

DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT
STATE OF CONNECTICUT
(AN EQUAL OPPORTUNITY EMPLOYER)
CERTIFIED RESOLUTION OF THE GOVERNING BODY

I, _____, _____, certify that below is a true and correct copy of a
(Name of Official) (Title of Official)

resolution duly adopted by _____
(Name of the Applicant)

at a meeting of its _____
(Governing Body)

duly convened on _____ and which has not been rescinded or modified in
(Meeting Date)
any way whatsoever and is at present in full force and effect.

(Date)

(Signature and Title of Official)

SEAL

WHEREAS, pursuant to _____,
(State Statutory Reference)

the Connecticut Department of Economic and Community Development is authorized to extend financial assistance for economic development projects; and **WHEREAS**, it is desirable and in the public interest that the _____ make an application to the State for
(Applicant)

\$ _____ in order to undertake the _____
(Name and Phase of Project)
_____ and to execute an Assistance Agreement.

NOW, THEREFORE, BE IT RESOLVED BY THE

(Governing Body)

1. That it is cognizant of the conditions and prerequisites for the state financial assistance imposed by

(State Statutory Reference)

2. That the filing of an application for State financial assistance by

(Applicant)
in an amount not to exceed \$ _____ is hereby approved and that

(Title and Name of Authorized Official)

is directed to execute and file such application with the Connecticut Department of Economic and Community Development, to provide such additional information, to execute such other documents as may be required, to execute an Assistance Agreement with the State of Connecticut for State financial assistance if such an agreement is offered, to execute any amendments, decisions, and revisions thereto, and to act as the authorized representative of

(Name of Applicant)