**HOME INVESTMENT PARTNERSHIPS PROGRAM**

**PART A**

**FIRST-TIME HOMEBUYER PROJECT**

**APPLICATION SUMMARY INSTRUCTIONS, RESOLUTIONS**

**AND CERTIFICATIONS**

****

**Gavin Newsom, Governor**

**State of California**

**Alexis Podesta, Secretary**

**Business, Consumer Services and Housing Agency**

**Douglas R. McCauley, Acting Director**

**Department of Housing and Community Development**

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**October 2019**

**Application Summary Overview**

All homebuyer project applicants must complete the HOME Homebuyer Project Application Part A. The Application Summary, Part A, consists of nine (9) sections. Most of the blanks are self-explanatory. The information must be complete and consistent with information provided in other sections of the application. An application checklist is included as Exhibit A1 to assist in the preparation of your application.

These documents are available on the HOME webpage at:

<http://www.hcd.ca.gov/grants-funding/active-funding/home.shtml> under "Current NOFA".

1. Part A Application Summary Instructions: Microsoft Word

(Complete and print all pages)

1. Part A Application Summary: Microsoft Excel

(Complete and print all tabs)

**Section I. Applicant Information**

I.A. Application Information

In this section, complete all information that pertains to the jurisdiction. CHDOs can apply for projects/activities in only State-eligible jurisdictions for which they are certified.

I.B. Authorized Representative Information

Complete all information that pertains to the jurisdiction’s Authorized Representative as stated in the authorizing resolution. The Authorized Representative is the person designated to sign the HOME Standard Agreement and other required documents. If the address of the Authorized Representative is the same as the Applicant’s address, check the box and complete telephone, fax and e-mail information.

I.C. Application Contact Information

Please provide the information for the contact person for this application. The contact person listed should be the person who can best answer questions regarding the application and the proposed activities, and who is an employee of the Applicant (not of an administrative subcontractor or subrecipient). If the Applicant Contact is the same as the Authorized Representative, check the box and go to the next section.

**Section II. Requested HOME Activity Funding**

This section requests funding information for the proposed activity(s).

II.A. Activity Column

The information for each activity proposed must be listed separately with the appropriate activity listed in each row.

II.B. Census Tract Number (Rural Only):

Projects in rural census tracks must document that their project is located in a rural area. Follow the steps outlined below to determine if your proposed project is located in a rural area and include the documentation of this status. Projects located in the following counties do not need to provide documentation of their rural status, and are considered to be rural applicants:

**Alpine, Amador, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Sierra, Siskiyou, Tehama, Trinity, and Tuolumne**.

If the project ***is not*** located in one of the above counties, the application must include documentation that verifies the project is located in a rural area, marked **Exhibit 11**, and acquired from the following sources:

1. Rural Housing Service (RHS) Determination

a) Provide a current letter from the project’s local U. S. Department of Agriculture (USDA) agency to substantiate the project is in an RHS Section 515 designated area. This letter must specify that the project is in a Section 515 designated area. The letter cannot simply state the project is **eligible for USDA Rural Programs.** Attach RHS determination as **Exhibit 11**.

**OR**

b) Submit a printout of the [USDA-California Section 515 Designated Places](https://www.rd.usda.gov/files/CA-MFH-DPL2018.pdf) that verifies the project site is located within the designated places. Attach as **Exhibit 11**.

Note: If the project location is not listed on the list of California Section 515 Designated Places, then, you must verify that the area is not eligible for Section 515 funding, by contacting the [USDA California State Office](https://www.rd.usda.gov/programs-services/multi-family-housing-loan-guarantees/ca) and submit the verification as **Exhibit 11**.

**OR**

2. Census Data

Complete Census Data chart in this section only if the activity is located in a rural area not located within one of the counties listed above. For applicants that meet this criterion, the application must identify all census tract numbers, and follow the following process to document the project is located in a rural area.

**STEP ONE (for cities and CHDOs only):**

Go to the State Department of Finance website at:  <http://dof.ca.gov/Forecasting/Demographics/Estimates/E-1/> to verify the jurisdiction’s most recent population estimates in the E-1 City/County Table. If asked for a username and password, click "cancel" until the file is shown.

