



RESOLUTION No. _____

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

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

WHEREAS, the State of California, Department of Housing and Community Development (“Department”) issued an allocation acceptance form, dated October 1, 2021 under the Transitional Housing Program (“THP” or “Program”) for \$8,000 authorized by item 2240-102-0001 of section 2.00 of the Budget Act of 2021 (Chapter 69 of the Statutes of 2021) and Chapter 11.7 (commencing with 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.

NOW, THEREFORE, BE IT HEREBY RESOLVED that the Board of Supervisors for the County of NEVADA 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 “THP 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 THP Allocation”) up to the amount authorized by Department.

SECTION 3. That the Health and Human Services Director, Ryan Gruver, or his or her designee, is hereby authorized and directed to act on behalf of County in connection with the THP Allocation Award and any Additional THP Allocation, and to enter into, execute, and deliver any and all documents required or deemed necessary or appropriate to be participate in the Program, including but not limited to a Standard Agreement, and be awarded the THP Allocation Award, and any Additional THP Allocation, and any amendments to such documents (collectively, the “THP Allocation Award Documents”).

SECTION 4. That County shall be subject to the terms and conditions that are specified in the THP Allocation Award Documents, and that County will use the THP Allocation Award funds and any Additional THP Allocation funds in accordance with the Allocation Acceptance Form, the THP Allocation Award Documents, and any and all other THP requirements, and other applicable laws. The funds to be expended by June 30, 2024.

PASSED AND ADOPTED this _____ [Insert Numerical Day] day of _____ [Insert Month], 20____ [Insert Year, Preceded by 20], by the following vote:

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

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 _____ [Insert Numerical Day] day of _____ [Insert Month], 20____ [Insert Year, Preceded by 20]

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

By: _____
[Insert Printed Name and Title]

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