

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 _____ *Senior Center* in the **County of _____**; and

WHEREAS, it is in the best interest of the residents of the City/Town of
_____ *Senior Center* 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
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 the entity _____.

PASSED AND APPROVED by the Board of Directors of
_____ the _____ day of _____, 20 ____.

By: _____

Attest: _____