

RESOLUTION NO: **Click or tap here to enter text.**

**Choose an item.** OF:

**Click or tap here to enter text.**

HEREBY AUTHORIZES THE SUBMITTAL OF AN APPLICATION TO THE CALIFORNIA STATE DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT FOR FUNDING UNDER THE **Choose an item.** PROGRAM; THE EXECUTION OF A STANDARD AGREEMENT IF SELECTED FOR SUCH FUNDING AND ANY AMENDMENTS THERETO; AND ANY RELATED DOCUMENTS NECESSARY TO PARTICIPATE IN THE **Choose an item.** PROGRAM.

WHEREAS:

1. **Click or tap here to enter text.**, a **Click or tap here to enter text.** wishes to apply for and receive an allocation of funds through the **Choose an item.** Program; and whereas
2. The California Department of Housing and Community Development (hereinafter referred to as "HCD") has issued a Notice of Funding Availability ("NOFA") dated **Click or tap to enter a date.** for the **Choose an item.** Program established by **Choose an item.**. Pursuant to the statute, HCD is authorized to approve funding allocations utilizing monies made available by the State Legislature to the **Choose an item.** Program, subject to the terms and conditions of the statute and the **Choose an item.** Program Guidelines adopted by HCD in December 2022; and whereas
3. **Click or tap here to enter text.** wishes to submit an application to obtain from HCD an allocation of **Choose an item.** funds in the amount of up to Click or tap here to enter text..

IT IS NOW THEREFORE RESOLVED THAT:

* 1. **Click or tap here to enter text.** shall submit to HCD an application to participate in the **Choose an item.** Program in response to the Homeownership Super NOFA issued on **Click or tap to enter a date.** which will request a total funding allocation of **Click or tap here to enter text.** for the following activities: **Click or tap here to enter text.** [***EXAMPLES (please delete before submission):***

EXAMPLE 1 - *up to $5,000,000 for implementation of an Owner Occupied Rehabilitation Program and/or an Accessory Dwelling Unit/Junior Accessory Dwelling Unit Program to assist 25 units located in Contra Costa County, Alameda County, and/or Santa Clara County.*

EXAMPLE 2 - *(a) One million one hundred twenty five thousand dollars ($1,125,000.00) for Owner-Occupied Rehabilitation activities which will rehabilitate and repair forty-five (45) very-low or low income owner-occupied homes, (household incomes at or below eighty percent (80%) of area median income) to correct habitability issues, bring homes into code compliance and improve energy efficiency and (b) Two hundred twenty five thousand dollars ($225,000.00) for Activity Delivery Fees to help offset the costs of providing the rehabilitation program.]*

* 1. If the application for funding is approved, **Click or tap here to enter text.** hereby agrees to use the **Choose an item.** funds for eligible activities in the manner presented in the application as approved by HCD and in accordance with program guidelines cited above. The application in full is incorporated as part of the Standard Agreement. Any and all activities funded, information provided, and timelines represented in the application are enforceable through the Standard Agreement. **Click or tap here to enter text.** acknowledges and agrees that it may be required to execute any and all other instruments necessary or required by HCD for participation in the **Choose an item.** Program.
	2. **Click or tap here to enter text.** authorizes **Click or tap here to enter text.**, to execute in the name of **Click or tap here to enter text.** , the application, the Standard Agreements, and any subsequent amendments or modifications thereto, as well as any other documents required by HCD for participation in the **Choose an item.** Program, and any amendments thereto.

PASSED AND ADOPTED THIS **Choose an item.** DAY OF **Choose an item.** **Click or tap here to enter text.**, by the following vote:

Total number of voters that can vote: **Click or tap here to enter text.**

AYES: **Click or tap here to enter text.**

NAYS: **Click or tap here to enter text.**

ABSTAIN: **Click or tap here to enter text.**

ABSENT: **Click or tap here to enter text.**

The undersigned **Click or tap here to enter text.** of the **Choose an item.** of the **Click or tap here to enter text.** there before named hereby attest and certify that the foregoing is a true and full copy of a resolution of the **Choose an item.** adopted at a duly convened meeting on the date above-mentioned, which has not been altered, amended, or repealed.

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Signature Date