

# **Transitional Housing Program (THP)**

## **Round 2 Allocation Acceptance Form**



**Gavin Newsom, Governor  
State of California**

**Lourdes M. Castro Ramírez, Secretary  
Business, Consumer Services and Housing Agency**

**Gustavo F. Velasquez, Director  
California Department of Housing and Community Development**

**2020 West El Camino Avenue, Suite 150  
Sacramento, CA 95833  
Phone: (916) 263-2771  
Email: [THP@hcd.ca.gov](mailto:THP@hcd.ca.gov)**

**July 2020**

Transitional Housing Program (THP) Allocation Acceptance Round 3										Rev. 10/01/2021		
County Allocation (select Applicant County in row 7 below):										\$51,200		
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		San Mateo County										
Legal name of Applicant as stated on resolution:		San Mateo County										
Address		555 County Center, Floor 4				City		Redwood City		State CA Zip 94063		
Auth Rep Name		Ken Cole		Title		HAS Director		Auth Rep Email		kcole@smcgov.org		
Contact Name		John Fong		Title		CFS Director		Email		jfong@smcgov.org		
Address		1 Davis Drive				City		Belmont		State CA Zip 94002		
Federal Tax ID Number (FEIN)		94-6000532										
Administrative Fiscal Representative												
Legal Name		Jacinta Arteaga				Contact Name		Jacinta Arteaga		Contact Email jarteaga@smcgov.org		
Phone		650-802-6491		Address		1 Davis Drive		City		Belmont		
								State		CA Zip 94002		
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												
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: <a href="mailto:THP@hcd.ca.gov">THP@hcd.ca.gov</a>												
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.												
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.												
Ken Cole		Agency Director										
Printed Name		Title of Signatory		Signature				Date				
Name:		County of San Mateo				Phone Number:		650-802-7500				
Address:		1 Davis Drive				City:		Belmont		State: CA Zip: 94002		