# **Sample NPLH Noncompetitive Allocation Acceptance Resolution for Counties**

## **BEFORE THE BOARD OF SUPERVISORS**

## **COUNTY OF \_\_\_\_\_\_\_\_, STATE OF CALIFORNIA**

[Insert Name of County]

IN THE MATTER OF: RESOLUTION NO.

AUTHORIZATION TO ACCEPT THE COUNTY NONCOMPETITIVE ALLOCATION AWARD UNDER THE NO PLACE LIKE HOME PROGRAM

WHEREAS, the State of California, Department of Housing and Community Development (“Department”) issued a Notice of Funding Availability, dated August 15, 2018 as amended on October 30, 2018(“N O F A”), under the No Place Like Home Program (“NPLH” or “Program”) for approximately $190 million authorized by Government Code section 15463, Part 3.9 of Division 5 (commencing with Section 5849.1) of the Welfare and Institutions Code, and Welfare and Institutions Code section 5890;

WHEREAS, the N O F A relates to the availability of Noncompetitive Allocation funds under the NPLH Program; and

WHEREAS, the County of \_\_\_\_\_\_\_ (“County”) is a County and an Applicant, as those terms are defined in the NPLH Program Guidelines, dated July 17, 2017 (“Guidelines”)

NOW, THEREFORE, BE IT RESOLVED, that the **[governing body] [Board of Supervisors]** for County does hereby determine and declare as follows:

SECTION1.

That County is here by authorized and directed to apply for and accept their NPLH Noncompetitive Allocation award, as detailed in the N O F A, up to the amount authorized by Section 102 of the Guidelines and applicable state law.

SECTION 2.

That **[Name and title of authorized County official],** or his or her designee, is hereby authorized and directed to act on behalf of County in connection with the NPLH Noncompetitive Allocation award, and to enter into, execute, and deliver any and all documents required or deemed necessary or appropriate to be awarded the NPLH Noncompetitive Allocation award, and all amendments thereto (collectively, the “NPLH Noncompetitive Allocation Award Documents”).

SECTION 3.

That County shall be subject to the terms and conditions that are specified in the NPLH Noncompetitive Allocation Award Documents, and that County will use the NPLH Noncompetitive Allocation award funds in accordance with the Guidelines, other applicable rules and laws, the NPLH Program Documents, and any and all NPLH Program requirements.

SECTION 4.

For Projects funded under Article II of the Guidelines, that County is hereby authorized and directed to submit one or more Project applications within 30 months of the issuance of the Department’s N O F A, proposing to utilize any Noncompetitive Allocation funds awarded to the County.

SECTION 5:

For Shared Housing Projects proposed under Articles III or IV of the Guidelines, if designated by the Department to administer funds for Shared Housing, the County is hereby authorized and directed to accept applications utilizing Noncompetitive Allocation funds no later than 30 months from the issuance of the Department’s NOFA**.**

SECTION 6.

That County will make mental health supportive services available to a project’s NPLH tenants for at least 20 years, and will coordinate the provision of or referral to other services (including, but not limited to, substance use services) in accordance with the County’s relevant supportive services plan, in accordance with Welfare and Institutions Code section 5849.9 (a).

PASSED AND ADOPTED this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_, by the following vote:

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| AYES: |  |  | NOES: |  |  |  | ABSTENTIONS: |  | ABSENT: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Signature of Attesting Officer: | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| Printed Name and Title of Attesting Officer: | | | | | |  |  |  | | | | | | | | | | | | | | | | | | |

## **INSTRUCTIONS:**

Produce the Authorizing Resolution on County letterhead.

Items surrounded by brackets: insert the information that applies to your County and be sure to delete the other inapplicable items before finalizing.

Items in red: these are instructions for what information should be filled in for those fields. Delete or replace this text with language for your organization that is responsive to the instructions provided, as applicable.

All information provided will be verified using the appropriate governing documents. If the governing documents of the Applicant are not reflective of the current board makeup, the Applicant needs to notify HCD in writing of the discrepancy and provide an explanation for it. To help speed up processing of your Authorizing Resolution, submit this information along with your Authorizing Resolution.

### PARAGRPAH 1:

The correct date that the N O F A itself was issued, and the date of the most recent amendments to that N O F A by the Department, is required. Do not use other dates such as email/listserv announcements, associated memos, etc.

### SECTION 2:

List title only, if desired. Multiple signors may be included, with appropriate language to indicate whether all or only one of the individuals being authorized must sign. The word “and” should be used where you intend to require all of the listed individuals sign the documents, and the word “or” should where you intend for any one of the individuals listed to be able to sign the documents. The use of “and / or” in this context is legally insufficient and therefore is not acceptable.

The phrase “or designees in the event that sufficient evidence of designation is provided to the Department” may be included if a letter of designation is provided to the Department clearly evidencing that the individual authorized as a signatory by this resolution is designating such authority to another person identified by name and title.

Do not add limitations or conditions on the ability of the signatory or signatories to sign documents, or the resolution may not be accepted. If more than one party’s approval is required, list them as a signatory. The only exception is for County counsel to approve as to form or legality or both, IF such approval is already part of the standard County signature block as evidenced by the signed resolution itself. Inclusions of additional limitations or conditions on the authority of the signor will result in the resolution being rejected and will require your entity to issue a corrected resolution prior to the Department issuing a contract.

VOTE COUNT: Fill in all four vote-count fields, if none, indicate “0” for that field. Vote totals will be compared to current organizational bylaws, or other governing documents for Counties, to verify that an adequate quorum was present for a valid vote by the organization, and that the total number of votes matches the stated number of directors/members/councilmembers/supervisors, etc.

SIGNATURE BLOCK: The attesting officer generally cannot be the person authorized above as the signor.