# Sample THP - Plus Housing Supplement Program Round 2 Allocation Acceptance Resolution for Counties

BEFORE THE BOARD OF SUPERVISORS

COUNTY OF \_\_\_\_\_\_\_\_ [Insert Name of County], STATE OF CALIFORNIA

IN THE MATTER OF: THP - PLUS HOUSING SUPPLEMENT PROGRAM RESOLUTION NUMBER: \_\_\_\_\_\_\_ [Insert Resolution Number]

A RESOLUTION AUTHORIZING APPLICATION FOR AND ACCEPTANCE OF THE COUNTY ALLOCATION AWARD UNDER THE THP - PLUS HOUSING SUPPLEMENT PROGRAM

WHEREAS, the State of California, Department of Housing and Community Development (“Department”) issued an allocation acceptance form, dated October 21, 2022 under the THP - Plus Housing Supplement Program(“Program”) for $9,000,000 authorized by item 2240-102-0001 of Section 2.00 of the Budget Act of 2022 (Chapter 249 of the Statutes of 2022) and Chapter 11.9 (commencing with HSC 50820) of Part 2 of Division 31 of the Health and Safety Code (collectively, the "Statute") of the Health and Safety Code (the “Allocation Acceptance Form”).

WHEREAS, the Allocation Acceptance Form relates to the availability of the funds under the Program; and

WHEREAS, the County of \_\_\_\_\_\_\_ [Insert Name Of County] was listed as an eligible applicant in the Allocation Acceptance Form, dated October 21, 2022.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Supervisorsfor the County of \_\_\_\_\_\_\_ [Insert Name of County] (“County”) does determine and declare as follows:

SECTION 1. That County is hereby authorized and directed to apply for and accept County’s allocation award, as detailed in the Allocation Acceptance Form (the “THP - Plus Housing Supplement Allocation Award”), up to the amount of $\_\_\_\_\_\_\_\_\_\_\_\_ [The Department recommends inserting DOUBLE the amount from the Allocation Acceptance Form] authorized the Allocation Acceptance Form and applicable state law.

SECTION 2. That if funds remain available for allocation after the deadline for submitting a signed Allocation Acceptance Form, and if the Department advises County that County is eligible for an additional allocation from these remaining funds, County is hereby authorized and directed to accept this additional allocation of funds (“Additional THP - Plus Housing Supplement Allocation”) up to the amount authorized by Department.

SECTION 3. That \_\_\_\_\_\_\_ [Insert **Title Of Authorized County Official** –ONLY TITLE NOT NAME- in conformity with the instruction below. Inclusion of name can cause an undue delay if there’s an administrative change], or his or her designee, is hereby authorized and directed to act on behalf of County in connection with the THP - Plus Housing Supplement Allocation Award and any Additional THP - Plus Housing Supplement Allocation, and to enter into, execute, and deliver any and all documents required or deemed necessary or appropriate to be participate in the Program, including but not limited to a Standard Agreement, and be awarded the THP - Plus Housing Supplement Allocation Award, and any Additional THP - Plus Housing Supplement Allocation, and any amendments to such documents (collectively, the “THP - Plus Housing Supplement Allocation Award Documents”).

***INSTRUCTION:*** *Multiple signors may be included in Section 3, above. The word “and” between each identified signor should be used if County requires multiple signatures to create a valid, legally enforceable instrument. The word “or” should be used between each identified signor if the County requires the signature of only one of the identified signors in order to create a valid, legally enforceable instrument. The use of “and/or” in this context is legally insufficient and is not acceptable.* ***It is recommended that Counties list the signatories by title only*** *so that, in the event of employee turnover, the Department may accept the signature of whomever holds the title when the THP – Plus Housing Supplement Allocation Award Documents are required to be signed. If the County resolution identifies a signor by name, the Department will only accept signatures from that named person as signor on County’s behalf, or that named person’s designee if the resolution allows signature by a designee. If County’s signor is a designee, written proof of the designee signature authority must be provided to the Department with the Resolution. The Department will not accept the signature of the designee without such written proof. The Department will make available a template letter with suggested language which would constitute acceptable proof of designee signature authority.*

SECTION 4. That County shall be subject to the terms and conditions that are specified in the THP - Plus Housing Supplement Allocation Award Documents, and that County will use the THP - Plus Housing Supplement Allocation Award funds and any Additional THP - Plus Housing Supplement Allocation funds in accordance with the Allocation Acceptance Form, the THP - Plus Housing Supplement Allocation Award Documents, and any and all other THP - Plus Housing Supplement requirements, and other applicable laws.

PASSED AND ADOPTED this \_\_\_\_\_\_ [Insert Numerical Day] day of \_\_\_\_\_\_ [Insert Month], 20\_\_\_\_ [Insert Year, Preceded by 20], by the following vote:

***INSTRUCTION:*** *Fill in all four vote-count fields below. If none, indicate “0” for that field.*

AYES \_\_\_\_\_\_ [Insert Number of Ayes]

NOES \_\_\_\_\_\_ [Insert Number of Noes]

ABSTENTIONS \_\_\_\_\_\_ [Insert Number of Abstentions]

ABSENT \_\_\_\_\_\_ [Insert Number Absent]

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Below Signature Line Insert Printed Name and Title

Of Chairman of Board of Supervisors]

**STATE OF CALIFORNIA**

County of [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

I, [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_], County Clerk of the County of [\_\_\_\_\_\_\_\_\_\_\_\_\_], State of California, hereby certify the above and foregoing to be a full, true and correct copy of a resolution adopted by the County Board of Supervisors on this \_\_\_\_\_\_ [Insert Numerical Day] day of \_\_\_\_\_\_ [Insert Month], 20\_\_\_\_ [Insert Year, Preceded by 20]

[Insert Printed name of County Clerk Here]

Clerk of the County of [\_\_\_\_\_\_\_\_], State of California

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Insert Printed Name and Title]

| **RESOLUTION CHECKLIST** |
| --- |
| **Minimum Requirements** |
| County name |
| Title of Signatory(ies)**Note:** title of authorized signatory(ies) is preferred for THP - Plus Housing Supplement resolutions. Names may be included, but the Department will then only accept signatures on behalf of the County from the named person. Supporting documentation evidencing the individual who currently holds the position **must** be provided. |
| Reference to Allocation Acceptance Form date |
| Standard Agreement or Grant Agreement language (authorizes signatory(ies) to sign Grant Contract/Standard Agreement) |
| Amendment provision included |
| Meeting Date, All Votes (Ayes, No’s, Absent, Vacant), and signature(s) included |
| Resolution number(s) **OR Project** Site Name (Required to differentiate multiple contracts issued to same contractor) |
| **Authorized Signatory(ies) – *And vs. Or*** |
| **And –** *Director* **and** *Deputy Director*Both individuals named must sign the Standard Agreement.**Example:** “The Board hereby authorizes Director **and** Deputy Director to execute the Standard Agreement in an amount not to exceed…” |
| **Or –** *Director* **or** *Deputy Director*Either individual may sign--only one signature is required.**Example:** “The Board hereby authorizes the Director **or** Deputy Director to execute the Standard Agreement in an amount not to exceed…” |
| **And/or –** *Manager* **and/or** *Director*Effective December 9, 2014, HCD’s Legal Assistance Division (LAD) declared this language legally insufficient. Resolutions with this language will not be accepted.**Example:** “The Board hereby authorizes the Director **and/or** Deputy Director to execute the Standard Agreement in an amount not to exceed…” |