



County of Sonoma
State of California

Date: March 11, 2024

Item Number: _____

Resolution Number: _____

4/5 Vote Required

RESOLUTION NO. _____

**A RESOLUTION APPROVING AN APPLICATION FOR FUNDING AND THE EXECUTION OF
A GRANT AGREEMENT AND ANY AMENDMENTS THERETO FROM THE 2024-2027
FUNDING YEARS OF THE STATE EMERGENCY SOLUTIONS GRANT (ESG) PROGRAM.**

A necessary quorum and majority of the Board of Supervisors of the Sonoma County Department of Health Services (“Applicant”) hereby consent to, adopt and ratify the following resolution:

- A. WHEREAS the State of California (the “State”), Department of Housing and Community Development (“Department”) issued a Notice of Funding Availability (“NOFA”) dated 12/31/2024 under the Emergency Solutions Grants (ESG) Program (“Program” or “ESG Program”); and
- B. WHEREAS Applicant is an approved Subrecipient or Contractor.

SECTION 1. Applicant is an approved Subrecipient or Contractor by their Continuum of Care and is hereby authorized and directed to receive an ESG Program grant, in an amount not to exceed \$844,753 in accordance with all applicable rules and laws.

SECTION 2. Applicant hereby affirms that if ESG Program funds remain available for allocation after the deadline for submitting an application, and if the Department advises Applicant that Applicant is eligible for an additional allocation from these remaining funds, Applicant is hereby authorized and directed to accept this additional allocation of funds (“Additional ESG Allocation”) up to the amount authorized by Department but not to exceed \$140,792.

SECTION 3. Applicant hereby affirms that the ESG Program funds and allocation amounts published under the NOFA represent three consecutive Annual Funding Cycles; the second and third Annual Funding Cycles are estimated amounts only, and actual amounts, if any, are contingent upon the Department receiving an annual grant agreement from the United States Department of Housing and Urban Development (HUD).

SECTION 4. The Department may approve funding allocations for the ESG Program, subject to the terms and conditions of the NOFA, Program regulations, Program guidelines, and the

Standard Agreement. The Applicant acknowledges compliance with all state and federal public participation requirements in the development of its applications.

SECTION 5. If Applicant receives a grant of ESG Program funds from the Department pursuant to the above referenced ESG Program NOFA, it represents and certifies that it will use all such funds in a manner consistent and in compliance with all applicable state and federal statutes, rules, regulations, laws, and guidelines, including without limitation all rules and laws regarding the ESG Program, all as may be subsequently amended from time to time, as well as any and all other contracts Applicant may have with the Department.

SECTION 6. The Applicant hereby authorizes and directs the Director of the Sonoma County Department of Health Services, or designee, to execute and deliver all applications and act on the Applicant's behalf in all matters pertaining to all such applications.

SECTION 7. If an application is approved, the Director of the Sonoma County Department of Health Services, or designee, is authorized and directed to act on behalf of Applicant in connection with the ESG Allocation Award and any Additional ESG Allocation 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 8. If an application is approved, the Director of the Sonoma County Department of Health Services, 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.

PASSED AND ADOPTED at a regular meeting of the **Board of Supervisors** of the **County of Sonoma** held on March 11, 2025 by the following vote:

Supervisors:

Hermosillo: Rabbitt: Coursey: Gore: Hopkins:

AYES: NOES: ABSTENTIONS: ABSENT:

So Ordered.

Name and Title of Approving
Officer

Signature of Approving Officer

STATE OF CALIFORNIA

County of Sonoma

I, _____, am the County Clerk of the County of Sonoma, State of California, a County, and as such, am familiar with the facts herein and do hereby certify as follows:

1. That the County of Sonoma, State of California is a County, duly formed, validly existing and duly qualified to transact business in the State of California, with full power and authority to enter into agreements with the Department of Housing and Community Development ("Department").

By: _____
County Clerk of the County of Sonoma
State of California

Date: