

**ND CLEAN WATER
STATE REVOLVING FUND PROGRAM
(CWSRF)**

Loan Application Package

**North Dakota Department of Health
Division of Municipal Facilities
and
North Dakota Municipal Bond Bank**

Bismarck, North Dakota

CONTENTS AND INSTRUCTIONS

Note: CWSRF loans consist of 83 $\frac{1}{3}$ % Federal funds and 16 $\frac{2}{3}$ % State funds.

CONTENTS OF APPLICATION PACKAGE

1. ND Municipal Bond Bank Letter
2. SRF Program Application (**Original Signature Required**)
3. Budget Sheet
4. Debarment and Suspension Certification (**Original Signature Required**)
5. Preaward Compliance Review Report (**Original Signature Required**)
6. Resolution of Governing Body (**Original Signature Required**)

INSTRUCTIONS

Complete items 2-6 and submit with original signatures to:

North Dakota Department of Health
Division of Municipal Facilities
1200 Missouri Avenue, Box 5520
Bismarck, ND 58506-5520

In addition, submit the original of item 2, including all additional documents requested, and item 3 to:

North Dakota Municipal Bond Bank
700 East Main, PO Box 5509
Bismarck, ND 58506-5509

If you have any questions, call the Health Department at 328-5211 or the Bond Bank at 328-7100.

North Dakota Municipal Bond Bank State Revolving Fund Program

Explanation of Application Review and Approval Process

This is the Bond Bank's application for financing through the State Revolving Fund Program administered by the Health Department and the Bond Bank. Please call us if you have any questions concerning the requested information or any other matter with respect to the SRF Program.

The application requests information in several different areas. This information is necessary for the State to demonstrate compliance with the Federal requirements and guidelines for the SRF Program with respect to your financial obligations and capabilities related to the project. Please provide all of the requested information to the best of your ability. Your project engineer may be able to assist you with portions of the application. As indicated, the Bond Bank will obtain the tax information requested in part F of the application. We will verify this information with you, if necessary, during our review of the application.

When the application is received, the Bond Bank will contact you to verify the requested loan term (the final principal payment must be made no later than 20 years after the project is completed), and will then prepare and send you a preliminary amortization schedule which will set out the principal and interest payments and the administrative fee payments you will be making over the term of the loan. We will also let you know if we have any questions concerning your application. The application will then be subject to an initial credit review by the Bond Bank and will also be reviewed by Evensen Dodge, Inc., the Bond Bank's financial advisor, and by the Bank of North Dakota, who will provide the Bond Bank with a market analysis and a credit analysis.

Following these reviews, the application and the analyses will be submitted to the Bond Bank's Advisory Committee for a recommendation to be made to the Industrial Commission, which must give its approval for all Bond Bank SRF Program loans. If the Industrial Commission approves your loan request, you will need to work with your bond counsel in the preparation of the loan closing documents. **Within six months of the loan approval, you and your bond counsel must have completed the closing documents and submitted them to the Bond Bank.** As soon as the loan is closed and the Health Department has completed its project review, you will be able to begin making draws against the approved loan amount. **The first draw must be made within six months of the loan closing.** A final amortization schedule will be prepared when you have either drawn the full loan amount or have completed construction of the project.

The SRF Program is considered to be a federal financial assistance program, and loan advances or receipts must be audited accordingly. Please discuss the audit requirements with your outside auditor and contact us if you have any questions.

The costs to you for the financing will include, in addition to interest and principal payments, an annual administrative fee of one half of one percent of the outstanding principal amount of the loan, bond counsel fees, and any other fees or expenses you may incur. Please make sure you take these costs into account when calculating the requested loan amount and for your annual budget purposes.

If you will be proposing to repay the loan with revenues from enterprise fund rates and charges, please read Part C carefully and note that net operating revenues must equal or exceed 120% of the average annual principal and interest payment amount for this loan and all outstanding revenue bonds payable with revenues from the same enterprise fund. You will also be required to establish a reserve fund as described. These requirements do not apply if you are proposing to establish an improvement district and issue improvement bonds. We encourage you to establish an improvement district even if you will be repaying the loan with enterprise fund revenues because this provides an additional revenue source. You should discuss this with your bond counsel.

