

***Transitional Housing Program (THP)
Round 5 Allocation Acceptance Form***

***Housing Navigation and Maintenance Program (HNMP)
Round 2 Allocation Acceptance Form***

***THP Plus Housing Supplement Program (THP SUP)
Round 3 Allocation Acceptance Form***



**Gavin Newsom, Governor
State of California**

**Lourdes M. Castro Ramírez, Secretary
Business, Consumer Services and
Housing Agency**

**Gustavo Velasquez, Director
Department of Housing and
Community Development**

**2020 West El Camino Avenue, Suite 500
Sacramento, CA 95833
Telephone: (916) 263-2771
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October 2023

Transitional Housing Program (THP) Allocation Acceptance Round 5							Rev. 10/19/23
County Allocation (select Applicant County in row 7 below):						\$416,250	
Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2023 (Chapter 12 of the Statutes of 2023) 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 funding to counties for the purpose of housing stability to help young adults 18 to 24 years of age, inclusive, secure and maintain housing, with priority given to young adults formerly in the foster care or probation systems.							
Allocation Applicant							
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 18 through 20 years of age in foster care and homeless unaccompanied young adults (ages 18 through 24).							
Applicant County		Monterey County					
Legal name of Applicant as stated on resolution:		County of Monterey					
Address	1000 South Main St.			City	Salinas	State	CA
				Zip	93901		
Auth Rep Name	Becky Cromer		Title	Finance Manager III		Auth Rep Email	CromerBL@co.monterey.ca.us
						Phone	(831) 755-4430
Contact Name	Chelsea Chacon		Title	Management Analyst III		Email	ChaconC@co.monterey.ca.us
						Phone	(831) 755-8596
Address	1000 South Main St., Suite 205			City	Salinas	State	CA
				Zip	93901		
Federal Tax ID Number (FEIN)		94-6000524					
Administrative Fiscal Representative							
Legal Name	County of Monterey		Contact Name	Becky Cromer		Contact Email	CromerBL@co.monterey.ca.us
Phone	(831) 755-4430		Address	1000 South Main St., Suite 306		City	Salinas
						State	CA
						Zip	
File Name:	App Resolution		Reference sample resolution document			Attached to email?	No
File Name:	App GovTIN Form		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 24 years of age, inclusive, secure and maintain housing with priority given to young adults formerly in the state's foster care or probation systems. 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 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. <u>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:</u>							
Friday, November 17, 2023							
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:							Yes
<p>A. Number of program participants served who were homeless at time of program entry;</p> <p>B. Number of program participants served who were in the State's foster care system;</p> <p>C. Number of program participants served who were formerly in the State's foster care or probation systems;</p> <p>D. Number of program participants who exited homelessness into temporary housing;</p> <p>E. Number of program participants who exited homelessness into permanent housing;</p> <p>F. Itemization on use of program fund expenditures;</p> <p>G. Who were the housing navigators or other subcontractor(s)?</p> <p>H. Subpopulation data including:</p> <p style="margin-left: 20px;">1. Number of participants that are employed;</p> <p style="margin-left: 20px;">2. Number of participants identified as LGBTQ+;</p> <p style="margin-left: 20px;">3. Number of participants having a disability;</p> <p style="margin-left: 20px;">4. Number of participants with minor children in the household; and,</p> <p style="margin-left: 20px;">5. Average number of children per household.</p>							
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.							
Becky Cromer		Finance Manager III					
Printed Name		Title of Signatory		Signature		Date	
Name:	Becky Cromer			Phone Number:	(831) 755-4430		
Address:	1000 South Main St., Suite 306			City:	Salinas	State:	CA
				Zip:	93901		

Housing Navigation and Maintenance Program (HNMP) Allocation Acceptance Round 2							Rev. 10/19/23	
County Allocation (select Applicant County in row 7 below):						\$83,515		
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.								
Applicant County		Monterey County						
Legal name of Applicant as stated on resolution:		County of Monterey						
Address	1000 South Main St.			City	Salinas	State	CA	
				Zip	93901			
Auth Rep Name	Becky Cromer		Title	Finance Manager III		Auth Rep Email	CromerBL@co.monterey.ca.us	
						Phone	(831) 755-4430	
Contact Name	Chelsea Chacon		Title	Management Analyst III		Email	ChaconC@co.monterey.ca.us	
						Phone	(831) 755-8596	
Address	1000 South Main St., Suite 205			City	Salinas	State	CA	
				Zip	93901			
Federal Tax ID Number (FEIN)		94-6000524						
Administrative Fiscal Representative								
Legal Name	County of Monterey			Contact Name	Becky Cromer		Contact Email	CromerBL@co.monterey.ca.us
Phone	(831) 755-4430	Address	1000 South Main St., Suite 306		City	Salinas	State	CA
						Zip	93901	
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								
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Friday, November 17, 2023								
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:							Yes	
<ol style="list-style-type: none"> 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: <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.								
Becky Cromer		Finance Manager III						
Printed Name		Title of Signatory		Signature		Date		
Name:	Becky Cromer			Phone Number:	(831) 755-4430			
Address:	1000 South Main St., Suite 306			City:	Salinas	State:	CA	
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