# RESOLUTION OF THE GOVERNING BODY OF[FULL LEGAL NAME OF PUBLIC ENTITY]

AFFORDABLE HOUSING & SUSTAINABLE COMMUNITIES PROGRAM

RESOLUTION NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Optional]

**[Name of Project as it appears in the Application]**

WHEREAS, the California Department of Housing and Community Development ("Department") and the Strategic Growth Council (“SGC”) have issued an Affordable Housing & Sustainable Communities Program (“AHSC”

or “AHSC Program”) Notice of Funding Availability, dated March 25, 2025 (“AHSC Program NOFA”); and

WHEREAS, **[Full Legal Name of Public Entity],** a [Type of Public Entity] (“Public Entity”), applied to the Department in response to the NOFA (the “Application”) and was determined to be an eligible Applicant; and based on the Application, the Department made an award of Program funds (the “Program Award”) pursuant to the conditional award letter, dated [DATE]; and

WHEREAS, Department and SGC have made a conditional commitment of AHSC Program funds to assist [Full Name of Project as Set Forth in the Application and the Caption Above] (the “Project”), and such commitment was made to awardees pursuant to that certain conditional award letter, dated [Date] (the “Award Letter”) in the following amount(s):

|  |  |
| --- | --- |
| **AHSC Program Award Component** | **Amount Awarded** |
| AHSC Program Loan Award | [Amount of AHSC Program Loan Award] |
| AHSC Program Grant Award | [Amount of AHSC Program Grant Award] |
| Total: | **[Total Amount]** |

WHEREAS, the AHSC Program Loan Award and AHSC Program Grant Award expressly identified above will hereinafter jointly be referred to as the “AHSC Program Award.”

NOW, THEREFORE, IT IS RESOLVED, that the Public Entity is hereby authorized and directed to act in connection with the Program Award.

RESOLVED FURTHER: Public Entity is hereby authorized and directed to accept and incur an obligation for the Program Award. That in connection with the AHSC Program

Award, the Public Entity is authorized and directed to enter into, execute, and deliver one or more STD 213, Standard Agreements for a sum not to exceed the full amount of the AHSC Program Award, and any and all other documents required or deemed necessary or appropriate to secure the AHSC Program Award from the Department and to participate in the AHSC Program, and all amendments thereto (collectively, the “Program Award Documents”).

RESOLVED FURTHER: Public Entity acknowledges and agrees that it shall be subject to the terms and conditions specified in the STD 213, Standard Agreements, and that the Affordable Housing Sustainable Communities Program of 2024 NOFA and the Application will be incorporated by reference therein and made a part thereof. Public Entity also acknowledges and agrees that any and all activities, expenditures, information, and timelines represented and described in the Application are enforceable through the relevant STD 213, Standard Agreement(s). Public Entity also acknowledges and agrees that Program Award funds are to be expended only on the eligible uses and activities identified in the relevant STD 213, Standard Agreement(s).

RESOLVED FURTHER: That **[Title of Authorized Signatory], of [Insert Name of Employer of Signatory],** [**Optional**: or his or her designee] is hereby authorized to execute the Program Award Documents and all amendments on behalf of the Public Entity.

RESOLVED FURTHER, that this resolution shall take effect immediately upon its passage, and that any actions taken thus far in furtherance of the activities authorized by this resolution are hereby ratified.

 CERTIFICATE OF THE [**SECRETARY/CLERK]** OF THE PUBLIC ENTITY

The undersigned, **[Secretary/Clerk]** of the Public Entity, does hereby attest and certify that the foregoing is a true, full, and correct copy of a resolution that was duly adopted by the Public Entity’s governing body on **[DATE],** and that the resolution has not been altered, amended, modified, repealed, rescinded, or annulled.

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **[Full Name] [Secretary/Clerk]**