

Transitional Housing Program (THP) Allocation Acceptance Round 2										Rev. 7/27/20			
County Allocation (select Applicant County in row 7 below):										\$92,000			
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		Solano County											
Legal name of Applicant as stated on resolution:				Health and Social Services Department									
Address		675 Texas St., Suite 6500			City	Fairfield	State	CA	Zip	94533			
Auth Rep Name	Birgitta E. Corsello			Title	County Administrator	Auth Rep Email	becorsello@solanocounty.com		Phone	(707) 784-6108			
Contact Name	Aaron Crutison			Title	Deputy Director	Email	acrutison@solanocounty.com		Phone	(707) 784-8331			
Address		275 Beck Ave.			City	Fairfield	State	CA	Zip	94533			
Federal Tax ID Number (FEIN)		94-6000538											
Administrative Fiscal Representative													
Legal Name				Health and Social Services Department			Contact Name		Birgitta Corsello		Contact Email	becorsello@solanocounty.com	
Phone	(707) 784-6108	Address			675 Texas St., Suite 6500			City	Fairfield	State	CA	Zip	94533
File Name:	App Resolution	Reference sample resolution 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, 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.													
Birgitta Corsello			County Administrator			Signature			Date				
Printed Name		Title of Signatory			Signature			Date					
Name:	Solano County			Phone Number:			707-784-6108						
Address:	675 Texas Ave., Suite 6500			City:	Fairfield	State:	CA	Zip:	94533				