If the project is located in a city of more than 40,000, **STOP**. The project ***is not*** located in a rural area. Please note that this is not a threshold item for counties.

If the project is located in a city with 40,000 or less, **print** the page with *Table E-1* which shows the population data, and proceed to Step Two.

**STEP TWO (for all)**

Go to the NEW American FactFinder at the US Census Bureau website:

[factfinder.census.gov](https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml)

* 1. Click on “Advanced Search”, then “Show Me All”
  2. Select “Topics” in the left-hand menu
  3. At the bottom of the "Topics" drop-down menu click “Dataset” to reveal this drop-down menu
  4. Scroll down this menu and select “2010 SF1 100% Data” under “Dataset”
  5. Scroll up again and above “Dataset”, click on “Product Type” to reveal this drop-down menu
  6. Select “Detailed Table” under “Product Type”. (“2010 SF 1 100% Data” and “Detailed Table” should now be listed in the "Your Selections" box (top left))
  7. Select “Geographies” in the left-hand menu
  8. On the next screen, click the button for “Most requested Geographic Type”
  9. In the drop-down menu for " Select a geographic type", select Census Tract, then select California, and the county, and then the Census tract where the proposed project will be located by clicking on the Census tract, and then clicking "Add to Your Selections". Close the “Select Geographies” window.
  10. In the Topic or Table Name box, type Urban and Rural. Select Table P2 or P002 from the drop-down menu. Then select the “Urban and Rural” box for this table in the list that follows. Then click "View".

**STEP THREE**

If the table indicates that the total combined population of the census tract(s) is at least 50.01% rural and/or inside urban cluster(s), the proposed project site will be considered rural. If the proposed project site meets these qualifications, **print** the Census tract table provided, **enter** selected data from this table onto new **Exhibit 11**, and **submit** with Table E-1 (if a city or CHDO) and the census tract table(s).

Note: To print tables listing information for more than two Census Tracts, print in "Landscape" format. Printing using the Census' print icon will reformat the table to enable you to print several columns on each page. If you have more than six Census Tracts anticipated to be served, you may need to retrieve and print multiple separate tables or print on legal-sized paper to display all of the Census Tracts.

Notwithstanding the above, it is the applicant’s responsibility to clearly document the rural status of the project site. If the status is not clearly documented, the project may not be considered for rural points. However, if you follow this process, and as a result the evidence shows that the project is not rural, but you believe that it should be considered rural, or if you have other questions, problems, or concerns in determining rural designation pursuant to the above process, please contact the HOME NOFA Unit, [HOMENOFA@hcd.ca.gov](mailto:HOMENOFA@hcd.ca.gov).

II.C. Activity Funds Column:

This is for Activity (Loan) funds only. This column should not include State Recipient Activity Delivery, Administration, or CHDO Operations.

II.D Activity Delivery Column

This column is for State Recipients only. This amount can also be entered manually if you wish to request less than the maximum amount allowed. Note: not requesting these funds will not increase the activity (loan) funds. The amounts available for Activity Delivery are in addition to the maximum loan amounts set forth in Section IX of the NOFA. See Section XII of the NOFA for Activity Delivery amounts.

II.E. State Recipient Administration and CHDO Operations Column:

These amounts can also be entered manually if you wish to request less than the maximum amount allowed. Note: not requesting these funds will not increase the activity (loan) funds. The amounts available for Administration/CHDO Operations are in addition to the maximum loan amounts set forth in Section IX of the NOFA. See Section XI of the NOFA for more information on Administration/CHDO Operations. Note: CHDO Operations funds are for reasonable and necessary costs for the operation of the CHDO, including things such as employee salaries, training, travel, office rent, equipment, and supplies. They cannot be used for project-specific costs.

II.F. Activity Total Column:

The total amount requested for each activity must not exceed the maximum HOME amounts per activity stated in the NOFA. If the requested HOME amount exceeds the maximum HOME amount, or if the amounts requested for Activity Funds, Activity Delivery, and Administration/CHDO Operations exceed the appropriate limits, the Department may, in its sole discretion, make minor adjustments consistent with the submitted authorizing resolution to correct the variances.

