



Sample BOS Resolution

INSTRUCTIONS:

Applicants are required to use this Resolution template in content and form on their Letterhead.

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

Items in italics: These are instructions for what information should be filled in for those fields. Be sure to delete or replace this text with language for your organization that is responsive to the instructions provided, as applicable.

All information provided will be verified using the entity's bylaws (or appropriate governing documents for cities and counties). If the governing documents of the organization are not reflective of the current board makeup, the Applicant needs to notify HCD in writing of the discrepancy and provide an explanation for it. To help speed up processing of your Authorizing Resolution, submit this information along with your Authorizing Resolution.

RESOLUTION NO. _____

A RESOLUTION APPROVING AN APPLICATION FOR FUNDING AND THE EXECUTION OF A GRANT AGREEMENT AND ANY AMENDMENTS THERETO FROM THE 2021-2022 FUNDING YEAR OF THE STATE ESG PROGRAM, BALANCE OF STATE ALLOCATION NOFA.

[All, or A necessary quorum and majority] of the [directors, supervisors, members, council members, etc.] of [official name of applicant entity, and type of entity: non-profit, county, municipality, etc.] ("Applicant") hereby consent to, adopt and ratify the following resolution:

WHEREAS the State of California (the "State"), Department of Housing and Community Development ("Department") issued a Notice of Funding Availability ("NOFA") for the **Balance of State Allocation** dated [MM/DD/YYYY] under the Emergency Solutions Grants (ESG) Program (Program, or ESG Program); and whereas;

***INSTRUCTION:** The correct date that the NOFA itself was issued by the Department is required- do not use other dates such as email/listserv announcements, associated memos, etc.*



SECTION 1:

Applicant is an approved Applicant by their Continuum of Care under the Balance of State Allocation and is hereby authorized and directed to receive an ESG grant, in an amount not to exceed \$ [Insert amount for CoC Service Area or a higher amount per the instruction below] in accordance with all applicable rules and laws.

***INSTRUCTION:** It is recommended that you list an approved dollar amount that is at least double the amount you expect to receive. Award amounts are frequently recalculated and are subject to change. If the amount your entity is eligible to receive increases above the dollar amount your entity authorizes, a new resolution will be required to receive the new higher amount. Articulating a higher dollar amount in this resolution helps reduce the chances you will need an entirely new resolution.*

SECTION 2:

The Department may approve funding allocations for the ESG Program, subject to the terms and conditions of the NOFA, Program regulations, and the Standard Agreement. The Applicant acknowledges compliance with all state and federal public participation requirements in the development of its application(s).

SECTION 3:

If applicant receives a grant of ESG funds from the Department pursuant to the above referenced ESG NOFA, it represents and certifies that it will use all such funds in a manner consistent and in compliance with all applicable state and federal statutes, rules, regulations, and laws, including without limitation all rules and laws regarding the ESG Program, as well as any and all other contracts Applicant may have with the Department.

SECTION 4:

The Applicant hereby authorizes and directs (Name and Title of authorized signor) _____, or designee*, to execute and deliver all applications and act on the Applicant's behalf in all matters pertaining to all such applications.



SECTION 5:

If an application is approved, the (Name and Title of authorized signor) _____, or designee*, is authorized to enter into, execute and deliver the grant agreement (*i.e.*, Standard Agreement) and any and all subsequent amendments thereto with the State of California for the purposes of the grant.

SECTION 6:

If an application is approved, the (Name and Title of authorized signor) _____, or designee*, is authorized to sign and submit Funds Requests and all required reporting forms and other documentation as may be required by the State of California from time to time in connection with the grant.

***Instruction:** Cities, counties, and JPAs may list title only, if desired. Non-profits, Corporations, LLCs, etc., MUST provide a name and title. 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 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.*

* **Important Note:** If the designee is signing any application, agreement, or any other document on behalf of the designated official of the City/County, written proof of designee authority to sign on behalf of such designated official must be included with the Resolution, otherwise the Resolution will be deemed deficient and rejected. Additionally, 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 signer will result in the Resolution being rejected and will require your entity to issue a corrected Resolution prior to the Department issuing a Standard Agreement.



PASSED AND ADOPTED at a regular meeting of the [official name of applicant entity, and type of entity: non-profit, county, municipality, etc.] held on _____ by the following vote:

INSTRUCTION: Fill in all four vote-count fields below. If none, indicate "0" for that field.

AYES: _____

NOES: _____

ABSENT: _____

ABSTAIN: _____

Name and Title of Approving Officer
Signature of Approving Officer

I, [FILL IN NAME]_____, am the __[INSERT TITLE OF PERSON; LIKELY SECRETARY]_____ of __[INSERT NAME OF APPLICANT ENTITY, AND TYPE OF ENTITY (e.g. non-profit, county, municipality, etc.)]_____, a [FILL IN e.g. California nonprofit public benefit corporation, (the "Corporation")], and as such, am familiar with the facts herein and do hereby certify as follows:

1. That the [FILL IN ENTITY TYPE (e.g. Corporation)] is a [FILL IN (e.g. nonprofit public benefit corporation)], duly formed, validly existing and duly qualified to transact business in the State of California, with full power and authority to enter into agreements with the Department of Housing and Community Development ("Department")

[INSERT SIGNATURE BLOCK]

By: [INSERT NAME AND TITLE]

Date: [Insert date of attestation signature]

Note: The attesting officer cannot be the person identified in the Resolution as the authorized signor.