

Authorized Official Resolution

RESOLUTION _____

AUTHORIZING APPLICATION FOR FINANCIAL ASSISTANCE FROM THE COMMUNITY EXPANSION of NUTRITION ASSISTANCE FUND

WHEREAS, _____ desires to
NAME OF ENTITY

seek funding from the COMMUNITY EXPANSION of NUTRITION ASSISTANCE FUND for _____ in the County of _____; and
SENIOR CENTER

WHEREAS, it is in the best interest of the residents of the City/Town of _____ to expedite the preparation and submission of an application for financial assistance from the COMMUNITY EXPANSION of NUTRITION ASSISTANCE FUND, in the form of a grant.

NOW THEREFORE, BE IT RESOLVED THAT,

_____ and/or
NAME & TITLE OF AUTHORIZED OFFICIAL

_____ are
NAME & TITLE OF ALTERNATE AUTHORIZED OFFICIAL

authorized to sign all related documentation necessary to file for and process a grant through the COMMUNITY EXPANSION of NUTRITION ASSISTANCE FUND (CENA) on behalf of _____.
NAME OF ENTITY

PASSED AND APPROVED by the Board of Directors of _____

this _____ day of _____, 20 ____.

By: _____

Attest: _____