

EXHIBIT 15
Authorizing Board Resolution for Non-Profits and Housing Authorities Only
(For- Profit Developers do not complete this exhibit)
(Required Format)

RESOLUTION NO. _____

A resolution of the (AUTHORIZING BOARD) of (NAME OF ORGANIZATION) authorizing the submission of an application(s) for 20____ HOME Investment Partnership (HOME)/Community Development Block Grant- Disaster Recovery (CDBG-DR)/National Housing Trust Fund (HTF), certifying that said application(s) meets the community's housing and community development needs and the requirements of the HOME/CDBG-DR/HTF program, and authorizing all actions necessary to implement and complete the activities outlined in said application.

WHEREAS, the (AUTHORIZING BOARD) of (NAME OF ORGANIZATION) is desirous of undertaking affordable housing development activities; and

WHEREAS, the State of Nebraska is administering the HOME/CDBG-DR/HTF program; and

WHEREAS, the HOME/CDBG-DR/HTF Program requires that funds benefit low-income households; and

WHEREAS, the activity in the application addresses the proposed project area's low-income population housing needs; and

WHEREAS, a recipient of HOME/CDBG-DR/HTF Program is required to comply with the program guidelines and State regulations.

NOW, THEREFORE BE IT RESOLVED THAT the (AUTHORIZING BOARD) of (NAME OF ORGANIZATION) authorize application to be made to the State of Nebraska, Department of Economic Development for 20_ HOME/CDBG-DR/HTF Program, and authorize (NAME AND POSITION OF INDIVIDUAL) to sign application and contract or grant documents for receipt and use of these funds, and authorize the (NAME AND POSITION OF INDIVIDUAL) to take all actions necessary to implement and complete the activities submitted in said application(s); and

THAT, the (AUTHORIZING BOARD) of (NAME OF ORGANIZATION) will comply with all State regulations and HOME/CDBG-DR/HTF Program policies.

Passed and adopted by the (Authorizing Board) of (Name of Organization) this _____ day of _____, 20____.

Signed _____ Printed Name _____
(Authorized Signer)

Title _____ Date _____

Subscribed in my presence and sworn to before me:

Notary Public (Not required if on letterhead)