



APPENDIX D-2

Resolution of the Organizational Body Entity

Applicants are required to use this Resolution in content and form.

RESOLUTION NO. __

A RESOLUTION APPROVING AN APPLICATION FOR FUNDING AND THE EXECUTION OF A GRANT AGREEMENT AND ANY AMENDMENTS THERETO FROM THE 2022-2023 FUNDING YEAR OF THE STATE CDBG-DR RECOVERY WORKFORCE PROGRAM

BE IT RESOLVED by the _____ of
as follows:

SECTION 1:

The _____ has reviewed and hereby approves the submission to the State of California of one or more application(s) in the aggregate amount, not to exceed, of _____ for the following CDBG-DR activities, pursuant to the March 2023 CDBG-DR NOFA:

List activities and amounts (*activity totals should include Activity Delivery dollars and General Administration associated with the activity*)

Activity (i.e. Public Services, Housing Rehabilitation)	Dollar Amount Being Requested for the Activity
	\$
	\$
	\$
	\$

SECTION 2:

_____ acknowledges compliance with all state and federal public participation requirements in the development of its application(s).



APPENDIX D-2

SECTION 3:

The _____ hereby authorizes and directs the _____, or designee*, to execute and deliver all applications and act on the _____'s behalf in all matters pertaining to all such applications.

SECTION 4:

If an application is approved, the _____, or designee*, is authorized to enter into, execute and deliver the grant agreement (*i.e.*, Standard Agreement) and any and all subsequent amendments thereto with the State of California for the purposes of the grant.

SECTION 5:

If an application is approved, the _____, or designee, is authorized to sign and submit Funds Requests and all required reporting forms and other documentation as may be required by the State of California from time to time in connection with the grant.

** **Important Note:** If the designee is signing any application, agreement, or any other document on behalf of the designated official of the City/County, written proof of designee authority to sign on behalf of such designated official must be included with the Resolution, otherwise the Resolution will be deemed deficient and rejected. Additionally, do not add limitations or conditions on the ability of the signatory or signatories to sign documents, or the Resolution may not be accepted. If more than one party's approval is required, list them as a signatory. The only exception is for county counsel or city attorney to approve as to form or legality or both, IF such approval is already part of the standard city/county signature block as evidenced by the signed Resolution itself. Inclusions of additional limitations or conditions on the authority of the signer will result in the Resolution being rejected and will require your entity to issue a corrected Resolution prior to the Department issuing a Standard Agreement.*



APPENDIX D-2

PASSED AND ADOPTED at a regular meeting of the
of _____ held on _____ by the following vote:

Instruction: Fill in all four vote-count fields below. If none, indicate "0" for that field.

AYES: _____
ABSENT: _____

NOES: _____
ABSTAIN: _____

Authorized Signature Date

Signer's Title

CERTIFICATION OF SECRETARY

I, _____, Secretary of _____, do hereby attest and certify the foregoing Resolution is a full, true and correct copy of a Resolution duly passed and adopted on the date stated thereon and that said Resolution has not been amended, modified, repealed, or rescinded since its date of adoption and is in full force and effect as of this date, _____.

Note: The attesting officer cannot be the person identified in the Resolution as the authorized signer.