

# Rural Hospital Planning and Transition Grant Program

## GOVERNING BOARD RESOLUTION

Be it resolved that:

1) \_\_\_\_\_ apply for a Rural Hospital Transition Grant from  
(name of organization or unit of government)

the Office of Rural Health and Primary Care of the Minnesota Department of Health.

2) \_\_\_\_\_ certifies that it will comply with the  
(organization or unit of government name)

Rural Hospital Transition Grant Program, including the requirements in Minnesota Statutes 144.147.

3) \_\_\_\_\_ seeks to enter into a grant contract  
(organization or unit of government name)

with the State of Minnesota if the application is successful.

4) \_\_\_\_\_ is hereby authorized to execute  
(Title of Authorized Official)

contracts and certifications as required to implement the organization's participation in the Minnesota Rural Hospital Transition Grant Program.

I certify that the above resolution was adopted by the \_\_\_\_\_ (Governing Body)  
of \_\_\_\_\_ on \_\_\_\_\_.  
(Organization) (Date)

**SIGNED:**

**WITNESSED:**

\_\_\_\_\_  
(Signature) (Signature)

\_\_\_\_\_  
(Title) (Title)

\_\_\_\_\_  
(Date) (Date)