INSTRUCTIONS:

Produce on Organizations or Entity Letterhead.

Items in **bold** surrounded by brackets: Insert the information that applies to your organization and be sure to delete the other inapplicable items before finalizing.

All information provided will be verified using the entity’s bylaws, or appropriate governing documents for nonprofit corporations, cities, and counties. If the governing documents of the organization are not reflective of the current board makeup, the PAS Round 2 Grantee needs to notify the Department of Housing and Community Development (Department) in writing of the discrepancy and provide an explanation for it. To help speed up the processing of your Authorizing Resolution, submit this information along with your Authorizing Resolution. The Department will not issue an award letter until the Department receives a fully executed Authorizing Resolution from the PAS Round 2 Grantee.

The correct date that the PAS Allocation Acceptance form itself was issued by the Department is required - do not use other dates such as email/listserv announcements, associated memos, etc.

Cities and counties may 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 be used 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 or city attorney to approve as to form or legality or both, if such approval is already part of the standard city/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.

Fill in all four vote-count fields below. If none, indicate “0” for that field. Vote totals will be compared to current organizational bylaws, or other governing documents for cities and 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.

The approving officer generally cannot be the person authorized as the signor.

**[Insert Resolution Number and/or Project Name]**

**[Insert Name of Round 2 PAS Grantee]**

# AUTHORIZING RESOLUTION

**[All***, or* **A necessary quorum and majority]** of the **[directors, supervisors, members, council members, etc.]** of **[official name of the entity, type of entity, and state of formation: a California nonprofit public benefit corporation, a California charter city, county, municipality, etc.]** (“Round 2 PAS Grantee”) hereby consent to, adopt and ratify the following resolutions:

WHEREAS, the State of California Department of Housing and Community Development (“Department”) issued an Allocation Acceptance form, dated March 20, 2023 under Round 3 of the Pets Assistance and Support program (“Program” or “PAS Program”); and

WHEREAS, pursuant to the above-described PAS Allocation Acceptance form, the Round 2 PAS Grantee wishes to receive a PAS Program grant to fund shelter, pet food, pet supplies, and basic veterinarian services (“Services”), as well as staffing and liability insurance related to providing the Services; and

WHEREAS, the Department may approve funding allocations for the PAS Program subject to the terms and conditions of the PAS Allocation Acceptance form and PAS Program requirements.

NOW THEREFORE BE IT RESOLVED: The Round 2 PAS Grantee is authorized to accept a PAS Program Grant and is authorized to use all such funds for eligible activities as approved by the Department, and in a manner consistent and in compliance with any and all other contracts the Round 2 PAS Grantee may have with the Department, as well as all applicable state and federal statutes, rules, regulations, and laws, including without limitation all rules, regulations, and laws governing the PAS Program.

RESOLVED FURTHER: The Round 2 PAS Grantee is hereby authorized and directed to accept a PAS program grant in an amount not to exceed $ **[Insert Amount]**, as detailed in the PAS Allocation Acceptance form and, enter into, execute, and deliver a State of California Standard Agreement and any and all other documents required or deemed necessary or appropriate to carry into effect the full intent and purpose of the above resolution, in order to evidence the PAS Program Grant, the Round 2 PAS Grantee’s obligations related thereto, and the Department’s security therefore, and all amendments thereto, as well as any other documents which are related to the PAS Program or the PAS Program Grant awarded to the Round 2 PAS Grantee, as the Department may deem appropriate (collectively, the “PAS Documents”).

RESOLVED FURTHER: That [**Insert name and title of Authorized Signor(s)] [is/are]** hereby authorized to execute the PAS Documents, and any amendment or modification thereto, on behalf of the Round 2 PAS Grantee.

PASSED AND ADOPTED at a regular meeting of the [**Insert Name of**  **Round 2 PAS Grantee]**this day of , by the following vote:

AYES: NOES: ABSTAIN: ABSENT:

Signature of Approving Officer

## [Insert printed name and title of Approving Officer]

ATTEST:

 Signature of Attesting Officer

##  [Insert printed name and title of Attesting Officer]

DATE: