Transitional Housing Program (THP) Allocation Acceptance Round 2

Rev. 7/27/20

County Allocation (select Applicant County in row 7 below): $168,800

Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2020 (Chapter 6 of the Statutes of 2020) 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

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	**Sonoma County**										
Legal name of Applicant as stated on resolution:	**Sonoma County Human Services Department**										
Address	3600 Westwind Blvd				City	Santa Rosa	State	CA	Zip	95403	
Auth Rep Name	Karen Fies	Title	Director, Human Services	Auth Rep Email	kfies@schsd.org				Phone	707 565-6990	
Contact Name	Nick Honey	Title	Director, Child Welfare	Email	nhoney@schsd.org				Phone	707 565-4343	
Address	1202 Apollo Way				City	Santa Rosa	State	CA	Zip	95407	
Federal Tax ID Number (FEIN)	94-6000639										
Administrative Fiscal Representative											
Legal Name	Sonoma County Human Services Department	Contact Name	Amber Todahl		Contact Email	atodahl@schsd.org					
Phone	707 565-5872	Address	3600 Westwind Blvd		City	Santa Rosa	State	CA	Zip	95403	
File Name:	**App Resolution**	Reference sample resolution document						Attached to email?			
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, 2023, 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, 2023 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:*

Thursday, November 12, 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:
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.

Karen Fies	Director, Human Services Department		
Printed Name	Title of Signatory	Signature	Date

Name:	Sonoma County Human Services Department		Phone Number:	707 565-3600				
Address:	3600 Westwind Blvd		City:	Santa Rosa	State:	CA	Zip:	95403