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 SUP	ERVISORS	
COUNTY OF	[Insert Nam	e of County], STA	TE OF CALIFOR	NIA
IN THE MATTER C	OF: ROUND 5 TR	ANSITIONAL HOU	JSING PROGRA	M, ROUND 2
OF THE HOUSING	NAVIGATION A	ND MAINTENANC	E PROGRAM, A	ND ROUND 3
OF THE THP - PLU	JS HOUSING SU	PPLEMENT PRO	GRAM	
RESOLUTION NUI	MBER:[	Insert Resolution I	Number]	
THIS RESOLUTIO	N AUTHORIZES	AN APPLICATION	I FOR, AND ACC	EPTANCE OF
THE COUNTY ALL	<b>.OCATION AWAF</b>	RD UNDER ROUN	D 5 OF THE TRA	ANSITIONAL
<b>HOUSING PROGF</b>	RAM, ROUND 2 C	F THE HOUSING	<b>NAVIGATION A</b>	ND
MAINTENACE PRO	OGRAM, AND RO	OUND 3 OF THE T	THP - PLUS HOU	SING

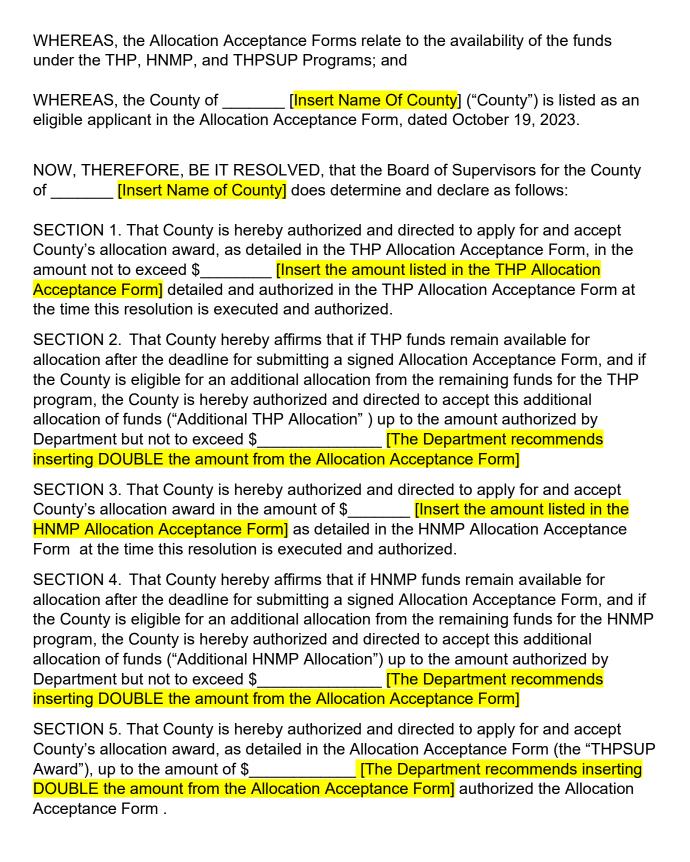
WHEREAS, the State of California, Department of Housing and Community Development ("Department") issued an Allocation Acceptance Form, dated October 19, 2023 under Round 5 of the Transitional Housing Program ("THP"), authorized by item 2240-102-0001 of section 2.00 of the Budget Act of 2023 (Chapter 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").

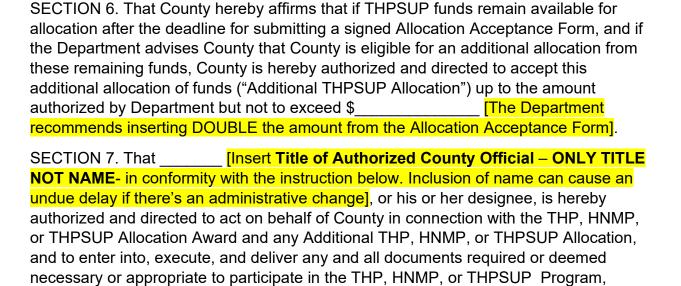
SUPPLEMENT PROGRAM

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".





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.

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").

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] IBelow 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) <b>OR Project</b> 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.		
<b>Example:</b> "The Board hereby authorizes <u>Director</u> and <u>Deputy Director</u> to execute the Standard Agreement in an amount not to exceed"		
Or – Director or Deputy Director		
Either individual may signonly one signature is required.		
<b>Example:</b> "The Board hereby authorizes the <u>Director</u> or <u>Deputy Director</u> to execute the Standard Agreement in an amount not to exceed"		
Effec	<b>for – Manager and/or</b> <i>Director</i> ctive December 9, 2014, HCD's Legal Assistance Division (LAD) declared this uage legally insufficient. Resolutions with this language will not be accepted.	
<b>Example:</b> "The Board hereby authorizes the <u>Director</u> and/or <u>Deputy Director</u> to execute the Standard Agreement in an amount not to exceed"		