



County of San Bernardino DELEGATED AUTHORITY – DOCUMENT REVIEW FORM

This form is for use by any department or other entity that has been authorized by Board of Supervisors/Directors action to execute grant applications, awards, amendments or other agreements on their behalf. All documents to be executed under such delegated authority must be routed for County Counsel and County Administrative Office review prior to signature by designee.

Note: This process should NOT be used to execute documents under a master agreement or template, or for construction contract change orders. Contact your County Counsel for instructions related to review of these documents.

Complete and submit this form, along with required documents proposed for signature, via email to the department's County Counsel representative and Finance Analyst. If the documents proposed for signature are within the delegated authority, the department will submit the requisite hard copies for signature to the County Counsel representative. Once County Counsel has signed, the department will submit the signed documents in hard copy, as well as by email, to CAO Special Projects Team for review. If approved, the department will be provided routing instructions as well as direction to submit one set of the executed documents to the Clerk of the Board within 30 days.

For detailed instructions on submission requirements, reference Section 7.3 of the Board Agenda Item Guidelines as the Delegation of Authority does not eliminate the document submission requirements.

Department/Agency/Entity: Community Development and Housing Agency

Contact Name: Erica Watkins

Telephone: 387-4438

Agreement No.: 20-262

Amendment No.: _____

Date of Board Item 5/19/20

Board Item No.: _____

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Name of Contract Entity/Project Name: Homeless Housing Assistance and Prevention Program (HHAP)

Explanation of request/Special Instructions:

The Chairman of the Board of Supervisors, Curt Hagman, is authorized to accept and approve the San Bernardino County Continuum of Care and the San Bernardino County grant awards for the HHAP Program from the State of California Homeless Coordinating and Finance Council, for a period of five years upon execution by the State of California. Additionally, the Chief Executive Officer is authorized to execute ancillary supporting documents on behalf of the County and the San Bernardino Continuum of Care. It is requested that the CEO sign the Authorized Signatories Form as the Authorized Representative and that the Chairman sign the same form as an approved signatory. The State requires to have a Authorized Signatories Form on file for any required signatures on future documents.

Insert check mark that the following required documents are attached to this request:

- Documents proposed for signature (Note: For contracts, include a signed non-standard contract coversheet for contracts not submitted on a standard contract form).
- Board Agenda item that delegated the authority

Department Routed to County Counsel	County Counsel Name: Suzanne Bryant	Date Sent: <u>May 28, 2020</u>
Reviewing County Counsel Use Only	Review Date: <u>May 28, 2020</u> <u>Suzanne Bryant</u> Signature	Determination: <input checked="" type="checkbox"/> Within Scope of Delegated Authority <input type="checkbox"/> Outside Scope of Delegated Authority
CAO-Special Projects Use Only	Review Date: <u>5/28/2020</u> <u>Danette Tealor</u> Signature	Disposition: <input checked="" type="checkbox"/> Route for signature to: <input checked="" type="checkbox"/> Chair <input checked="" type="checkbox"/> CEO <input type="checkbox"/> Department <input type="checkbox"/> Return to Department for preparation of agenda item



Application Number:

Application number will be sent as part of the confirmation email after submitting the electronic HHAP application.

Homeless Housing, Assistance and Prevention Program (HHAP)
Authorized Signatories Form

Date:

5/29/20

GRANTEE INFORMATION

Entity Name:

CA-609 San Bernardino CoC

Authorized Representative:

Gary McBride

Form Instructions: Eligible applicants who may apply for HHAP program funds are the CoC, as identified by the United States Department of Housing and Urban Development (HUD), large cities (with a population of 300,000 or more), and counties. By signing and submitting this document, the authorized representative is certifying that the approved signatory(ies) below are authorized to sign the standard agreement and related documents on behalf of the specified Administrative Entity. Please attach this completed form with the rest of the required documents of the application. All required documents must be submitted in order for the application to be deemed complete.

In the space provided below, fill in the name, position/title and signature of all of the individuals who are authorized to sign all applicable HHAP documents in lieu of the authorized representative, including (but not limited to):

- 1) HHAP Standard Agreement
2) STD 204 form (for nongovernmental entities)
3) GovtTIN form (for governmental entities)
4) Redirection of Funds (if applicable)

Table with 4 columns: Number, Name of Approved Signatory, Position / Title, Signature. Row 1: 1, Curt Hagman, San Bernardino County Supervisor - 4th District, [Signature]

Note: This form must be updated by the Administrative Entity whenever the authorized representative or approved signatory changes. The updated information must include the name, position/title and signature of the newly approved signatory. Please forward supporting documentation noticing any official changes to the list of approved signatories to HCFC@BCSH.ca.gov. Supporting documentation must include the name and position/title of the individual authorized to legally bind the governing body to HHAP-related contracts and commitments. The supporting document does not need to be HHAP specific.

CERTIFICATION

I certify that the signature(s) above are of the individuals authorized to sign for all applicable documents for the HHAP grant cited above.

NOTE: Authorized Representative cannot be a person named as an approved signatory above.

Gary McBride

Name of Authorized Representative

Chief Executive Officer

Title

[Signature]

Signature of Authorized Representative

5/29/20

Date