

WHEREAS, *(state the gaps or needs your community/agency has identified)*

WHEREAS, *(state what the proposed project will do to address those needs or gaps in service)*

WHEREAS, *(mention the agency and/or grant sources that could fund the proposed project)*

NOW, THEREFORE BE IT RESOLVED:

(state that your agency is authorized to request funds from the identified sources for the project)

ADOPTED this _____ day of _____, 20_ by _____ Board of Directors.

Signature of Board Officer

Signature of Board Officer