You will be responsible for retaining bond counsel to represent you in this transaction and for negotiating the fees for that service. If you have not worked with an attorney as bond counsel, here is a list of the in-state firms who are recognized bond counsel:

Arntson & Stewart
51 Broadway, Suite 603
PO Box 789
Fargo, ND 58102
701-280-0195

Ohnstad Twichell
901 13th Avenue East
PO Box 458
West Fargo, ND 58078-0458
701-282-3249

Cook Wegner & Wike PLLP
Kirkwood Office Tower
919 S 7th St., Suite 207
Bismarck, ND 58504
701-255-1008

Steven L. Vogelpohl
Wells Fargo Bank Building
400 East Broadway, Suite 501
PO Box 2399
Bismarck, ND 58502-2399
701-258-9847

Dorsey & Whitney
Dakota Center
51 North Broadway, Suite 201
Fargo, ND 58107-1344
701-235-9969

You should retain the services of bond counsel as soon as possible. It is important that you do this because the municipal securities you will deliver to the Bond Bank for your loan must be validly issued and must be legally enforceable, binding obligations. Your bond counsel will assist you and your local counsel with respect to necessary action to be taken by your governing body concerning the authorization and issuance of the municipal securities and in answering any questions you may have concerning the loan and the SRF Program.

Please call us if you have any questions or need any additional information concerning the application or the review process.

**CLEAN WATER
STATE REVOLVING FUND PROGRAM
LOAN APPLICATION**

**NORTH DAKOTA MUNICIPAL BOND BANK
700 EAST MAIN AVENUE
PO BOX 5509
BISMARCK, ND 58506-5509
PHONE: 800-526-3509
(701) 328-7100
FAX: (701) 328-7130
E-MAIL: ndmbb@state.nd.us
WEBSITE: www.state.nd.us/bondbank**

Political Subdivision: _____

Date: ____ / ____ / ____

Upon receipt and review of this application, the Bond Bank may request additional information or an explanation or clarification of the information provided before the application is determined to be complete.

All information provided in this program application is certified by the public official whose name appears below to be true and correct as of the date of application given above.

Contact Person for Political Subdivision: _____

Title: _____

Address: _____

_____ ND _____

Telephone Number: _____ - _____ - _____

Fax: _____ - _____ - _____

Email: _____

A. GENERAL

1. Name of Political Subdivision: _____

2. Mailing Address (street address): _____

3. Federal Tax Identification Number: _____

4. Type of Governing Body: _____

5. Political Subdivision's Auditor (or officer): _____

Telephone #: _____ Fax #: _____

Email Address: _____

6. Political Subdivision's Bond Counsel: _____

7. Political Subdivision's Engineering Firm: _____

Contact Person: _____

Telephone Number: _____

8. Do you have a Capital Improvement Plan or a Water or Wastewater System Plan?

Yes ___ No ___ (If yes, please include a copy(s) with the completed application)

9. The following information must be submitted with this loan application (requested information which appears in the financial statements may be included by reference):

- a. The three most recent annual audited financial statements.
- b. The most recent year-end and month-end combined balance sheets for all fund types and account groups.
- c. The most recent year-end and month-end combined statements of revenues and expenses for all enterprise funds.
- d. The current year's operating budget for the fund in which the project will be held as an asset, and the proposed operating budget for the first year of the loan repayment term (and any other years for which a proposed budget has been prepared).
- e. The feasibility/engineering study for the proposed project.

B. PROJECT INFORMATION

- 1. Description of project to be financed with the loan proceeds (You may reference the appropriate pages in the feasibility/engineering study enclosed pursuant to paragraph A.9):

2. Amount of loan request: \$ _____

3. Number of years to repay loan (maximum term 20 years) _____

4. Total project costs, including the requested loan amount and funds from all other sources:
\$ _____

5. Other funding sources: Sources Amount of funding

- 6. Please indicate the dates on which construction of the project is scheduled to commence and be completed:

Construction will begin _____

Construction will be completed _____

- 7. If the purpose of the requested financing is to refinance an outstanding obligation, please provide the following information and attach a copy of the debt service schedule for the obligation to be refinanced.

a. Original dollar amount of the obligation to be refinanced: _____

b. Dated date of the obligation to be refinanced: _____

C. FUNDING INFORMATION

1. Please describe the source of funds for the repayment of principal and interest on the proposed financing (i.e., general obligation tax levy, special assessments, user fees):

2. If the proposed financing will be evidenced by revenue bonds, please attach your own worksheet or complete the following worksheet concerning existing rates, necessary rate increases, and estimated/projected revenues with respect to the utility system or fund related to the proposed project. Rates and fees must provide annual net revenues equal to 120% of the average annual principal and interest requirements for repayment of the loan. Further, a reserve fund must be established in the amount which qualifies as a reasonably required reserve fund under federal tax laws and regulations. The reserve fund must be fully-funded no later than five years after the loan has been fully-funded or as otherwise agreed.

