

Transitional Housing Program (THP) Allocation Acceptance Round 3										Rev. 10/01/2021		
County Allocation (select Applicant County in row 7 below):										\$145,600		
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.												
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 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	Monterey County											
Legal name of Applicant as stated on resolution:	Monterey County											
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 III		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	Monterey County			Contact Name	Becky Cromer			Contact Email	CromerBL@co.monterey.ca.us			
Phone	(831) 755-4404		Address	1000 South Main Street Suite 306			City	Salinas	State	CA	Zip	93901
File Name:	App Resolution		Reference sample resolution document							Attached to email?		
File Name:	App TIN		Reference Taxpayer Identification Number (TIN) document							Attached to email?		
Use of Funds												
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.												
Expenditure of Funds												
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.												
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:												
Friday, November 12, 2021												
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 two years following distribution of TAY Program funds addressing the following:												
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.										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.												
Lori Medina			Director of Social Services			[Signature]			[Date]			
Printed Name			Title of Signatory			Signature			Date			
Name:	Lori Medina					Phone Number:	(831) 755-4430					
Address:	1000 South Main Street			City:	Salinas	State:	CA	Zip:	93901			