

**LIMITED PARTNERSHIP AUTHORIZATION FOR  
[FULL LEGAL NAME OF LIMITED PARTNERSHIP]**

**INFILL INFRASTRUCTURE GRANT PROGRAM OF 2019**

**[Name of Project as It Appears in the Application]**

The undersigned hereby certifies that it is the [Administrative/ Managing/ Sole] General Partner of [Full Legal Name of Limited Partnership] (the “LP”), and as such makes the following certifications and representations to the State of California, Department of Housing and Community Development (the “Department”):

1. LP is an affiliate of one or more entities who have applied, or will apply, for funding under the Notice of Funding Availability (“NOFA”) dated July 25, 2023, published pursuant to the Infill Infrastructure Grant Program of 2019 (“Program”) established by Health and Safety Code section 53559, et seq., and implemented by the Infill Infrastructure Grant Program, Small Jurisdiction Set-Aside, final Guidelines issued July 25, 2023 (“Guidelines”). LP contemplates that it will receive or be assigned a conditional commitment of such Program funds (the “Program Award”).

2. The LP is duly formed as a limited partnership in the State of California, is authorized to do business in the State of California and has the power and authority to accept and incur an obligation for the Program Award in an amount not to exceed \$[Insert Amount].

3. The LP is authorized to enter into, execute, and deliver an STD 213, Standard Agreement, and any and all other documents required or deemed necessary or appropriate to secure the Program Award from the Department and to participate in the Program, including, but not limited to, an affordable housing covenant, a performance deed of trust, a disbursement agreement, and all amendments thereto (collectively, the “Program Award Documents”).

4. That [Full Legal Name], the [Administrative/ Managing/ Sole] General Partner of the LP, is hereby authorized to execute the Program Award Documents on behalf of the LP.

DATED: \_\_\_\_\_

[Full Legal Name of Limited Partnership]  
a California limited partnership

By: [Full Legal Name],  
a California [limited liability company]  
Its: [Administrative/ Managing/ Sole] General Partner

By [Full Legal Name],  
a California [for profit/ nonprofit public benefit] corporation  
Its: [Sole Member Manager/ Manager]

By: \_\_\_\_\_  
Signature Block

## NOTICE AND INSTRUCTIONS

1. **Notice.** The Department is providing this template Authorizing Resolution as informational guidance only. This language and the table may require modification and customization in order to accurately reflect your entity and/or your entity's participation in the relevant Program(s). Accordingly, the Department encourages each entity to consult with professional legal counsel during the development of its own formal, legally binding statement that it is authorized to participate in the relevant Program(s). Please note, however, that any limitations or conditions on the authority of the signatory or signatories to execute the Program Award Documents may result in the Department rejecting the Authorizing Resolution.
2. **Accuracy, Verification.** The Department will verify that this Authorizing Resolution comports with the entity's organizational documents. The entity must timely notify the Department, in writing, of any factors that limit its ability to provide an Authorizing Resolution which is materially consistent with this template.
3. **Authorized Signatory or Signatories.** The entity may authorize multiple signatories, so long as there is clarifying language as to whether the signatories are authorized to execute the Program Award Documents individually or collectively.