

Housing Navigators Program (HNP) Allocation Acceptance								Rev. 2/4/20			
County Allocation:							\$363,680				
<p>Pursuant to Item 2240-103-0001 of Section 2 of the Budget Act of 2019, as amended by Section 16 of Chapter 363 of the Statutes of 2019 (SB 109), the Department of Housing and Community Development (HCD) shall allocate \$5 million in funding to counties for the support of housing navigators to help young adults aged 18 years and up to 21 years secure and maintain housing, with priority given to young adults in the foster care system. The county may use the funding to provide housing navigation services directly or through a contract with other housing assistance programs in the county. It is encouraged that the county coordinate with the local Continuum of Care to foster communication and collaboration.</p>											
Allocation Applicant											
Allocation Applicant is a County Child Welfare Agency								Yes			
<p>Pursuant to statute, 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 aged 18 through 21 year old in foster care. The allocation excludes Alpine, Mono, and Sierra counties because their calculation did not demonstrate a need for young adults aged 18-21.</p>											
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											
<p>The HNP program funds housing navigators for county child welfare agencies. 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 navigator activities may include, but are not limited to:</p> <ol style="list-style-type: none"> 1) Assist young adults aged 18-21 secure and maintain housing (with priority 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 services 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											
<p>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.</p>											
Allocation Acceptance Requirements											
<p>In order to accept and receive an allocation, Applicants must submit the following: Signed Allocation Acceptance form, Signed Resolution, and TIN form. A complete signed application with all applicable information must be received by HCD via email no later than 5:00 p.m. on:</p> <p style="text-align: center;">Tuesday, March 31, 2020</p> <p style="text-align: center;">HCD will only accept applications electronically at the following email address: Stephanie.Tran-Houangvilay@hcd.ca.gov</p>											
Reporting Requirements											
<p>Applicant acknowledges and agrees to submit an annual report to the Department for the three years following distribution of HNP Program funds addressing the following:</p> <ol style="list-style-type: none"> 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? 								Yes			
Certification											
<p>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.</p> <p style="text-align: center;">SUBJECT TO THE BOARD'S APPROVAL</p>											
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