. 10/09/24

County Allocation (select Applicant County in row 7 below): **$1,174,665**

Pursuant to item 2240-103-0001 of Section 2.00 of the Budget Act of 2024 (Chapter 22 of the Statutes of 2024) 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.

Housing First

The Contractor shall certify to employ the core components of Housing First, pursuant to Welfare and Institutions Code Section 8255.

Allocation Applicant

Allocation Applicant is a County

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.☐ ☐ ☐ ☐

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	Gloria Perez		Title	Administrative Manager		Email	Gloria.Perez@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:

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 651 Bannon Street, 8th Floor, Sacramento CA 95811 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:*

Friday, November 8, 2024

HCD will only accept applications electronically at the following email address:

TAY@hcd.ca.gov

Reporting Requirements

Applicant acknowledges and agrees to submit an bi-annual report to the Department for the two years following contract execution addressing the following: A.Number of program participants served with program funds; B.Itemization of 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 who were homeless at time of program entry; F.Number of program participants who exited homelessness into temporary housing; G.Number of program participants who exited homelessness into permanent housing; and, H.Subpopulation data including: 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.	Yes

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