

**MODEL RESOLUTION FORM**

*(Print or type your resolution on your organization’s letterhead or on a separate sheet of paper)*

**Application for Aitkin County Tourism Promotion and Development Grant**

To: Aitkin County Board of Commissioners

From: (Legal Name of Organization)

WHEREAS, the (Legal Name of Organization/Corporation) (hereafter the “Applicant” is a non-profit corporation organized/operating under the laws of the State of Minnesota; and

WHEREAS, the Applicant has a need for a grant to (briefly describe the program/event for which the grant funds will be used, in 20 words or less) (hereafter called “the Project”); and,

WHEREAS, the Applicant has determined that it will need an ACTPDG Fund grant for \$ \_\_\_\_\_ (insert amount of the grant for which you are applying) in order to do the program/event; and,

WHEREAS, the Applicant has available One Hundred Dollars (\$100.00) as matching funds for the Program/Event; which funds the Applicant will not use as matching funds for any other programs or events; and

WHEREAS, the Applicant understands and agrees that ACTPDG Funds will not be used to reimburse the Applicant for any costs incurred prior to the date on which this Project/Event is approved by the Aitkin County Board of Commissioners;

NOW, THEREFORE BE IT RESOLVED that the Applicant organization hereby authorizes and approves making application to Aitkin County for a grant for (insert the amount of money being requested) to provide funds to do the program/event.

BE IT FURTHER RESOLVED that the Applicant (insert the titles of the officer(s) or administrative official(s) who are authorized to act on behalf of the organization - for example, the President or Secretary or Township clerk, etc.) is/are hereby authorized and directed to sign and submit an application for the said grant monies and all applicable contracts, documents and agreements associated with the grant or application for it; and

BE IT FURTHER RESOLVED that (insert name or program/event supervisor) is here by designated as the person who will supervise the Program/Event and successfully complete the Program/Event in a timely manner to the satisfaction of the Aitkin County Board of Commissioners.

**ADOPTED:** \_\_\_\_\_, 2019

By: \_\_\_\_\_

Its: \_\_\_\_\_

(President or other Chief Corporate Officer)

I, the undersigned Secretary of the Applicant organization, hereby certify that the above Resolution is a true copy of the Resolution duly passed, adopted and approved by the (insert the full name of the organization here) on the (insert the date on which the Resolution was adopted by the organization), 2019.

By: \_\_\_\_\_  
Its Secretary