BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT, STATE OF CALIFORNIA Certified copy of portion of proceedings, Meeting on January _____, 2023

RESOLUTION NO. 23-____

Resolution of the Governing Body

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 2021-2022 FUNDING YEAR OF THE STATE CDBG PROGRAM

BE IT RESOLVED by the		of 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 activities,	
pursuant to the January 2022 CDBG	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:

RESOLUTION NO. 23-____

SECTION 3:

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

SECTION 4:

SECTION 5:

If an application is approved, the (title of designated official) ______, 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 6:

If an application is approved, the (title of designated official) ______, 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.

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT, STATE OF CALIFORNIA Certified copy of portion of proceedings, Meeting on January _____, 2023 RESOLUTION NO. 23-PASSED AND ADOPTED at a regular meeting of the _____ 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. NOES: _____ AYES: _____ ABSTAIN: ABSENT: Authorized Signature Date Signer's Title **STATE OF CALIFORNIA** I, _____, of the of , State of California, hereby certify the above and foregoing to be a full, true and correct copy of a resolution adopted by said on this ____ day of _____, 20 , of of the , State of California By: Note: The attesting officer cannot be the person identified in the Resolution as

the authorized signer.