Rate history and projections:

	<u>Prior Year 2</u>	<u>Prior Year 1</u>	<u>Current Year</u>	<u>Projected Year 1</u>	<u>Projected Year 2</u>
Service connections:					
Residential	_____	_____	_____	_____	_____
Commercial	_____	_____	_____	_____	_____
Base rate:					
Residential	_____	_____	_____	_____	_____
Commercial	_____	_____	_____	_____	_____
Revenue per connection:					
Residential	_____	_____	_____	_____	_____
Commercial	_____	_____	_____	_____	_____

3. Calculation of the projected average annual residential/commercial user rate:
 - a. Estimated increase or decrease in total annual operation and maintenance costs (including depreciation and repair and replacement reserves) as the result of this project:

\$ _____
 - b. Please list and explain estimated increases or decreases in operation & maintenance costs (including depreciation and repair and replacement reserves):

c. Estimated increase or decrease in total annual costs as the result of this project:

\$ _____

d. Estimated increase or decrease in total annual costs per average residential/commercial customer as the result of this project:

Residential \$ _____
Commercial \$ _____

4. If the proposed financing will be evidenced by improvement bonds (special assessments), please attach the following:

- a. A copy of the resolution or ordinance creating the improvement district.
- b. A copy of the certificate confirming the assessment list.
- c. A copy of the city auditor's most recent certification of special assessments to the county auditor (if applicable).

5. Ten largest users (as of _____, 20____):

Name	Usage (percent of total)	Revenue (most recent fiscal year)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. ECONOMIC AND SOCIAL INFORMATION

1. Population of political subdivision:

2000 _____ 1990 _____ 1980 _____

2. School enrollment for the current school year and the past four school years, and projected for the next two years.

<u>School Year</u>	<u>Elementary</u>	<u>Junior High School</u>	<u>High School</u>	<u>Total</u>
_____ *	_____	_____	_____	_____
_____ *	_____	_____	_____	_____
_____ *	_____	_____	_____	_____
_____ *	_____	_____	_____	_____
_____ **	_____	_____	_____	_____
_____ ***	_____	_____	_____	_____
_____ ***	_____	_____	_____	_____

*Past four years
 **Current year
 ***Projected next two years

3. List the three largest employers within the boundaries of the political subdivision, if such information is available.

<u>EMPLOYER</u>	<u>NUMBER OF TYPE OF BUSINESS</u>	<u>EMPLOYEES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Please describe any significant changes concerning major employers within the boundaries of the political subdivision during the past twenty-four months and any reported future changes concerning existing or new major employers.

(The Bond Bank will obtain the following information from the county auditor)

F. TAX INFORMATION

1. Taxable valuations (current year and previous four years):

Year	Full and True Valuation	Taxable Valuation

2. Property tax levies and collections (current year and previous four years):

Levy Year	Dollar Amount Of Levy	Amount Collected to Date of Application	Percentage Collected

Have any of these figures been adjusted to take into account the discount allowed for the early payment of taxes? Yes _____ No _____

If yes, please describe the manner in which the figures have been adjusted:

3. Taxable valuation within the political subdivision:

Residential: \$ _____ Commercial: \$ _____
 Agricultural: \$ _____ Utilities: \$ _____

4. Please list the three largest taxpayers as determined by taxable valuation and their most recent valuation:

NAME OF TAXPAYER	TYPE OF BUSINESS	TAXABLE VALUATION
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

5. Please list the number of tax-paying: residences _____ businesses _____

6. Special assessments certified for collection (current year and previous four years):

Year	Dollar Amount	Amount Collected to Date of Application	Percentage Collected

7. Political subdivision mill levies (current year and previous four years):

Fund	Current	Prev 1	Prev 2	Prev 3	Prev 4
Totals for each year					

8. Mill levy summaries. List or attach a document showing the total mill levy for the current year and the previous four years for the stated political subdivisions or authorities associated with your own. For your political subdivision the total will correspond to the totals listed under “Political subdivision mill levies” above in paragraph 7.

