



ATTACHMENT A

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RESOLUTION NO. *Insert Number*

A RESOLUTION APPROVING AN APPLICATION FOR FUNDING AND THE EXECUTION OF A GRANT AGREEMENT AND ANY AMENDMENTS THERETO FROM THE 2020 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM – CORONAVIRUS RESPONSE (CDBG-CV) AND/OR THE 2020-2021 FUNDING YEAR OF THE STATE CDBG PROGRAM

BE IT RESOLVED by the Board of Supervisors of the **County of San Mateo** as follows:

SECTION 1:

The County of San Mateo has reviewed and hereby approves the submission to the State of California of one or more application(s) in the aggregate amount of, not to exceed, \$4,750,000 for (i) the following CDBG-CV activities, pursuant to the CDBG Method of Distribution as described in the State of California 2019-2020 Annual Action Plan August 2020 Second Substantial Amendment, and/or (ii) the following CDBG activities, pursuant to the CDBG Method of Distribution as described in the State of California 2020-2021 Annual Action Plan January 2021 Substantial Amendment:

List activities and amounts

Examples: (activity totals should include Activity Delivery dollars and General Administration associated with the activity)

EX: Homeless Facility Rehabilitation \$1,500,000

Rehabilitation of Shores Landing \$ 4,750,000

SECTION 2:

The County of San Mateo hereby approves the use of Program Income in an amount not to exceed \$ 4,750,000 for the CDBG-CV activities and/or CDBG activities described in Section 1.

SECTION 3:

The County of San Mateo acknowledges compliance with all state and federal public participation requirements in the development of its application(s).

SECTION 4:



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The County of San Mateo hereby authorizes and directs the Director of the Department of Housing (DOH) , or designee*, to execute and deliver all applications and act on the County of San Mateo's behalf in all matters pertaining to all such applications.

SECTION 5:

If an application is approved, the Director of DOH or designee*, is authorized to 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.

SECTION 6:

If an application is approved, the Director of DOH or designee*, is authorized to sign and submit Funds Requests and all required reporting forms and other documentation, without limitation, including any covenant or regulatory agreement as may be required by the State of California from time to time in connection with the grant.

** 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 Board of Supervisors of the County of San Mateo held on July 20, 2021 by the following vote:

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



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AYES: Enter # of votes

ABSENT: Enter # of absences

NOES: Enter # of votes

ABSTAIN: Enter # of abstentions

Enter Name and Title.

City Council/Board of Supervisors

STATE OF CALIFORNIA

County of San Mateo

I, Enter Name of City/County Clerk. , City/County Clerk of the City/County of County of San Mateo, State of California, hereby certify the above and foregoing to be a full, true and correct copy of a resolution adopted by said City Council/Board of Supervisors on this 20 day of July, 2021.

Enter Name of City/County Clerk., Clerk of the
City/County. of Insert City/County Name

By: _____

Enter Name of City/County Clerk, Title.

Note: The attesting officer cannot be the person identified in the Resolution as the authorized signer.