

Transitional Housing Program (THP) Allocation Acceptance Round 6		Rev. 10/09/24
County Allocation (select Applicant County in row 7 below):		\$269,838
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.		
Housing First		
The Contractor shall certify to employ the core components of Housing First, pursuant to Welfare and Institutions Code Section 8255.		
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	Solano County	
Legal name of Applicant as stated on resolution:	County of Solano	
Address	675 Texas Street, Suite 1900	City: Fairfield State: CA Zip: 94533
Auth Rep Name	Bill Emlen	Title: County Administrator Auth Rep Email: WFEmlen@SolanoCounty.com Phone: 707-784-3002
Contact Name	Rhonda Smith	Title: Administrator Email: RSmith@SolanoCounty.com Phone: 707-784-8423
Address	275 Beck Avenue	City: Fairfield State: CA Zip: 94533
Federal Tax ID Number (FEIN)	94-6000538	
Administrative Fiscal Representative		
Legal Name	County of Solano	Contact Name: Wendy Nelson Contact Email: WDNelson@SolanoCounty.com
Phone	707-784-8388	Address: 275 Beck Avenue City: Fairfield State: CA Zip: 94533
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:		
<ol style="list-style-type: none"> Identify and assist housing services for this population in your community; Assist this population to secure and maintain housing (with priority given to those in the state's foster care or probation system); Improve coordination of services and linkages to community resources within the child welfare system and the Homeless Continuum of Care; and 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 651 Bannon Street, 8th floor, Sacramento CA 95811 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 8, 2024		
HCD will only accept applications electronically at the following email address:		
TAY@hcd.ca.gov		
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
<ol style="list-style-type: none"> Number of program participants served who were homeless at time of program entry; Number of program participants served who were in the State's foster care system; Number of program participants served who were formerly in the State's foster care or probation systems; Number of program participants who exited homelessness into temporary housing; Number of program participants who exited homelessness into permanent housing; Itemization on use of program fund expenditures; Who were the housing navigators or other subcontractor(s)? Subpopulation data including: <ol style="list-style-type: none"> Number of participants that are employed; Number of participants identified as LGBTQ+; Number of participants having a disability; Number of participants with minor children in the household; and, 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.		
Bill Emlen	County Administrator	
Printed Name	Title of Signatory	Signature
Name: Solano County	Phone Number: 707-784-3002	Date
Address: 675 Texas Street Suite 1900	City: Fairfield	State: CA Zip: 94533