**Section III: Proposed Other Funding Sources**

This section requires information about other funding sources. Match is waived for all activities funded under this NOFA; however, the Department requests a list of reportable match sources to continue monitoring the Department’s ongoing match credit so that it may continue to waive match. Complete the columns as follows:

III.A. Name of HOME Activity Column:Use the same names as those used in the first column of the chart in Section II (Name of HOME Activity).

III.B Name of Source Column: List funding sources for your activity(s). Specify the funding source by name, if possible (e.g. Union Bank, County of Santa Cruz, Wells Fargo, Self Help Enterprises, CalHome, etc.).

III.C. Funding Source Code Insert the code for the funding source listed in Column B using the list located on our webpage at <http://www.hcd.ca.gov/grants-funding/active-funding/home.shtml#forms> (click on General Program Documents and select HOME-3).

III.D. Source Type List the funding source type, (e.g. City, County, State, Federal, RDA, Tax Credits, other).

III.E. Match, Yes, No, Partial: Match is waived for all activities funded under this NOFA; however, please indicate if the listed funding source is reportable as match under the Federal Final Rule. Enter the amount of other funding and indicate, *Match (Y)*, *Not Match (N)* or *Partial Match (P)*.

III.F. Total Dollar Amount Column: List the total dollar amount for the specified funding source.

**Section IV: Project Location Information**

List the project address or approximate location if the address has not yet been assigned. Counties may propose activities within only the unincorporated area. CHDOs may propose activities within only the boundaries of a state-eligible jurisdiction for which they are certified.

**Section V: Unit Information**

This section requests information about units within projects. If the project involves new construction or rehabilitation, the number of HOME-assisted units proposed may trigger federal Davis-Bacon requirements. This chart must be complete and consistent with information given in other sections of the application. Complete the chart as follows:

V.A Activity: The information for the activity proposed should be listed (in accordance with the appropriate activity listed by row).

V.B. HOME-Assisted Units Column: List the number of HOME-assisted units, (not total units). The number of units proposed to be HOME-assisted will be a part of your contractual obligation to the State should you be awarded HOME funds.

V.C. Total Units Column: List the number of total units being produced as a result of the project/activity.

V.D. Target Population Column: See Section VII of the Summary Application (Target Populations). Enter the designated number for any target population(s) that will be served by your project/activity. For example, if you will assist “seniors” enter number nine (9) in the Target Population column in Section V. Show multiple numbers if more than one target population is assisted by the project.

**Section VI: Legislative Representative Information**

When an application receives a conditional reservation of funds, the Department informs the Applicant’s legislative representatives based on the specific project location. Therefore, this section requires current information of the legislative representatives for your area. Please be sure this information is current as of the application date.

**Section VII: Target Populations**

Check the box(es) for the target population(s) to be served by your project. In addition, use this list to code the target populations for each proposed activity in the Section V.D, Target Population Column.

**Section VIII: Governing Board Resolution**

A Resolution granting authority to make an application to the HOME Program, duly executed by the governing board of the local jurisdiction or CHDO, is required for submission of the application. An executed resolution must be included with every application submitted to the Department no later than the application deadline. The resolution must authorize:

1. submittal of the application and the execution of the HOME Standard Agreement;
2. the activity(ies) being proposed in the application;
3. the amount of HOME funds being requested; and
4. designate signature authority for HOME documents.

Label as **Exhibit A2**: Governing Board Resolution” A sample resolution is included with this application form. We suggest you either use this resolution or incorporate all elements of the sample into your own resolution put on organization letterhead. The resolution should be dated after the issuance date of the NOFA and must reference the 2019 NOFA. **Please note that this resolution specifically includes the HOME Award amount ($), which is a mandatory element of the resolution.** The resolution also identifies the position(s) that will be authorized to sign reports and drawdown requests. The person attesting to the validity of the resolution cannot be the same individual as the one granted the authority in the resolution. If the application is submitted unsigned, or signed by someone other than the individual authorized in the resolution, the Department may, in its sole discretion, reject the application.

