**Resolution of the Governing Body**

**RESOLUTION NO.** 24-\_\_\_\_\_\_

**A RESOLUTION APPROVING AN APPLICATION FOR FUNDING AND THE EXECUTION OF A GRANT AGREEMENT AND ANY AMENDMENTS THERETO FROM THE 2023 AND/OR 2024 FUNDING YEAR OF THE STATE CDBG PROGRAM**

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

**SECTION 1:**

The Board of Supervisors has reviewed and hereby approves the submission to the State of California of one or more application(s) in the aggregate amount, not to exceed, of $300,000 for the following CDBG activities, pursuant to the 2023 and 2024 CDBG NOFAs:

**List activities and amounts**

|  |  |
| --- | --- |
| **Activity (*e.g. Public Services, Infrastructure, etc.*)** | **Dollar Amount Being Requested for the Activity** |
| Public Services | $ | 300,000 |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |

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

EX: Public Improvement Project – Water Line Replacement $XXXXXX

 Housing Rehabilitation Program – Single Family Residential $XXXXX

Note: Similar to the above, any Colonia or Tribal Set-Aside activities must be included separately with the Resolution.

**SECTION 2:**

The  **Board of Supervisors** hereby approves the use of Program Income in an amount not to exceed $0.00 for the CDBG activities described in Section 1.

**SECTION 3:**

The  **Board of Supervisors** acknowledges compliance with all state and federal public participation requirements in the development of its application(s).

**SECTION 4:** The  **Board of Supervisors** hereby authorizes and directs the Community Development Director or designee\*, to execute and deliver all applications and act on the **County**’s behalf in all matters pertaining to all such applications.

**SECTION 5:**

If an application is approved, the Community Development Director 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 Community Development Director or designee\*, is authorized to sign and submit Funds Requests and all required reporting forms and other documentation 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 Supervisorsof the  **County** of Siskiyou held on 8/6/2024 by the following vote:

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

AYES: \_\_\_\_\_\_\_\_\_\_\_

NOES: \_\_\_\_\_\_\_\_\_\_\_

ABSENT: \_\_\_\_\_\_\_\_\_

 ABSTAIN: \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Chair

 Board of Supervisors

**STATE OF CALIFORNIA**

**County** of Siskiyou

 I, Laura Bynum, **County** Clerk of the **County** of Siskiyou, State of California, hereby certify the above and foregoing to be a full, true and correct copy of a resolution adopted by said Board of Supervisors on this 6th day of August, 2024 and that said resolution has not been amended, modified, repealed, or rescinded since its date of adoption and is in full force and effect as of the date hereof.

Laura Bynum, **County** Clerk of the  **County** of Siskiyou, State of California

 By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Deputy

Note: The attes*tin*g officer cannot be the person identified in the Resolution as the authorized signer.