DEPARTMENT OF HEALTH
OFFICE OF RURAL HEALTH AND PRIMARY CARE

Rural Hospital Planning and Transition Grant Program

Board Resolution

Be it resolved that:

1) _____ *(Applicant Organization)* may apply for a Rural Hospital Transition 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 Transition Grant Program, including the requirements in Minnesota Statutes, Section 144.147.

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 Transition 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)*