Year	City	School	Park District	State and County	Other	Total for Each Year

BUDGET SHEET

COST CLASSIFICATION	SRF	CDBG	LOCAL	OTHER	TOTAL																														
1. Administrative expenses	\$	\$	\$	\$	\$																														
2. Land, structures, rights-of-way																																			
3. Engineering basic fees																																			
4. Other engineering fees																																			
5. Project inspection fees																																			
6. Land development																																			
7. Relocation expenses																																			
8. Construction and project improvement																																			
9. Equipment																																			
10. Capitalized interest																																			
11. Other																																			
12. Miscellaneous																																			
13. SUBTOTAL	\$	\$	\$	\$	\$																														
14. Contingencies																																			
15. TOTAL	\$	\$	\$	\$	\$																														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">16. SRF Funds</td> <td style="width: 10%; text-align: center;">\$</td> <td style="width: 30%; border-bottom: 1px solid black;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>17. CDBG Funds</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>18. LOCAL Funds</td> <td></td> <td></td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> <td></td> </tr> <tr> <td>19. OTHER Funds</td> <td></td> <td></td> <td></td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>20. TOTAL All Funds</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> </table>						16. SRF Funds	\$					17. CDBG Funds	\$					18. LOCAL Funds			\$			19. OTHER Funds				\$		20. TOTAL All Funds					\$
16. SRF Funds	\$																																		
17. CDBG Funds	\$																																		
18. LOCAL Funds			\$																																
19. OTHER Funds				\$																															
20. TOTAL All Funds					\$																														

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND
OTHER RESPONSIBILITY MATTERS**

Instructions

Under Executive Order 12549, an individual or organization debarred or excluded from participation in federal assistance or benefit programs may not receive any assistance award under a federal program, or a subagreement thereunder for \$25,000 or more.

Accordingly, each prospective recipient of a North Dakota State Revolving Fund loan and any contract or subagreement participant thereunder must complete the attached certification or provide an explanation why they cannot. For further details, see 40 CFR Section 32.510, Participants' Responsibilities.

WHERE TO SUBMIT:

The prospective loan recipient must return the signed certification or explanation with its application to the state as required in the application instructions.

A prospective prime contractor must submit a completed certification or explanation to the individual or organization awarding the contract.

Each prospective subcontractor must submit a completed certification or explanation to the prime contractor for the project.

HOW TO OBTAIN FORMS:

The state includes the certification form and instructions in each application kit. Applicants may reproduce these materials as needed and provide them to their prospective prime contractor, who, in turn, may reproduce and provide them to prospective subcontractors.

Additional copies/assistance may be requested from:

North Dakota Department of Health
Division of Municipal Facilities
1200 Missouri Avenue
P.O. Box 5520
Bismarck, ND 58506-5520

Telephone (701) 328-5211
Fax (701) 328-5200

**CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

The prospective participant certifies to the best of its knowledge and belief that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
- (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (federal, state or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 U.S.C. Section 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to 5 years, or both.

Name and Title of Authorized Representative

Signature of Authorized Representative

Date

I am unable to certify to the above statements.
Attached is my explanation.

PREAWARD COMPLIANCE REVIEW REPORT FOR CONSTRUCTION LOANS

Instructions - General

Recipients must comply with the following statutes by virtue of receiving the loan.

Title VI of the Civil Rights Act of 1964 provides that no person in the United States shall on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of or be subjected to discrimination under any program or activity receiving federal financial assistance. The Act goes on to explain that the title shall not be construed to authorize action with respect to any employment practice of any employer, employment agency, or labor organization (except where a primary objective of the federal financial assistance is to provide employment).

Section 13 of the 1972 Amendments to the Federal Water Pollution Control Act provides that no person in the United States shall, on the ground of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving financial assistance under the Federal Water Pollution Control Act, as amended. Employment discrimination on the basis of sex is prohibited in all such programs or activities. These same requirements apply to any program or activity receiving financial assistance under the Federal Safe Drinking Water Act as amended.

Section 504 of the Rehabilitation Act of 1973 provides that no otherwise qualified handicapped individual shall solely by reason of their handicap be excluded from participation in, be denied the benefit of or be subject to discrimination under any program or activity receiving federal financial assistance. Employment discrimination on the basis of handicap is prohibited in all such programs or activities.

The Age Discrimination Act of 1975 provides that no person on the basis of age shall be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance. Employment discrimination is not covered. Age Discrimination in employment is prohibited by the Age Discrimination in Employment Act administered by the Equal Employment Opportunity Commission.

Title IX of the Education Amendments of 1972 provides that no person should on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance. Employment discrimination on the basis of sex is prohibited in all such education programs or activities. Note: an education program or activity is not limited to only those conducted by a formal education institution.

The primary purpose of the construction loan program under the Federal Water Pollution Control and the Safe Drinking Water Acts, as amended, is development of water pollution control and drinking water facilities.

Accordingly, the information on this form is required to enable the State of North Dakota and the U. S. Environmental Protection Agency to determine whether prospective treatment works construction recipients are developing treatment system projects on a nondiscriminatory basis as required by the above-referenced statutes.

Submit this form with the original and required copies of applications, requests for extensions, requests for increase of funds, etc. Updates of information are all that are required after the initial submission. If any item is not relevant to the project for which assistance is requested, write "NA" for "Not Applicable."

