

in this grant application and General Operating Guidelines as illustrated in the Georgia State Management Plan.

7. That the applicant has or will have available in the General Fund the required non-federal funds to meet local share requirements for this grant application.

APPROVED AND ADOPTED this \_\_\_\_\_ day of \_\_\_\_\_, 2025.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Name and Title of Authorized Official

Signed, sealed, and delivered this \_\_\_\_\_ day of \_\_\_\_\_, 2025 in the presence of

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Notary Public/Notary Seal

#### **CERTIFICATE**

The undersigned duly qualified and acting \_\_\_\_\_ of

\_\_\_\_\_ (*Title of Certifying/Attesting Official*) (*Applicant's Legal Name*) certifies that the foregoing is a true and correct copy of a resolution adopted at a legally convened meeting held on

\_\_\_\_\_, 2025.

\_\_\_\_\_  
Name of Certifying/Attesting Officer

\_\_\_\_\_  
Title of Certifying/Attesting Officer