Note: CHDO applicants must name the **title and current occupant** in the resolution. If the person occupying the position changes the CHDO must submit meeting notes or some other official documentation evidencing the change in persons occupying the authorized position. The additional documentation evidencing the name and title of authorized signatories need not be HOME-specific, but may provide general authority evidencing the name and title of individuals authorized to legally bind the governing body.

**Exhibit A3: Authorized Signatory Designation Form (State Recipients and Developers only)**

For every position/title authorized in the Authorizing Resolution submitted with the HOME Application, the Department now requires that the name of the person currently occupying that position be kept on file.

**Exhibit A4:**  **2 Code of Federal Regulations (hereinafter “CFR”) part 200.512 Single Audit Report Documentation** (State Recipients only)

Local governments that expend in excess of $750,000 in federal funds during the fiscal year are required to submit a 2 CFR part 200.512 Single Audit Report package to the Federal Clearinghouse and to the California State Controller’s Office. For most California entities, the reporting package is due March 31 of each fiscal year.

The Department will make its determination on the status of 2 CFR part 200.512 Single Audit Report compliance as of the application due date of the October 2019 HOME NOFA, by consultation with the California State Controller’s Office (SCO). To determine compliance, the Department will consider only whether the State Controller’s Office, not the Federal Clearinghouse, received the required documentation.

**Jurisdictions exempt from filing the 2 CFR part 200.512 Single Audit Report must submit a copy of the written letter sent to the SCO, with the HOME application, that advises the jurisdiction is exempt..** For information of the required content of the letter, please reference, .<https://www.sco.ca.gov/aud_exempt_entities.html>

The jurisdiction’s 2 CFR part 200.512 Single Audit Report compliance status is available at <https://www.sco.ca.gov/aud_single_audit_status_report.html>.

Questions regarding compliance with the submission requirements of 2 CFR part 200.512 Single Audit Report can be directed to the HOME NOFA Unit at [HOMENOFA@hcd.ca.gov](mailto:HOMENOFA@hcd.ca.gov).

The Department will answer only the question of whether Applicants are in compliance according to SCO’s 2 CFR part 200.512 Single Audit Report Status Report. Non-compliance issues must be directed to SCO.

**EXHIBIT A1**

**APPLICANT CHECKLIST**

|  |  |  |  |
| --- | --- | --- | --- |
| **Check if**  **Applicable** | **Check if**  **Included** | **Part,**  **Exhibit. #** | **Part, Section, or Exhibit Title** |
|  |  | **Part A** | **Summary Application Sections I - VIII** |
|  |  | Part A  Sect IX | Applicant Certification and Commitment Of Responsibility |
|  |  | A1 | Application Checklist |
|  |  | A2 | Governing Board Resolution--Applicant |
|  |  | A3 | Authorized Signatory Designation Form |
|  |  | A4 | 2 CFR part 200.512 Single Audit Report. See NOFA section, Federal Overlays for more information. |
|  |  | A5 | Rural Area Designation Information (if applicable) |
|  |  | **Part B** | **Project Application** |
|  |  | **Part B** | **Project Application Worksheets** |
|  |  | B1-A | Project Team Roles, Financial Structure, Legal Relationships |
|  |  | B1-B | Resumes of Staff Working on the Proposed Project |
|  |  | B1-C | Developer Capacity Form (See Excel file) |
|  |  | **B1-D** | **2018 Audited Financials** |
|  |  | B2 | Prior Experience |
|  |  | B3 | Project Narrative |
|  |  | B4 | Site Control |
|  |  | B5 | Preliminary Title Report |
|  |  | B6 | Pending Lawsuits Certification |
|  |  | B7 | Project Information Form |
|  |  | B8 | Project Financing Summary |
|  |  | B9 | Construction Sources and Uses |

