



# **RESOLUTION No. \_\_\_\_\_**

## **OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA**

### **RESOLUTION AUTHORIZING APPLICATION FOR AND ACCEPTANCE OF THE COUNTY JOINT ALLOCATION AWARD UNDER THE TRANSITIONAL HOUSING PROGRAM (THP) ROUND 4 AND HOUSING NAVIGATION AND MAINTENANCE PROGRAM (HNMP) ROUND 1**

WHEREAS, the State of California, Department of Housing and Community Development (“Department”) issued an allocation acceptance form, dated November 1, 2022 under Round 4 of the Transitional Housing Program (“THP”), authorized by item 2240-102-0001 of section 2.00 of the Budget Act of 2022 (Chapter 249 of the Statutes of 2022) and Chapter 11.7 (commencing with Section 50807) of part 2 of Division 31 of the Health and Safety Code (the “THP Allocation Acceptance Form”); and

WHEREAS, the State of California, Department of Housing and Community Development (“Department”) issued an Allocation Acceptance form, dated November 1, 2022 under Round 1 of the Housing Navigation and Maintenance Program (“HNMP”) authorized by Item 2240-103-0001 of Section 2.00 of the Budget Act of 2022 (Chapter 43 of the Statutes of 2022) and Chapter 11.8 (commencing with Section 50811) of Part 2 of Division 31 of the Health and Safety Code (the “HNMP Allocation Acceptance Form”) and the THP Allocation Acceptance Form and the HNMP Allocation Acceptance Form are collectively referred to as the “Allocation Acceptance Forms”; and

WHEREAS, the Allocation Acceptance Forms relate to the availability of the funds under the THP and HNMP Programs; and

WHEREAS, the County of Nevada (“County”) may be listed as an eligible applicant in THP Allocation Acceptance Form, dated November 1, 2022 and the County may also be listed as an eligible applicant in the HNMP Allocation Acceptance Form dated November 1, 2022.

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 THP Allocation Acceptance Form, in the amount of \$53,136 detailed and authorized in the THP Allocation Acceptance Form and applicable state law at the time this resolution is executed and authorized.

SECTION 2. That County hereby affirms that if THP funds remain available for allocation after the deadline for submitting a signed Allocation Acceptance Form, and if the County is eligible for an additional allocation from the remaining funds for the THP program, the County is hereby authorized and directed to accept this additional allocation of funds (“Additional THP Allocation”) up to the amount authorized by Department but not to exceed \$106,272.

SECTION 3. That County is hereby authorized and directed to apply for and accept County’s allocation award in the amount of \$12,193 as detailed in the HNMP Allocation Acceptance Form and applicable state law at the time this resolution is executed and authorized.

SECTION 4. That County hereby affirms that if HNMP funds remain available for allocation after the deadline for submitting a signed Allocation Acceptance Form, and if the County is eligible for an additional allocation from the remaining funds for the HNMP program, the County is hereby authorized and directed to accept this additional allocation of funds (“Additional HNMP Allocation”) up to the amount authorized by Department but not to exceed \$24,386.

SECTION 5. That the Health and Human Services Director, 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 participate in the THP Program, including but not limited to a Standard Agreement, be awarded the THP Allocation Award, and any additional THP Allocation, and any amendments to such documents (collectively, the “THP Allocation Award Documents”).

SECTION 6. That the Health and Human Services Director or his or her designee, is hereby authorized and directed to act on behalf of County in connection with the HNMP Allocation Award and any Additional HNMP Allocation, and to enter into, execute, and deliver any and all documents required or deemed necessary or appropriate to participate in the HNMP Program, including but not limited to a Standard Agreement, be awarded the HNMP Allocation Award, and any additional HNMP Allocation, and any amendments to such documents (collectively, the “HNMP Allocation Award Documents”).

SECTION 7. That County shall be subject to the terms and conditions that are specified in the THP and HNMP Allocation Award Documents, and that County will use the THP and HNMP Allocation Award funds, and any additional THP and HNMP Allocation funds, in accordance with the Allocation Acceptance Form, the THP and HNMP Allocation Award Documents, and any subsequent amendments or amendment thereto, as well as any and all other THP and HNMP requirements, or other applicable laws.

SECTION 8. That the County has the discretion to accept both the THP and HNMP program funds as detailed herein but in the event that one of the two allocations are not made available for the County; or the County opts to not receive one of the allocations, the County affirms that it is authorized to accept either of the allocations independent of each other

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

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]