**SAMPLE RESOLUTION AUTHORIZING APPLICATION FOR GRANT**

) IN THE MATTER OF AUTHORIZING THE

) (Project Sponsor Name) TO APPLY FOR A LOCAL

) GOVERNMENT GRANT FROM THE OREGON

RESOLUTION NO. XXXXXXX ) PARKS AND RECREATION DEPARTMENT FOR

) (acquisition of, development of, rehabilitation of, etc.)

) AT (Park Name) AND DELEGATING AUTHORITY TO

) THE (Authorized Official) TO SIGN THE APPLICATION.

**WHEREAS,** the Oregon Parks and Recreation Department is accepting applications for the Local Government Grant Program; and

**WHEREAS,** the (Project Sponsor Name) desires to participate in this grant program to the greatest extent possible as a means of providing needed park and recreation acquisitions, improvements and enhancements; and

**WHEREAS,** (Board of Commissioners, City Council, Board of Directors, and Staff) have identified improvements at (Park Name) as a high priority need in (County, City, Park District, METRO, or Port District Name); and

**WHEREAS,** (Brief Description of What Project Includes); and

**WHEREAS,** the (Project Sponsor Name) has available local matching funds to fulfill its share of obligation related to this grant application should the grant funds be awarded; and

**WHEREAS,** the (Project Sponsor Name) will provide adequate funding for on-going operations and maintenance of this park and recreation facility should the grant funds be awarded; and

**NOW, THEREFORE, BE IT RESOLVED BY THE (BOARD OF COMMISSIONERS, CITY COUNCIL, BOARD OF DIRECTORS, ETC.) OF THE (PROJECT SPONSOR NAME) AS FOLLOWS:**

Section 1: The (Board of Commissioners, City Council, Board of Directors, etc.) demonstrates its support for the submittal of a grant application to the Oregon Park and Recreation Department for (acquisition of, development of, rehabilitation of, etc.) at (Park Name).

Section 2: This Resolution shall be effective following its adoption by the (Board of Commissioners, City Council, Board of Directors, etc.).

Passed by the (Board of Commissioners, City Council, Board of Directors, etc.) this (Date) of (Month), (Year).

ATTEST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Authorized Official’s Name and Title)

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(Staff Member’s Name and Title)