|  |  |  |  |
| --- | --- | --- | --- |
| **Check if**  **Applicable** | **Check if**  **Included** | **Part (A/B),**  **Exhibit #** | **Part, Section, or Exhibit Title** |
|  |  | B10 | Existing CHDO applicants must submit the Department- issued CHDO Approval letter with the HOME application, identified as Exhibit B10.  CHDOs certified prior to January 22, 2019 (one year prior to the 2019 HOME NOFA application due date), must submit a complete set of recertification documents as described in the 2019 HOME NOFA Appendix B, Section III.  CHDOs certified after January 22, 2019, must submit only the approval letter. |
|  |  | B11 | CHDO Effective Project Control |
|  |  | PDP1 | Project Development Plan, Document 1 |
|  |  | PDP 2, 3…. | Project Development Plan Document 2, 3…  (as necessary) |
|  |  | LG 1 | Local Government Approvals Form |
|  |  | B12 | Design Progress Document(s) |
|  |  | B13 | Status of Plans and Specifications |
|  |  | B14 | Construction Financing Commitments |
|  |  | B15 | Minority Concentration State Objective Excel chart  and  Minority Concentration State Objective Census Table DP-1 for you project Census Tract and Project County |
|  |  | B16 | FTHB Project Guidelines |
|  |  | B17 | **Additional Documents from Only Applicants Requesting Permanent Financing Who Have Started Construction**  “Authority to Use Grant Funds” letter for New Construction Projects; Acquisition/Rehab Projects, contact HCD to determine what to submit to demonstrate completion of NEPA. |
|  |  | B18 | **Additional Documents from Only Applicants Requesting Permanent Financing Who Have Started Construction**  Davis Bacon Wage Determination (if applicable) |

**Section IX. Applicant Certification and Commitment of Responsibility**

The person authorized in the Governing Board Resolution must also certify to knowledge of the responsibilities assumed when contracting with the State for HOME funds. The individual must also certify that the information, statements, and attachments contained in the application are, to the best of their knowledge and belief, true and correct. By signing this certification, the applicant is also authorizing the Department to contact any agency that may assist in determining applicant capability, whether or not that agency is named in the application.

As the official designated by the governing body, I hereby certify that if approved by the Department for HOME Program funds the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (applicant name) assumes the responsibilities specified in the HOME regulations and certifies that the jurisdiction:

1. possesses the legal authority to apply for the allocation and to execute the proposed program or project;
2. has resolved any audit findings for prior Department or federally funded housing or community development projects or programs to the satisfaction of the Department or federal agency by which the finding was made;
3. is not suspended or debarred from receiving federal funds; there are **no** pending lawsuits that would impact the implementation of this program or project;
4. is currently in compliance with the submission requirements of 2 CFR part 200.512 Single Audit Report,
5. will follow the State Relocation Plan and the federal Uniform Relocation Act requirements;
6. will comply with all statutes and regulations governing the HOME Program;
7. will comply with State and Federal requirements;
8. has staff available or has committed to hiring staff able to operate a local HOME program or project and oversee the work of an administrative subcontractor, if any;
9. will use HOME funds as grants solely for authorized activities;
10. If a CHDO, that it is currently certified or that it has submitted an application for certification, and that its organization is currently in compliance with section 8204.1 of the State HOME Regulations to include the following:

* certified service areas include the jurisdiction for which their proposed activity is located;
* its board composition complies with and will continue to comply with the requirements for CHDOs in the definition contained in 24 CFR part 92.2;
* the purpose of the organization complies with 24 CFR part 92.2; and
* it is not a public body nor is it controlled by, or under the direction of, a public body, or individuals or entities seeking to derive profit or gain from the organization;

1. If a CHDO, it will maintain effective project control in its role as sole developer, sole owner or managing general partner in the administration of the proposed activity/ies;
2. The information, statements, and attachments contained in this application are, to the best of my knowledge and belief, true and correct.

I authorize the Department of Housing and Community Development to contact any agency, whether or not named in this application, which may assist in determining the capability of the Applicant. All information contained in this application is acknowledged to be public information. (This certification must be signed by the person authorized in the Governing Board Resolution.)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exhibit A2**

**(SAMPLE) GOVERNING BOARD RESOLUTION**

**RESOLUTION NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THE GOVERNING BOARD OF \_\_\_\_\_\_\_\_\_\_\_\_\_**

*[Name of Applicant]*

HEREBY AUTHORIZES: Submittal of an application to the California State Department of Housing and Community Development for funding under the HOME Investment Partnerships Program; and if selected, the execution of a standard agreement, any amendments thereto, and of any related documents necessary to participate in the HOME Investment Partnerships Program.

