

Transitional Housing Program (THP) Allocation Acceptance Round 7

Rev. 08/19/25

County Allocation (select Applicant County in row 7 below): **\$276,445**

Pursuant to item 2240-102-0001 of Section 2.00 of the Budget Act of 2025 (Chapter 4 of the Statutes of 2025) 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 (b) as shown below:

- 1) Tenant screening and selection practices that promote accepting applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services;
- 2) Applicants are not rejected on the basis of poor credit or financial history, poor or lack of rental history, criminal convictions unrelated to tenancy, or behaviors that indicate a lack of "housing readiness";
- 3) Acceptance of referrals directly from shelters, street outreach, drop-in centers, and other parts of crisis response systems frequented by vulnerable people experiencing homelessness;
- 4) Supportive services that emphasize engagement and problem solving over therapeutic goals and service plans that are highly tenant-driven without predetermined goals;
- 5) Participation in services or program compliance is not a condition of permanent housing tenancy;
- 6) Tenants have a lease and all the rights and responsibilities of tenancy, as outlined in California's Civil, Health and Safety, and Government codes;
- 7) The use of alcohol or drugs in and of itself, without other lease violations, is not a reason for eviction;
- 8) In communities with coordinated assessment and entry systems, incentives for funding promote tenant selection plans for supportive housing that prioritize eligible tenants based on criteria other than "first-come-first-serve," including, but not limited to, the duration or chronicity of homelessness, vulnerability to early mortality, or high utilization of crisis services. Prioritization may include triage tools, developed through local data, to identify high-cost, high-need homeless residents;
- 9) Case managers and service coordinators who are trained in and actively employ evidence-based practices for client engagement, including, but not limited to, motivational interviewing and client-centered counseling;
- 10) Services are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants' lives, where tenants are engaged in nonjudgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices, as well as connected to evidence-based treatment if the tenant so chooses; and
- 11) The project and specific apartment may include special physical features that accommodate disabilities, reduce harm, and promote health and community and independence among tenants.

Allocation Applicant

Allocation Applicant is a County

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**

Legal name of Applicant as stated on resolution: **Solano County**

Address	675 Texas Street Suite 1900	City	Fairfield	State	CA	Zip	94533
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Auth Rep Name	Ian M. Goldberg	Title	County Administrator	Auth Rep Email	IMGoldberg@SolanoCounty.gov	Phone	707-784-6116
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Address	675 Texas Street	City	Fairfield	State	CA	Zip	94533
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Contact Name	Rhonda Smith	Title	Administrator	Email	RHSmith@SolanoCounty.gov	Phone	707-784-8423
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Address	275 Beck Avenue	City	Fairfield	State	CA	Zip	94533
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Federal Tax ID Number (FEIN)	946000538
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Administrative Fiscal Representative

Contact Name	Jannett Alberg	Title	Fiscal Analyst	Contact Email	EJAlberg@SolanoCounty.gov
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Phone	707/784-8432	Address	275 Beck Avenue	City	Fairfield	State	CA	Zip	94533
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File Name:	App Resolution	Reference sample resolution document	Attached to email?	Yes
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File Name:	App GovTIN Form	Reference Taxpayer Identification Number (TIN) document	Attached to email?	Yes
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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 651 Bannon Street, Suite 400, Attention: Administration and Management Division, Accounts Payable, 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:

Tuesday, September 18, 2025

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:

- 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

California Public Records Act

The application, including any and all supplemental documents submitted during the review process, is a public record, which is available for public review pursuant to the California Public Records Act (CPRA) (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code). After final awards have been issued, the Department may disclose any materials provided by the Applicant to any person making a request under the CPRA. The Department cautions Applicants to use discretion in providing information not specifically requested, including but not limited to, bank account numbers, personal phone numbers, and home addresses. By providing this information to the Department, the Applicant is waiving any claim of confidentiality and consents to the disclosure of submitted material upon request.

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.

Ian M. Goldberg

Authorized Rep Printed Name

County Administrator

Title of Authorized Rep

Signature

Date