

**APPENDIX B  
SAMPLE RESOLUTION**

**SAMPLE RESOLUTION OF THE GOVERNING BODY**

RESOLUTION NO. \_\_

**A RESOLUTION APPROVING AN AWARD OF NATIONAL DISASTER RESILIENCY (NDR) FUNDING AND THE EXECUTION OF A GRANT AGREEMENT AND ANY AMENDMENTS THERETO FROM THE 2016 NDR FUNDING TO THE STATE DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT**

BE IT RESOLVED by the Board of Supervisors of the County of \_\_\_\_\_ as follows:

**SECTION 1:**

The Board of Supervisors has reviewed and hereby approves accepting a grant award for up to \$ \_\_\_\_\_ for the following activities:

**Examples:** (activity totals should include activity delivery dollars)

General Administration (GA)	\$XXXXXX
Community Resiliency Center (CRC) Activity Delivery	\$XXXXXX
Community Resiliency Center (CRC) Public Facility Project	\$XXXXXX

**SECTION 2:**

The County hereby pledges to ensure that the CRC will remain operational and serve the needs of area low-moderate income persons in perpetuity. The county pledges to secure service providers to operate eligible CDBG services out of the facility. County pledges to apply for additional project funding as appropriate and needed to ensure the best project providing the most benefit to local citizens is built.

**SECTION 3:**

The County hereby authorizes and directs the **(title of designated official)** \_\_\_\_\_, or designee, to sign the NDR grant contract and act on the County's behalf in all matters pertaining to this award.

**SECTION 4:**

The **(title of designated official)** \_\_\_\_\_, or designee, is authorized to enter into and sign the grant agreement and any subsequent amendments with the State of California for the purposes of this grant.

**SECTION 5:**

Upon execution of the grant agreement, the **(title of designated official)** \_\_\_\_\_, or designee, is authorized to sign Funds Requests and other required reporting forms.

PASSED AND ADOPTED at a regular meeting of the County Board of Supervisors of the County of \_\_\_\_\_ held on \_\_\_\_\_ by the following vote:

AYES:

NOES:

ABSENT:

\_\_\_\_\_  
Name and Title

Board of Supervisors

**STATE OF CALIFORNIA**

County of \_\_\_\_\_

I, \_\_\_\_\_, County Clerk of the County of \_\_\_\_\_, State of California, hereby certify the above and foregoing to be a full, true and correct copy of a resolution adopted by said Board of Supervisors on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_, County Clerk of the County of \_\_\_\_\_, State of California

By: \_\_\_\_\_  
Name, Title