DRAFT ATTACHMENT A
IST BOARD LETTER

AUTHORIZING RESOLUTION

RESOLUTION NO. _____

A RESOLUTION OF THE BOARD OF SUPERVISORS OF COUNTY OF SAN DIEGO AUTHORIZING COUNTY PROPOSAL TO AND PARTICIPATION IN THE INCOMPETENT TO STAND TRIAL DIVERSION AND COMMUNITY-BASED RESTORATION INFRASTRUCTURE PROGRAM ("IST")

WHEREAS:

A. The California Department of State Hospitals, through its contractor Advocates for Human Potential, Inc., ("**Department**") has issued a Request for Proposals, dated March 1, 2023, ("**RFP**"), for the IST Program ("**Program**"). The Department has issued the RFP for Program grant funds pursuant to Welfare and Institutions Code Sections 4361.6.

B. **County of San Diego,** a political subdivision of the State of California, acting through its Department of Behavioral Health Services ("**Applicant**"), desires to apply for Program grant funds by submitting a county proposal for Program grant funds ("**County Proposal**") to the Department for review and consideration.

C. The Department is authorized to administer the Program pursuant to Welfare and Institutions Code Section 4361.6. Program funding allocations are subject to the terms and conditions of the RFP, the County Proposal, Program Funding Agreement ("**Program Funding Agreement**"), and all other legal requirements of the Program.

THEREFORE, IT IS RESOLVED THAT:

1. Applicant is hereby authorized and directed to enter into, execute, and deliver a Program Funding Agreement in a total amount not to exceed **$4,687,500**, any and all other documents required or deemed necessary or appropriate to secure the Program grant funds from the Department, the Project Application, Disbursement Request, and Compliance Certification No. 1, as may be required, each as defined in the Program Funding Agreement, and to participate in the Program, and all amendments thereto (collectively, the "**Program Documents**").

2. Applicant acknowledges and agrees that it shall be subject to the terms and conditions specified in the Program Funding Agreement. Any and all activities, expenditures, information, and timelines represented in the County Proposal are enforceable through the Program Funding Agreement. Program grant funds are to be used for the allowable expenditures and activities identified in the Program Funding Agreement.

3. **Nadia Privara Brahms, Behavioral Health Services Director** (the "**Authorized Signatory**"), is authorized to execute the County Proposal and the Program Documents on behalf of Applicant for participation in the Program; and Applicant further agrees and authorizes the Authorized Signatory to execute the declaration of restrictions to be recorded against each project to be described in the Project Application as more particularly described in the Program Funding Agreement.

This resolution was duly passed by the Board of Supervisors of the County of San Diego at a regular meeting held 19th day of May 2026, by the following vote:

AYES: **[name(s)/ # of votes]**

NAYES: **[name(s)/ # of votes]**

ABSTAIN: **[name(s)/ # of votes]**

ABSENT: **[name(s)/ # of votes]**

The undersigned, **[NAME]**, Clerk of said Board of Supervisors of Applicant, does hereby attest and certify that the foregoing is a true and full copy of a resolution of the Applicant's governing body adopted at a duly convened meeting on the date above-mentioned, and that the resolution has not been altered, amended, or repealed.

SIGNATURE: _____ DATE: _____

NAME: _____ TITLE: Clerk, Board of Supervisors

Signed and approved by me after its passage:

SIGNATURE: _____ DATE: _____

NAME: _____ TITLE: Chair, Board of Supervisors

[NOTICE AND INSTRUCTIONS APPEAR ON THE FOLLOWING PAGE]

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NOTICE AND INSTRUCTIONS

1. **Notice.** The Department is providing this template Authorizing Resolution as informational guidance only. The Department encourages each Applicant to consult with professional legal counsel during the development of its own formal, legally binding statement that it is authorized to apply to and participate in the Program.

    a. Please note, however, that any limitations or conditions on the authority of the signatory or signatories to execute the County Proposal or the Program Documents may result in the Department rejecting the Authorizing Resolution.

2. **Accuracy, Verification.** The Department will verify that this Authorizing Resolution comports with all applicable laws and Applicant's charter, if applicable. Applicant must timely notify the Department, in writing, of any discrepancies between its Authorizing Resolution and its organizational documents, along with a written explanation of same.

3. **Authorized Signatory or Signatories, Designee.** Applicant may authorize multiple signatories, so long as there is clarifying language as to whether the signatories are authorized to execute the Program Documents individually or collectively, including the declaration of restrictions.

4. **Vote Count.** Please fill out the field by every voting category (i.e., Ayes, Nayes, Abstain, Absent). If none, please indicate zero (0) for that field. The vote count must comport with relevant provisions of all applicable laws and the county charter, if applicable (e.g., quorum).

5. **Certification of Authorizing Resolution.** The individual who certifies the Authorizing Resolution must be 1) the Clerk of the Board of Supervisors; or 2) Chair of the Board of Supervisors; or 3) all members of the Board of Supervisors. The individual who certifies the Authorizing Resolution cannot be the same individual who is authorized to execute the Program Documents on behalf of Applicant.

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