BE IT RESOLVED BY THE Governing Body
OF THE Name of Applicant
THAT Name or Title of Authorized Agent, OR
Name or Title of Authorized Agent, OR
Name or Title of Authorized Agent,
is hereby authorized to execute for and on behalf of the named Applicant, a public entity established under the laws of the State of California, any actions necessary for the purpose of obtaining state financial assistance provided by the State of California for the following Grant Award:

FY 2021 California State Nonprofit Security Grant Program
(List Grant Year and Program)

Passed and approved this_______day of_______, 20_______

Certification

I, ____________________________, duly appointed and
(Name)
________________ Of the ___________________________
(Title) (Governing Body)
do hereby certify that the above is a true and correct copy of a resolution passed and approved by the
__________________________ day of___________________, 20_______

__________________________
(Official Position)

__________________________
(Signature) ___________________
(Date)