

## INSTRUCTIONS:

*Produce on Applicant Letterhead.*

*Items in **bold** 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 nonprofits corporations, cities, and counties. If the governing documents of the organization are not reflective of the current board makeup, the Applicant needs to notify the Department of Housing and Community Development (Department) 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.*

*A draft Authorizing Resolution may be submitted with the application. However, the Department will not issue an award letter until the Department receives a fully executed Authorizing Resolution from the Applicant.*

***[Insert Resolution Number]***  
***[Insert Name of Applicant]***

## AUTHORIZING RESOLUTION

**[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 resolutions:**

A. WHEREAS the State of California (the "State"), California Department of Housing and Community Development ("Department") issued a Notice of Funding Availability ("NOFA") dated **[MM/DD/YYYY]** under the Pets Assistance and Support (PAS) program (program, or PAS program); and

*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.,*

WHEREAS Applicant will receive a PAS program grant to fund shelter, food, and veterinarian services, staffing and liability insurance related to providing those services.

B. WHEREAS the Department may approve funding allocations for the PAS program, subject to the terms and conditions of the NOFA, PAS program requirements, and the Standard Agreement and other contracts between the Department and PAS program grant recipients;

NOW THEREFORE BE IT RESOLVED THAT:

1. If Applicant receives a grant of PAS program funds from the Department pursuant to the above referenced PAS program 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 PAS program, as well as any and all contracts Applicant may have with the Department.

2. Applicant is hereby authorized and directed to receive a PAS program grant, in an amount not to exceed \$ **[Insert amount]** in accordance with all applicable rules and laws.

3. Applicant hereby agrees to use the PAS program funds for eligible activities as approved by the Department and in accordance with all program requirements, and other rules and laws, as well as in a manner consistent and in compliance with the Standard Agreement and other contracts between the Applicant and the Department.

4. **[Insert name and title of Authorized Signor(s)]** is/are authorized to execute the Standard Agreement and any subsequent amendments or modifications thereto, as well as any other documents which are related to the PAS program or the PAS program grant awarded to Applicant, as the Department may deem appropriate.

*INSTRUCTION: Cities and counties may list title only, if desired. 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.*

*The phrase "or designees in the event that sufficient evidence of designation is provided to the Department" may be included if a letter of designation is provided to the*

*Department clearly evidencing that the individual authorized as a signatory by this resolution is designating such authority to another person identified by name and title.*

*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 signor will result in the resolution being rejected and will require your entity to issue a corrected resolution prior to the Department issuing a contract.*

PASSED AND ADOPTED at a regular meeting of the **[Insert Name of Applicant]** this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ by the following vote:

*INSTRUCTION: Fill in all four vote-count fields below, if none, indicate "0" for that field. Vote totals will be compared to current organizational bylaws, or other governing documents for cities and counties, to verify that an adequate quorum was present for a valid vote by the organization, and that the total number of votes matches the stated number of directors/members/councilmembers/supervisors, etc.*

AYES: \_\_\_\_ ABSTENTIONS: \_\_\_\_  
NOES: \_\_\_\_ ABSENT: \_\_\_\_

\_\_\_\_\_  
Signature of Approving Officer  
**[Insert printed name and title of Approving Officer]**

*INSTRUCTION: The approving officer generally cannot be the person authorized above as the signor.*

ATTEST: \_\_\_\_\_  
Signature of Attesting Officer  
**[Insert printed name and title of Attesting Officer]**