ESG 1-Year Resolution Template of the Governing Body

**INSTRUCTIONS:**

# Applicants are required to use this Authorizing Resolution template in content and form on their Letterhead. Failure to provide a complete Authorizing Resolution on this acceptable Department-approved resolution template by the application due date will result in the immediate disqualification of the application.

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

Items in blue font, 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 the 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.

# RESOLUTION NO. \_\_\_\_\_ [Insert resolution number]

**A RESOLUTION APPROVING AN APPLICATION FOR FUNDING AND THE EXECUTION OF A GRANT AGREEMENT AND ANY AMENDMENTS THERETO FROM THE 2024-2025 FUNDING YEAR OF THE STATE ESG PROGRAM.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [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, city, county, municipality, etc.] (“Applicant”) hereby consent to, adopt and ratify the following resolution:

1. WHEREAS the State of California (the “State”), Department of Housing and Community Development (“Department”) issued a Notice of Funding Availability (“NOFA”)dated \_\_\_\_\_\_\_\_\_\_\_\_ [MM/DD/YYYY] under the Emergency Solutions Grants (ESG) Program (“Program” or “ESG 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.*

1. WHEREAS Applicant is an approved Subrecipient or Contractor.

SECTION 1. Applicant is an approved Subrecipient or Contractor by their Continuum of Care and is hereby authorized and directed to receive an ESG Program 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 150% of the amount you expect to receive based on the ESG Program NOFA’s published allocation. This recommendation should cover the estimated NOFA funding amount for the current Annual Funding Cycle year of the three-year NOFA cycle. 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. Applicant hereby affirms that if ESG Program funds remain available for allocation after the deadline for submitting an application, and if the Department advises Applicant that Applicant is eligible for an additional allocation from these remaining funds, Applicant is hereby authorized and directed to accept this additional allocation of funds (“Additional ESG Allocation”) up to the amount authorized by Department but not to exceed $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Insert amount].

***INSTRUCTION****: It is recommended that you list an approved dollar amount that is at least 25% of the amount you expect to receive based on the ESG Program NOFA’s published allocation for the**first, second or third**Annual Funding Cycle year.*

SECTION 3. Applicant hereby affirms that the ESG Program funds and allocation amounts published under the NOFA represent the \_\_\_\_\_ [Enter current Annual Funding Cycle year; first, second, or third] of three consecutive Annual Funding Cycles; the second and third Annual Funding Cycles are estimated amounts only, and actual amounts, if any, are contingent upon the Department receiving an annual grant agreement from the United States Department of Housing and Urban Development (HUD).

***INSTRUCTION****: Enter the current Annual Funding Cycle year of the three-year NOFA cycle.*

SECTION 4. The Department may approve funding allocations for the ESG Program, subject to the terms and conditions of the NOFA, Program regulations, Program guidelines, and the Standard Agreement. The Applicant acknowledges compliance with all state and federal public participation requirements in the development of its applications.

SECTION 5. If Applicant receives a grant of ESG Program funds from the Department pursuant to the above referenced ESG 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, laws, and guidelines, including without limitation all rules and laws regarding the ESG Program, all as may be subsequently amended from time to time, as well as any and all other contracts Applicant may have with the Department.

SECTION 6. The Applicant hereby authorizes and directs the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [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 7. If an application is approved, the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Title of authorized signor], or designee\*, is authorized and directed to act on behalf of Applicant in connection with the ESG Allocation Award and any Additional ESG Allocation 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.

***Instruction:*** *Unless there is a city ordinance stating otherwise, the mayor must be the authorized official in this section. 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.*

SECTION 8. If an application is approved, the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­[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****: 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. Regarding the signatory, it is recommended that Cities, counties, and JPAs list the signatories title only, to reduce the need for a new resolution in the event of employment turnover.*

***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, city, county, municipality, etc.] held on \_\_\_\_\_\_\_\_\_\_\_\_\_ [Insert date] by the following vote:

## AYES: [Insert Number of Ayes]

## NOES: [Insert Number of Noes]

ABSTENTIONS: \_\_\_\_\_ [Insert Number of Abstentions]

ABSENT: [Insert Number Absent]

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

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. nonprofit, city, county, municipality, etc.)] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Insert entity type (e.g. California nonprofit public benefit corporation, (the "Corporation"))], and as such, am familiar with the facts herein and do hereby certify as follows:

# That the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Insert entity type (e.g. Corporation)] is a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Insert (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]

# *Instruction: The attesting officer cannot be the person identified in the Resolution as the authorized signor.*