WHEREAS:

1. The California Department of Housing and Community Development (the “Department”) is authorized to allocate HOME Investment Partnerships Program (“HOME”) funds made available from the U.S. Department of Housing and Urban Development (“HUD”). HOME funds are to be used for the purposes set forth in Title II of the Cranston-Gonzalez National Affordable Housing Act of 1990, in federal implementing regulations set forth in Title 24 of the Code of Federal Regulations, part 92, and in Title 25 of the California Code of Regulations commencing with section 8200.
2. On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the Department issued a 2019 Notice of Funding Availability announcing the availability of funds under the HOME program (the “NOFA”).
3. In response to the 2019 NOFA, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[insert name of applicant]* a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[insert the legal form of entity, e.g., municipal corporation, subdivision of the State of California, nonprofit corporation]* (the “Applicant”), wishes to apply to the Department for, and receive an allocation of, HOME funds.

**IT IS NOW THEREFORE RESOLVED THAT:**

1. In response to the 2019 NOFA, the Applicant shall submit an application to the Department to participate in the HOME program and for an allocation of funds not to exceed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dollars ($\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) for the following activities and/or programs:

*[Briefly describe the proposed activities and/or programs]*

to be located in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[activity/program location(s)].*

1. If the application for funding is approved, then the Applicant hereby agrees to use the HOME funds for eligible activities in the manner presented in its application as approved by the Department in accordance with the statutes and regulations cited above. The Applicant may also execute a standard agreement, any amendments thereto, and any and all other documents or instruments necessary or required by the Department or HUD for participation in the HOME program (collectively, the required documents).
2. The applicant authorizes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[position title(s) of person(s) authorized]* or his/her designee(s) to execute, in the name of the applicant, the required documents.

**PASSED AND ADOPTED THIS \_\_\_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_ 20\_\_, BY THE FOLLOWING VOTE:**

**AYES:\_\_\_\_\_ NAYS:\_\_\_\_\_\_\_\_\_ ABSTAIN:\_\_\_\_\_\_\_\_ ABSENT:\_\_\_\_\_\_\_\_**

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[title of officer]* of the applicant does hereby attest and certify that the foregoing is a true and full copy of a resolution of the governing board of the applicant passed and adopted at a duly convened meeting on the date set forth above, and said resolution has not been altered, amended, or repealed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

***NOTES:***

1. This is intended to be a sample resolution authorizing submittal of an application to the Department and execution of various required documents. An applicant may use another format if it contains a reference to the year of the NOFA, the dollar amount of the application and all of the authorizations contained in this sample.
2. CHDO applicants also must submit an authorizing Governing Board Resolution with their applications, modified as appropriate to their corporate structure, a reference to the year of the NOFA and containing the dollar amount of the application and all of the authorizations contained in this sample.
3. The person attesting to the signing of the resolution cannot be the same person authorized to execute documents in the name of the applicant.
4. CHDO applicants must name the **title and current occupant** in the resolution. If the person occupying the position changes, the CHDO must submit meeting notes or other official documentation evidencing the change in persons occupying the authorized position. The additional documentation evidencing the name and title of authorized signatories need not be HOME-specific, but, may provide general authority evidencing the name and title of individuals authorized to legally bind the governing body.

**Exhibit A3**

**Authorized Signatories Designation Form**

**(*for State Recipient and Developer applicants only*)**

For every position/title authorized in the Governing Board Resolution submitted with the HOME Application, the Department now requires that the name of the person currently occupying that position/title be kept on file at HCD. This change allows the Standard Agreement to be signed by the current occupant of the named position/title to sign on behalf of the applicant. Please provide this information in the spaces below.

Note: If the information provided below changes, update this form and send it to your HOME Representative(s) along with a copy of meeting notes or some other official documentation evidencing the change in persons occupying the authorized position/title. The additional documentation evidencing the name and position/title of authorized signatories need not be HOME-specific, but may provide general authority evidencing the name and position/title of individuals authorized to legally bind the governing body.

State Recipient/Developer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME Application Year or Contract #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Authorized Signatory Position/Title | Name of Person Currently Occupying this Position |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Submitted by (must not be a person named above):

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_