

Transitional Housing Program (THP) Allocation Acceptance							Rev. 2/4/20				
County Allocation:						\$75,200					
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		Santa Barbara County									
Legal name of Applicant as stated on resolution:		Santa Barbara County Department of Social Services									
Address		234 Camino del Remedio		City	Santa Barbara	State	CA	Zip	93110		
Auth Rep Name	Daniel Nielson	Title	Director	Auth Rep Email	D.Nielson@sbcsocialserv.org		Phone	805 346 7101			
Contact Name	Amy Krueger	Title	Deputy Director	Email	a.krueger@sbcsocialserv.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	Victor Zambrano		Contact Email	v.zambrano@sbcsocialserv.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?				
File Name:	App Signature Block	Signature Block - upload in Microsoft Word 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 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.											
Daniel Nielson		Director									
Printed Name		Title of Signatory		Signature		Date					
Entity Name:		Santa Barbara County		Phone Number:		805 346 7101					
Entity Address:		2125 S. Centerpointe Parkway		City:	Santa Maria	State:	CA	Zip:	93455		