**Appendix D**

**Governing Board Resolution Sample Language**

**Resolution**

No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resolution authorizing application for a Public Transportation Capital Assistance Grant under the Illinois Department of Transportation’s general authority to make such Grants.

WHEREAS, The provision and improvement of public transportation facilities is essential to the development of a safe, efficient, functional public transportation system; and

WHEREAS, The Illinois Department of Transportation has the authority to make such Grants and makes funds available to offset certain capital costs of a private non-profit, general public transportation system or an IDOT Certified Public Provider transportation system providing specialized paratransit service; and

WHEREAS, Grants for said funds will impose certain obligations upon the recipient.

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BOARD OF THE (*Name of Applicant*) :

Section 1. That an application be made to the Division of Public and Intermodal Transportation, Department of Transportation, State of Illinois, for a financial assistance grant under the Illinois Department of Transportation’s general authority to make such Grants, for the purpose of off-setting certain public transportation facility capital costs of (*Name of Applicant*).

Section 2. That (*Designated Official*) of the (*Name of Applicant*) is hereby authorized and directed to execute and file on behalf of the (*Name of Applicant*) such application.

Section 3. That the (*Designated Official*) of the (*Name of Applicant*) is authorized to furnish such additional information as may be required by the Division of Public and Intermodal Transportation in connection with the aforesaid application for said Grant.

Section 4. That (*Designated Official*) of the (*Name of Applicant*) is hereby authorized and directed to execute and file on behalf of the (*Name of Applicant*) all required Grant Agreements with the Illinois Department of Transportation.

PRESENT and ADOPTED the \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

(*Signature of Official*) ATTEST:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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