

Transitional Housing Program (THP)

Allocation Acceptance Form



**Gavin Newsom, Governor
State of California**

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

**Douglas R. McCauley, Acting Director
California Department of Housing and Community Development**

**2020 West El Camino Avenue, Suite 150
Sacramento, CA 95833
Phone: (916) 263-2771
Email: THP@hcd.ca.gov**

February 2020

Transitional Housing Program (THP) Allocation Acceptance							Rev. 2/4/20			
County Allocation:						\$145,600				
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										
Allocation Applicant is a County Child Welfare Agency						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 Monterey County										
Legal name of Applicant as stated on resolution: County of Monterey										
Address		1000 South Main Street Suite 205		City	Salinas	State	CA	Zip	93901	
Auth Rep Name	Lori Medina	Title	Director of Social Services	Auth Rep Email	Medinal@co.monterey.ca.us	Phone	(831) 755-4430			
Contact Name	Chelsea Chacon	Title	Management Analyst II	Email	ChaconC@co.monterey.ca.us	Phone	(831) 755-8596			
Address		1000 South Main Street Suite 205		City	Salinas	State	CA	Zip	93901	
Federal Tax ID Number (FEIN)		94-6000524								
Administrative Fiscal Representative										
Legal Name	Melissa Mairose Finance Manager II		Contact Name	Melissa Mairose		Contact Email	MairoseMA@co.monterey.ca.us			
Phone	(831) 755-4433	Address	1000 South Main Street Suite 306		City	Salinas	State	CA	Zip	93901
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:										
Tuesday, March 31, 2020										
HCD will only accept applications electronically at the following email address:										
THP@hcd.ca.gov										
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:									Yes	
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?										
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.										
Lori Medina		Director of Social Services								
Printed Name		Title of Signatory		Signature				Date		
Entity Name: Monterey County Department of Social Services				Phone Number: (831) 755-4430						
Entity Address: 1000 South Main Street Suite 205				City: Salinas		State: CA		Zip: 93901		