

Transitional Housing Program (THP) Allocation Acceptance Round 3										Rev. 10/01/202							
County Allocation (select Applicant County in row 7 below):										\$297,600							
Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2021 (Chapter 69 of the Statutes of 2021) 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 24 years 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 aged 18 to 24 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 24.																	
Applicant County		San Bernardino County															
Legal name of Applicant as stated on resolution:		San Bernardino County															
Address			150 S. Lena Rd.			City		San Bernardino		State	CA						
Auth Rep Name		Marlene Hagen		Title		Director		Auth Rep Email		Mhagen@hss.sbcounty.gov							
Contact Name		Marlene Hagen		Title		Director		Email		Mhagen@hss.sbcounty.gov							
Address		150 S. Lena Rd.			City		San Bernardino		State	CA	Zip	92415-0515					
Federal Tax ID Number (FEIN)		95-6002748															
<b>Administrative Fiscal Representative</b>																	
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 TIN		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 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.																	
<b>Expenditure of Funds</b>																	
Any grant funds remaining unexpended as of June 30, 2024, 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, 2024 and must reference the Contract Number.																	
<b>Allocation Acceptance Requirements</b>																	
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>Friday, November 12, 2021</b>																	
HCD will only accept applications electronically at the following email address:																	
<a href="mailto:THP@hcd.ca.gov">THP@hcd.ca.gov</a>																	
<b>Reporting Requirements</b>																	
Applicant acknowledges and agrees to submit an annual report to the Department for the two years following distribution of TAY Program funds addressing the following:										Yes							
A.The number of program participants served with program funds																	
B.Details on 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 served who were in the state's probation system																	
F.Number of program participants who exited homelessness into temporary housing.																	
G.The number of program participants who exited homelessness into permanent housing.																	
<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.																	
Marlene Hagen			Director														
Printed Name			Title of Signatory			Signature			Date								
Name:		San Bernardino County Children and Family Services				Phone Number:		909-387-2792									
Address:		150 S. Lena Rd.			City:		San Bernardino		State:	CA	Zip:	92415-0515					