

# Appendix E

## Governing Resolution

Record: On behalf of the below-named entity, I submit this application for the project described herein for grant assistance from the federal Land and Water Conservation Fund (LWCF) program. The LWCF application will be made part of the official record, should this project receive funding from LWCF.

Funding: It is understood that the LWCF is a reimbursable 50/50 matching grant program. Whereby the Federal share is no more than 50% and the Non-Federal (local) match is at least 50% of the total project budget. In addition, reimbursement of federal share will not occur until the project is complete with all vendors paid, and closeout approved by the National Park Service.

Land Ownership: I certify and verify fee simple ownership of the land to be developed by the project, which is the subject of this application.

Dedication: I understand that any properties receiving LWCF grant assistance must be maintained, in perpetuity, for public outdoor recreation. Prior to project close-out, we shall record on the real property title that this property has been dedicated solely to public outdoor recreation use in perpetuity under terms of the Land and Water Conservation Fund Act of 1965, as administered by the Mississippi Department of Wildlife, Fisheries and Parks - Outdoor Recreation Grant Division (MDWFP-ORG).

Cooperation: I acknowledge additional documentation may be required to complete this process. I agree to cooperate with the MDWFP-ORG by furnishing all information necessary to qualify for federal aid, to execute a State/Local Grant Agreement, and to adhere to all statutes and guidelines governing the LWCF program.

Resolution: The Aldermen I Town Council/ Board of Supervisors - on behalf of the below named entity voted and considered it in the best public interest to acquire and/or develop a LWCF Park and have submitted a LWCF Application for funding. (Attach copy of minutes)

I certify that to the best of my knowledge, the information I this application is true and correct.

Authorized Representative: (Type or Print)
Name:
Title:
Address:
City, State, Zip Code
Entity name:
Signature of Authorized Representative:
Date Resolution was voted on and approved for submission of LWCF application. (Attach a copy of the minutes)
Date: