

***Transitional Housing Program (THP)  
Round 6 Allocation Acceptance Form***

***Housing Navigation and Maintenance Program (HNMP)  
Round 3 Allocation Acceptance Form***



**Gavin Newsom, Governor  
State of California**

**Tomiquia Moss, Secretary  
Business, Consumer Services and  
Housing Agency**

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

**651 West Bannon Street, 8th floor  
Sacramento, CA 95811  
Telephone: (916) 263-2771  
Website: [www.hcd.ca.gov](http://www.hcd.ca.gov)  
Email: [TAY@hcd.ca.gov](mailto:TAY@hcd.ca.gov)**

**October 2024**

Transitional Housing Program (THP) Allocation Acceptance Round 6								Rev. 10/09/24	
County Allocation (select Applicant County in row 7 below):								\$389,766	
Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2024 (Chapter 22 of the Statutes of 2024) 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.									
<b>Housing First</b>									
The Contractor shall certify to employ the core components of Housing First, pursuant to Welfare and Institutions Code Section 8255.									
<b>Allocation Applicant</b>									
<b>Allocation Applicant is a County</b>								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).									
<b>Applicant County</b>		Monterey County							
<b>Legal name of Applicant as stated on resolution:</b>		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@countyofmonterey.gov		Phone   (831) 755-4430			
Contact Name   Chelsea Chacon		Title   Management Analyst III		Email   ChaconC@countyofmonterey.gov		Phone   (831) 755-8596			
Address   1000 South Main St., Suite 205					City   Salinas		State   CA		Zip   93901
<b>Federal Tax ID Number (FEIN)</b>		94-6000524							
<b>Administrative Fiscal Representative</b>									
Legal Name   County of Monterey			Contact Name   Becky Cromer			Contact Email   CromerBL@countyofmonterey.gov			
Phone   (831) 755-4430		Address   1000 South Main St, Suite 306			City   Salinas		State   CA		Zip   93901
<b>File Name:</b> App Resolution		Reference sample resolution document				Attached to email?		Yes	
<b>File Name:</b> App GovTIN Form		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, 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.									
<b>Expenditure of Funds</b>									
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 651 Bannon Street, 8th floor, Sacramento CA 95811 and must reference the Contract Number.									
<b>Allocation Acceptance Requirements</b>									
<b>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. 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:</b>									
<b>Friday, November 8, 2024</b>									
HCD will only accept applications electronically at the following email address:									
<a href="mailto:TAY@hcd.ca.gov">TAY@hcd.ca.gov</a>									
<b>Reporting Requirements</b>									
Applicant acknowledges and agrees to submit an bi-annual report to the Department for the two years following contract execution addressing the following:									
A. Number of program participants served who were homeless at time of program entry;								Yes	
B. Number of program participants served who were in the State's foster care system;									
C. Number of program participants served who were formerly in the State's foster care or probation systems;									
D. Number of program participants who exited homelessness into temporary housing;									
E. Number of program participants who exited homelessness into permanent housing;									
F. Itemization on use of program fund expenditures;									
G. Who were the housing navigators or other subcontractor(s)?									
H. Subpopulation data including:									
1. Number of participants that are employed;									
2. Number of participants identified as LGBTQ+;									
3. Number of participants having a disability;									
4. Number of participants with minor children in the household; and,									
5. Average number of children per household.									
<b>Certification</b>									
<b>On behalf of the entity identified in the signature block below, I certify that:</b>									
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 II							
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 3						Rev. 10/09/24	
County Allocation (select Applicant County in row 7 below):						\$63,527	
Pursuant to item 2240-103-0001 of Section 2.00 of the Budget Act of 2024 (Chapter 22 of the Statutes of 2024) 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.							
<b>Housing First</b>							
The Contractor shall certify to employ the core components of Housing First, pursuant to Welfare and Institutions Code Section 8255.							
<b>Allocation Applicant</b>							
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. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
Applicant County		Monterey County					
Legal name of Applicant as stated on resolution:		County of Monterey					
Address	1000 South Main St.			City	Salinas	State	
Auth Rep Name	Becky Cromer	Title	Finance Manager III	Auth Rep Email	CromerBL@countyofmonterey.gov	Phone (831) 755-4430	
Contact Name	Chelsea Chacon	Title	Management Analyst III	Email	ChaconC@countyofmonterey.gov	Phone (831) 755-8596	
Address	1000 South Main St., Suite 205			City	Salinas	State CA Zip 93901	
Federal Tax ID Number (FEIN)	94-6000524						
<b>Administrative Fiscal Representative</b>							
Legal Name	County of Monterey		Contact Name	Becky Cromer		Contact Email CromerBL@countyofmonterey.gov	
Phone (831) 755-4430	Address	1000 South Main St., Suite 306		City	Salinas	State Zip 93901	
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>							
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"> <li>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);</li> <li>2) Provide housing case management which include essential services in emergency supports to foster youth;</li> <li>3) Prevent young adults from becoming homeless; and</li> <li>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.</li> </ol>							
<b>Expenditure of Funds</b>							
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<b>Allocation Acceptance Requirements</b>							
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. 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:							
<b>Friday, November 8, 2024</b>							
HCD will only accept applications electronically at the following email address:							
<a href="mailto:TAY@hcd.ca.gov">TAY@hcd.ca.gov</a>							
<b>Reporting Requirements</b>							
Applicant acknowledges and agrees to submit a bi-annual report to the Department for the two years following contract execution addressing the following:						Yes	
<p>A. Number of program participants served with program funds;</p> <p>B. Itemization of use of program funds;</p> <p>C. Details on housing navigators and other subcontractors;</p> <p>D. Number of program participants served who were in the State's foster care system;</p> <p>E. Number of program participants who were homeless at time of program entry;</p> <p>F. Number of program participants who exited homelessness into temporary housing;</p> <p>G. Number of program participants who exited homelessness into permanent housing; and,</p> <p>H. Subpopulation data including:</p> <ol style="list-style-type: none"> <li>1. Number of participants that are employed;</li> <li>2. Number of participants identified as LGBTQ+;</li> <li>3. Number of participants with a disability;</li> <li>4. Number of participants with minor children in the household; and,</li> <li>5. Average number of children per household.</li> </ol>							
<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.							
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	