***Sample AUTHORIZING RESOLUTION for CORONAVIRUS RELIEF FUND***

**AUTHORIZING Resolution**

CITY OF \_\_\_\_\_\_\_\_\_\_\_\_

ADOPTION OF A RESOLUTION OF THE COUNCIL/COMMISSION/BOARD OF COMMISSIONERS (“CITY”) AUTHORIZING THE FILING OF A CORONAVIRUS RELIEF FUND (“CRF”) APPLICATION FOR REIMBURSEMENT OF INCURRED EXPENSES IN CRF FUNDS WITH THE DEPARTMENT FOR LOCAL GOVERNMENT (“DLG”); AUTHORIZING AND DIRECTING THE MAYOR TO EXECUTE ANY DOCUMENTS WHICH ARE DEEMED NECESSARY BY DLG TO REIMBURSE THE CITY; AND AUTHORIZING THE MAYOR TO ACT AS THE AUTHORIZED CORRESPONDENT FOR REIMBURSEMENT.

**WHEREAS,** City of \_\_\_\_\_\_\_\_\_ desires reimbursement for expenses incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (“COVID-19”) on behalf of the residents of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; and

**WHEREAS**, it is recognized that CRF funds are available to the City, pursuant to the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”), and impose certain obligations and responsibilities upon the City that require among other things:

1. Approval of a satisfactory application by the City transmitted to DLG for approval; and
2. Other obligations of the City in connection with receiving the CRF funds for the purposes stated herein.

**NOW, THEREFORE,** be it resolved this \_\_\_\_ day of June, 2020, by COUNCIL/COMMISSION/BOARD OF COMMISSIONERS:

That a CRF application on behalf of the City for CRF funds for reimbursement of expenses incurred by City due to the public health emergency with respect to COVID-19 shall be submitted to DLG; the Mayor shall provide such additional information and furnish such documentation as may be required; and authorize the Mayor to act as the authorized correspondent for reimbursement.

Done this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_. Motion by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and seconded by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, members present voting unanimously in favor.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mayor

ATTEST:

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Its: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_