

***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):										\$279,720													
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		Santa Barbara County																					
Legal name of Applicant as stated on resolution:		County of Santa Barbara																					
Address		234 Camino del Remedio				City		Santa Barbara		State		CA		Zip		93110							
Auth Rep Name		Daniel Nielson				Title		Director		Auth Rep Email		dneilso@countyofsb.org				Phone		805-346-7101					
Contact Name		Amy Krueger				Title		Assistant Director		Email		akrueg@countyofsb.org				Phone		805-346-8351					
Address		2125 S. Centerpointe Parkway				City		Santa Maria		State		CA		Zip		93455							
Federal Tax ID Number (FEIN)		95-6002833																					
Administrative Fiscal Representative																							
Legal Name		Santa Barbara County				Contact Name		A.J. Quinoveva				Contact Email		aquinov@countyofsb.org									
Phone		805-681-4464				Address		234 Camino del Remedio				City		Santa Barbara		State		CA		Zip		93110	
File Name:		App Resolution				Reference sample resolution document				Attached to email?				Yes									
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. 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:																							
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 a 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; 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.																							
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.																							
Daniel Nielson		Director		BOS 11/28/23																			
Printed Name		Title of Signatory		Signature				Date															
Name:		Santa Barbara County				Phone Number:				805-346-7101													
Address:		2125 S. Centerpointe Parkway				City:		Santa Maria		State:		CA		Zip:		93455							

Housing Navigation and Maintenance Program (HNMP) Allocation Acceptance Round 2										Rev. 10/19/23	
County Allocation (select Applicant County in row 7 below):										\$128,972	
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 Santa Barbara County											
Legal name of Applicant as stated on resolution: County of Santa Barbara											
Address 234 Camino del Remedio City Santa Barbara State CA Zip 93110											
Auth Rep Name Daniel Nielson		Title Director		Auth Rep Email dnielso@countyofsb.org		Phone 805-346-7101					
Contact Name Amy Krueger		Title Assistant Director		Email akrueg@countyofsb.org		Phone 805-346-8351					
Address 2125 S. Centerpointe Parkway		City Santa Maria		State CA		Zip 93455					
Federal Tax ID Number (FEIN) 96-6002833											
Administrative Fiscal Representative											
Legal Name Santa Barbara County		Contact Name A.J. Quinoveva		Contact Email aquino@countyofsb.org							
Phone 805-681-4464		Address 234 Camino del Remedio		City Santa Barbara		State CA		Zip 93110			
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	
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:											
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											
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:											
<p style="text-align: center;">Friday, November 17, 2023</p> <p style="text-align: center;">HCD will only accept applications electronically at the following email address:</p> <p style="text-align: center;">TAY@hcd.ca.gov</p>											
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	
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:											
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.											

Daniel Nielson		Director		BOS 11/28/23			
Printed Name		Title of Signatory		Signature			Date
Name:	Santa Barbara County			Phone Number: 805-346-7101			
Address:	2125 S. Centerpointe Parkway			City:	Santa Maria	State:	CA
						Zip:	93455