

BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA
RESOLUTION NO. _____

A RESOLUTION OF THE GOVERNING BODY OF THE COUNTY OF LAKE AUTHORIZING
JOINT APPLICATION TO THE HOMEKEY PROGRAM

WHEREAS, the Department of Housing and Community Development (“HCD”) has issued a Notice of Funding Availability (“NOFA”), dated July 16, 2020, for the Homekey Program (“Homekey” or “Homekey Program”) pursuant to Health and Safety Code section 50675.1.1 (Assem. Bill No. 83 (2019-2020 Reg. Sess.), § 21.); and

WHEREAS, the County of Lake, through its Department of Behavioral Health Services (“Behavioral Health”), desires to jointly apply for Homekey grant funds with the Elijah House Foundation (“EHF”), a licensed and certified Drug, Alcohol and Behavioral Health Treatment Agency offering quality, consistent, family oriented healing in an evidence based medical treatment model, and towards that end, Co-Applicant is joining EHF in the submittal of an application for Homekey funds (“Application”) to HCD for review and consideration; and

WHEREAS, HCD is authorized to administer Homekey pursuant to the Multifamily Housing Program (Chapter 6.7 (commencing with Section 50675) of Part 2 of Division 31 of the Health and Safety Code). Homekey funding allocations are subject to the terms and conditions of the NOFA, the Application, the Department-approved STD 213, Standard Agreement (“Standard Agreement”), and all other legal requirements of the Homekey Program.

NOW, THEREFORE, BE IT RESOLVED that the County Board of Supervisors, hereby finds and declares, and orders that:

1. Behavioral Health is hereby authorized and directed to submit a joint Application to HCD in response to the NOFA, dated July 16, 2020, and to jointly apply for Homekey grant funds in a total amount not to exceed \$4,700,000. That amount includes \$2,200,000 for capital expenditures (as allowed under Health and Saf. Code, § 50675.1.1, subd. (a)(1)-(6)) and \$2,500,000 for a capitalized operating subsidy (as allowed under Health and Saf. Code, § 50675.1.1, subd. (a)(7)).
2. The Director of Behavioral Health is authorized to execute the Application and the Homekey Documents supporting the application for participation in the Homekey Program.
3. If the Application is approved, Behavioral Health shall:
 - (a) Recommend the Board of Supervisors enter into, execute, and deliver a Standard Agreement in a total amount not to exceed \$4,700,000, any and all other documents required or deemed necessary or appropriate to secure the Homekey funds from HCD and to participate in the Homekey Program, and all amendments thereto; and,
 - (b) Recommend the Board of Supervisors enter into an agreement with EHF, in which EHF shall purchase, operate, report and carry out all project deliverables and Behavioral Health serves as the fiscal sponsor for the project, for the purposes of

passing through project funding as allowable and providing fiduciary oversight and fiscal management; and,

(c) Ensure that any funds awarded for capital expenditures are spent by December 30, 2020, and that any funds awarded for capitalized operating subsidies are spent by June 30, 2022.

4. The County of Lake, through Behavioral Health, acknowledges and agrees that it shall be subject to the terms and conditions specified in the Standard Agreement, and that the NOFA and Application will be incorporated in the Standard Agreement by reference and made a part thereof. Any and all activities, expenditures, information, and timelines represented in the Application are enforceable through the Standard Agreement. Funds are to be used for the allowable expenditures and activities identified in the Standard Agreement.

THIS RESOLUTION IS PASSED AND ADOPTED by the Board of Supervisors of the County of Lake, State of California, at a regular meeting thereof on August 11, 2020 by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

COUNTY OF LAKE

Chair, Board of Supervisors

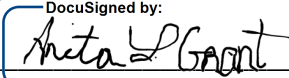
ATTEST:

Carol J. Huchingson
Clerk of the Board of Supervisors

By: _____

APPROVED AS TO FORM:

Anita L. Grant
County Counsel

By:  _____
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