

Sample Transitional Housing Program (THP) Round 5, Housing Navigation and Maintenance Program (HNMP) Round 2, and THP-Plus Housing Supplement Program (THPSUP) Round 3 Joint Allocation Acceptance Resolution for Alameda, Contra Costa, Los Angeles, Orange, San Diego, and Santa Clara Counties

BEFORE THE BOARD OF SUPERVISORS

COUNTY OF _____ **[Insert Name of County]**, STATE OF CALIFORNIA

IN THE MATTER OF: ROUND 5 TRANSITIONAL HOUSING PROGRAM, ROUND 2 OF THE HOUSING NAVIGATION AND MAINTENANCE PROGRAM, AND ROUND 3 OF THE THP - PLUS HOUSING SUPPLEMENT PROGRAM
RESOLUTION NUMBER: _____ **[Insert Resolution Number]**

THIS RESOLUTION AUTHORIZES AN APPLICATION FOR, AND ACCEPTANCE OF, THE COUNTY ALLOCATION AWARD UNDER ROUND 5 OF THE TRANSITIONAL HOUSING PROGRAM, ROUND 2 OF THE HOUSING NAVIGATION AND MAINTENANCE PROGRAM, AND ROUND 3 OF 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 19, 2023 under Round 5 of the Transitional Housing Program (“THP”), authorized by item 2240-102-0001 of section 2.00 of the Budget Act of 2023 (Chapter 12 of the Statutes of 2023) and Chapter 11.7 (commencing with Section 50807) of part 2 of Division 31 of the Health and Safety Code (the “THP Allocation Acceptance Form”).

WHEREAS, the Department issued an Allocation Acceptance Form, dated October 19, 2023 under Round 2 of the Housing Navigation and Maintenance Program (“HNMP”) authorized by Item 2240-103-0001 of Section 2.00 of the Budget Act of 2023 (Chapter 12 of the Statutes of 2023) and Chapter 11.8 (commencing with Section 50811) of Part 2 of Division 31 of the Health and Safety Code (“HNMP Allocation Acceptance Form”).

WHEREAS, the Department issued an Allocation Acceptance Form, dated October 19, 2023 under the THPSUP Housing Supplement Program (“THPSUP”) authorized by item 2240-102-0001 of Section 2.00 of the Budget Act of 2023 (Chapter 12 of the Statutes of 2023) 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 “THPSUP Allocation Acceptance Form”).

The THP Allocation Acceptance Form, the HNMP Allocation Acceptance Form, and the THPSUP Allocation Acceptance Form are collectively referred to as the “Allocation Acceptance Forms”.

WHEREAS, the Allocation Acceptance Forms relate to the availability of the funds under the THP, HNMP, and THPSUP Programs; and

WHEREAS, the County of _____ [Insert Name Of County] (“County”) is listed as an eligible applicant in the Allocation Acceptance Form, dated October 19, 2023.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Supervisors for the County of _____ [Insert Name of 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 THP Allocation Acceptance Form, in the amount not to exceed \$ _____ [Insert the amount listed in the THP Allocation Acceptance Form] detailed and authorized in the THP Allocation Acceptance Form at the time this resolution is executed and authorized.

SECTION 2. That County hereby affirms that if THP funds remain available for allocation after the deadline for submitting a signed Allocation Acceptance Form, and if the County is eligible for an additional allocation from the remaining funds for the THP program, the County is hereby authorized and directed to accept this additional allocation of funds (“Additional THP Allocation”) up to the amount authorized by Department but not to exceed \$ _____ [The Department recommends inserting DOUBLE the amount from the Allocation Acceptance Form]

SECTION 3. That County is hereby authorized and directed to apply for and accept County’s allocation award in the amount of \$ _____ [Insert the amount listed in the HNMP Allocation Acceptance Form] as detailed in the HNMP Allocation Acceptance Form at the time this resolution is executed and authorized.

SECTION 4. That County hereby affirms that if HNMP funds remain available for allocation after the deadline for submitting a signed Allocation Acceptance Form, and if the County is eligible for an additional allocation from the remaining funds for the HNMP program, the County is hereby authorized and directed to accept this additional allocation of funds (“Additional HNMP Allocation”) up to the amount authorized by Department but not to exceed \$ _____ [The Department recommends inserting DOUBLE the amount from the Allocation Acceptance Form]

SECTION 5. That County is hereby authorized and directed to apply for and accept County’s allocation award, as detailed in the Allocation Acceptance Form (the “THPSUP Award”), up to the amount of \$ _____ [The Department recommends inserting DOUBLE the amount from the Allocation Acceptance Form] authorized the Allocation Acceptance Form .

SECTION 6. That County hereby affirms that if THPSUP 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 THPSUP Allocation”) up to the amount authorized by Department but not to exceed \$_____ [The Department recommends inserting DOUBLE the amount from the Allocation Acceptance Form].

SECTION 7. 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, HNMP, or THPSUP Allocation Award and any Additional THP, HNMP, or THPSUP Allocation, and to enter into, execute, and deliver any and all documents required or deemed necessary or appropriate to participate in the THP, HNMP, or THPSUP Program, including but not limited to a Standard Agreement, be awarded the THP, HNMP, or THPSUP Allocation Award, and any additional THP, HNMP, or THPSUP Allocation, and any amendments to such documents (collectively, the “Allocation Award Documents”).

***INSTRUCTION:** Multiple signors may be included in Section 7 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, HNMP, and THPSUP 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 8. That County shall be subject to the terms and conditions that are specified in the THP, HNMP, and THPSUP Allocation Award Documents, and that County will use the THP, HNMP, and THPSUP Allocation Award funds, and any additional THP, HNMP, and THPSUP Allocation funds, in accordance with the Allocation Acceptance Form, the THP, HNMP, and THPSUP Allocation Award Documents, and any

subsequent amendments or amendment thereto, as well as any and all other THP, HNMP, and THPSUP requirements, or other applicable laws.

SECTION 9. That County has the discretion to accept any or all of the THP, HNMP, and THPSUP program funds that it has been awarded. But in the event that one of the two allocations are not made available for the County.

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

***INSTRUCTION:** Must fill in all four vote-count fields below. If none, indicate "0" for that field. Resolution must have an attestation that affirms document is true and correct.*

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 or Clerk of Board]

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/HNMP resolutions. Names may be included, but the Department will then only accept signatures on behalf of the County from the named person. Current 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...”