

**County of San Diego Board of Supervisors
AGENDA ITEM INFORMATION SHEET**

AGENDA ITEM SUBJECT/TITLE:

AUTHORIZE MEMORANDUM OF AGREEMENT BETWEEN THE COUNTY OF SAN DIEGO AND THE SAN DIEGO HOUSING COMMISSION FOR COLLABORATIVE EFFORTS TO ADDRESS THE HOUSING SHORTAGE - HOMEKEY ROUND 3 AND RESERVE FUNDS FOR UP TO FOUR PARTNERSHIP DEVELOPMENTS (DISTRICTS: ALL)

REQUIRES FOUR VOTES:

Yes ☐ No ☒

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION §1000.1 REQUIRED:

Yes ☐ No ☒

NOTICED PUBLIC HEARING REQUIRED:

Yes ☐ No ☒

PROJECT UNDER CEQA:

Yes ☐ No ☒

If Yes, approval of CEQA document required?

Yes ☐ No ☒

DECISION WITHIN GOVERNMENT CODE SECTION 84308:

Yes ☐ No ☒

PREVIOUS RELEVANT BOARD ACTIONS:

April 26, 2022 (11), Adopt a resolution of the Board of Supervisors of the County of San Diego Authorizing a Joint Application to the Homekey Program.

BOARD POLICIES APPLICABLE:

B-29, Fees, Grants, Revenue Contracts - Department's Responsibility for Cost Recovery; A-87 Competitive Procurement.

BOARD POLICY STATEMENTS:

In accordance with Board Policy B-29, the Health and Human Services Agency certifies that activities funded by the Homekey program grant funds, would be worthy of funding with County resources if external financing were unavailable. This program will help to provide permanent supportive housing to homeless and chronically homeless individuals and families. The program funds administrative expenses anticipated to fully recover staff costs.

MANDATORY COMPLIANCE:

Administration of Homekey program funding by the County will comply with the Round 3 Homekey Notice of Funding Availability dated March 29, 2023.

The County will incorporate all terms required by the guidelines into any subsequent loan documents (including, but not limited to, regulatory agreements and development agreements) for developments provided funding.

ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):

N/A

ORIGINATING DEPARTMENT: Health and Human Services Agency

OTHER CONCURRENCE(S): Department of Purchasing and Contracting

INTERNAL REVIEW COMPLETED: YES ☒ NO ☐

Signature

CONTACT PERSON(S):

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