

**BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA**

**RESOLUTION NO. \_\_\_\_\_**

**RESOLUTION REAFFIRMING AND AUTHORIZING THE BEHAVIORAL HEALTH DIRECTOR TO EXECUTE HOMELESS HOUSING, ASSISTANCE, AND PREVENTION (HHAP) PROGRAM GRANT DOCUMENTS AND UPDATED AUTHORIZED SIGNATORIES FORMS**

**RECITALS**

**WHEREAS**, Lake County Behavioral Health Services (LCBHS) is the Administrative Entity designated by the Lake County Continuum of Care (LCCoC) to administer Homeless Housing, Assistance, and Prevention (HHAP) Program funds; and

**WHEREAS**, the County of Lake and LCCoC have previously applied for and been awarded HHAP funding, and the Board of Supervisors has previously authorized the Behavioral Health Director to execute HHAP grant agreements and related documents on behalf of the County and the LCCoC;

**WHEREAS**, the California Department of Housing and Community Development (HCD) has updated its Authorized Signatories Forms and now requires round-specific forms, including for HHAP Round 2 and HHAP Round 6; and

**WHEREAS**, these updated forms are administrative in nature and are required by HCD to document authorized signatories for execution of HHAP grant agreements and related documents; and

**WHEREAS**, the County of Lake desires to reaffirm and document the existing authority of the Behavioral Health Director to execute such documents in compliance with HCD requirements.

**THEREFORE, BE IT RESOLVED BY THE BOARD OF SUPERVISORS OF THE COUNTY OF LAKE, STATE OF CALIFORNIA, THAT IT FINDS, DETERMINES AND HEREBY DECLARES THAT:**

**1. Reaffirmation of Authority**

The Board of Supervisors hereby reaffirms that the Behavioral Health Director is authorized to execute HHAP Program grant documents on behalf of the County of Lake and the Lake County Continuum of Care.

**2. Authorization of Updated Forms**

The Behavioral Health Director... is authorized to execute and sign **any and all documents required by the California Department of Housing and Community Development (HCD) in connection with the Homeless Housing, Assistance and**

**Prevention (HHAP) Program**, including but not limited to Standard Agreements, Authorized Signatories Forms, certifications, amendments, modifications, and any other required programmatic or administrative documentation.

- Updated Authorized Signatories Forms
- Standard Agreements
- Certifications
- Amendments and modifications
- Any other documents necessary for participation in the HHAP Program

**3. Applicable Funding Rounds**

This authorization applies to HHAP Round 2, HHAP Round 6, and any other HHAP funding rounds for which the County of Lake and/or LCCoC is an applicant, awardee, or administrative entity.

**4. Administrative Authority and Limitations**

The Behavioral Health Director is authorized to take all actions necessary to implement and administer HHAP Program requirements; however, any amendments or modifications that result in a substantive change beyond the scope of an approved agreement shall be brought before the Board of Supervisors for approval, consistent with prior Board direction.

**5. Compliance with Law**

LCBHS shall administer HHAP funds in compliance with all applicable state and federal statutes, rules, regulations, and program requirements.

**THIS RESOLUTION was passed and adopted by the Board of Supervisors of the County of Lake at a regular meeting thereof on the \_\_\_ day of \_\_\_\_\_, 2026, by the following vote:**

AYES:

NOES:

ABSENT OR NOT VOTING

**ATTEST:**

SUSAN PARKER

Clerk of the Board of Supervisors

**COUNTY OF LAKE**

\_\_\_\_\_  
Chair, Board of Supervisors

By: \_\_\_\_\_

Deputy

APPROVED AS TO FORM:

LLOYD GUINTIVANO

County Counsel

By: \_\_\_\_\_

Date: May 18, 2026