

RURAL HOSPITAL CAPITAL IMPROVEMENT GRANT RFP
Board Resolution

Be it resolved that:

1) _____ (*Applicant Organization*) may apply for a Rural Hospital Capital Improvement grant from the Office of Rural Health and Primary Care of the Minnesota Department of Health.

2) _____ (*Applicant Organization*) certifies that it will comply with the requirements of the Rural Hospital Capital Improvement Grant Program, including the requirements in Minnesota Statutes, Section 144.148.

3) _____ (*Applicant Organization*) may enter into a grant agreement with the State of Minnesota if the application is successful.

4) _____ (*Name and Title of Authorized Official*) is hereby authorized to execute contracts and certifications as required to implement the organization's participation in the Minnesota Rural Hospital Capital Improvement Grant Program.

I certify that the above resolution was adopted by the: _____ (Governing Body)

Of _____ (Applicant Organization) on _____ (date).

SIGNED:

WITNESSED:

(Signature)

(Signature)

(Printed Name and Title)

(Printed Name and Title)

(Date)

(Date)