



RESOLUTION No. _____

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

A RESOLUTION AUTHORIZING APPLICATION FOR AND ACCEPTANCE OF THE COUNTY ALLOCATION AWARD UNDER THE HOUSING NAVIGATORS PROGRAM

WHEREAS, the State of California, Department of Housing and Community Development (“Department”) issued an allocation acceptance form, dated October 16, 2021 under the Housing Navigation Program (“HNP” or “Program”) for \$5915 authorized by Chapter 11.8, Section 50807, of part 2 of Division 31 of the Health and Safety Code (the “Allocation Acceptance Form”); and

WHEREAS, the Allocation Acceptance Form relates to the availability of the funds under the Program; and

WHEREAS, the County of Nevada was listed as an eligible applicant in the Allocation Acceptance Form, dated October 1, 2021; and

NOW, THEREFORE, BE IT RESOLVED, that the Board of Supervisors for the County of Nevada (“County”) does determine and declare as follows:

SECTION 1. That County is hereby authorized and directed to apply for and accept County’s allocation award, as detailed in the Allocation Acceptance Form (the “HNP Allocation Award”), up to the amount authorized the Allocation Acceptance Form and applicable state law.

SECTION 2. That if funds remain available for allocation after the deadline for submitting a signed Allocation Acceptance Form, and if the Department advises County that County is eligible for an additional allocation from these remaining funds, County is hereby authorized and directed to accept this additional allocation of funds (“Additional HNP Allocation”) up to the amount authorized by Department.

SECTION 3. That the Health and Human Services Agency Director, Ryan Gruver, or his or her designee, is hereby authorized and directed to act on behalf of County in connection with the HNP Allocation Award and any Additional HNP Allocation, and to enter into, execute, and deliver any and all documents required or deemed necessary or appropriate to be participate in the Program and be awarded the HNP Allocation Award, and any Additional HNP Allocation, and any amendments to such documents (collectively, the “HNP Allocation Award Documents”).

SECTION 4. That County shall be subject to the terms and conditions that are specified in

the HNP Allocation Award Documents, and that County will use the HNP Allocation Award funds and any Additional HNP Allocation funds in accordance with the Allocation Acceptance Form, the HNP Allocation Award Documents, and any and all other HNP requirements, and other applicable laws. The funds to be expended by June 30,2024.

PASSED AND ADOPTED this 16th day of _November, 2021, by the following vote:

AYES _____ [Insert Number of Ayes]

NOES _____ [Insert Number of Noes]

ABSTENTIONS _____ [Insert Number of Abstentions]

ABSENT _____ [Insert Number Absent]

By: _____
[Below Signature Line Insert Printed Name And Title
Of Chairman Of Board Of Supervisors]

STATE OF CALIFORNIA

County of Nevada

I, [_____], County Clerk of the County of Nevada, State of California, hereby certify the above and foregoing to be a full, true and correct copy of a resolution adopted by the County Board of Supervisors on this _____16th day of November, 2021

[Insert Printed name of County Clerk Here]
Clerk of the County of [_____], State of California

By: _____
[Insert Printed Name and Title]

Funds to be deposited into Revenue Account: 1589-50104-494-3101/440450