ITEMS:

- I. Self-explanatory.
- II.A. Civil rights lawsuits mean any lawsuit or complaint alleging discrimination on the basis of race, color, national origin, sex, age or handicap pending against the applicant or entity which actually benefits from the loan. For example, if a city is the named applicant but the loan will actually benefit the water or wastewater department, only civil rights lawsuits involving the water or wastewater department, whether named as a party or not, should be listed.
- II.B. Civil rights compliance review means any review assessing the applicant's compliance with laws prohibiting discrimination on the basis of race, color, national origin, sex, age, or handicap. If any part of the review covered the entity which actually benefits from the loan, it should be listed. If it did not, the review should not be listed.
- III.A. Give population of applicant's treatment system jurisdiction, broken out by categories as specified.
- III.B. If there is a significant disparity between minority and nonminority populations to receive service, not otherwise satisfactorily explained, the Regional office may require a map which indicates the minority and nonminority population served and not served as well as the minority and nonminority population served by this project.
- III.C. "Jurisdiction" means the geographical area over which applicant has authority to provide treatment works service.
- III.D.&E. Self-explanatory.
- IV. Self-explanatory.

Preaward Compliance Review Report For Construction Loans

Note: Read instructions on preceding page before completing form.

I. A. Applicant (<i>Name and State</i>)	B. SRF Project No.
---	--------------------

II. A. Are any civil rights lawsuits or complaints pending against applicant? If "Yes", list those complaints and the disposition of each complaint.	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

II. B. Have any civil rights compliance reviews been conducted during the two years prior to this application for activities which would receive EPA assistance? If "Yes", list those compliance reviews and status of each review.	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

III. A. Population Characteristics	Number of People
1. A. Population of entire service area	
B. Minority population of entire service area	
2. A. Population currently served	
B. Minority population currently served	
3. A. Population to be served by project	
B. Minority population to be served by project	
4. A. Population to remain without service	
B. Minority population to remain without service	

B. If entire community under the applicant's jurisdiction is not served under the existing facilities or will not be served under the proposed plan, give reasons why.
--

C. Give the schedule for future construction by which service will be provided to all inhabitants within applicant's jurisdiction. If there is no schedule, explain why.
--

D. Is a federal agency being asked or already providing financial assistance to any construction associated with this project? If "Yes", list the federal agency(s), describe the associated work and the dollar amount of assistance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

E. Will all new facilities or alterations to existing facilities financed by this loan be designed and constructed to be readily accessible and useable by handicapped persons? If "No", explain how a regulatory exception (40 CFR 7.70) applies.	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

IV. Certification

I certify that the information given above is true and correct to the best of my knowledge or belief.
(A willfully false statement is punishable by law: U.S. Code, Title 18, Section 1001)

A. Signature of Authorized Official	B. Title of Authorized Official	C. Date
-------------------------------------	---------------------------------	---------

For the U.S. Environmental Protection Agency

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Regional Director of Civil Rights	Date
--	-----------------------------------	------

RESOLUTION OF GOVERNING BODY OF APPLICANT
(Suggested Format)

RESOLUTION NO. _____

Resolution authorizing filing of application with the North Dakota Department of Health for a Loan under the Clean Water Act.

WHEREAS, under the terms of the Clean Water Act, the United States of America has authorized the making of Loans to authorized applicants to aid in the construction of specific public projects:

Now, Therefore, Be It Resolved _____
(Governing Body of Applicant)

1. That _____ be and he is hereby authorized to execute
(Designate Official)
and file an application on behalf of _____ with the North
(Legal Name of Applicant)
Dakota Department of Health for a Loan to aid in the construction of _____

(Brief Project Description)

2. That _____, _____, be and he is
(Name of Authorized Representative) *(Title)*
hereby authorized and directed to furnish such information as the North Dakota Department of Health may reasonably request in connection with the application which is herein authorized to be filed, to sign all necessary documents, and, on behalf of city, to accept Loan offer and receive payment of Loan funds.

CERTIFICATE OF RECORDING OFFICER

The undersigned duly qualified and acting _____ of the
(Title of Officer)
_____ does hereby certify:
(Legal Name of Applicant)

That the attached resolution is a true and correct copy of the resolution, authorizing the filing of application with the North Dakota Department of Health, as regularly adopted at a legally convened meeting of the _____ duly held on the _____ day of
(Name of Governing Body of Applicant)
_____, 20____; and further that such resolution has been fully recorded in the journal of proceedings and records in my office.

In Witness Whereof, I have hereunto set my hand this _____ day of _____, 20____.

(SEAL)
If applicant has
an official seal,
impress here.

(Signature of Recording Officer)

(Title of Recording Officer)