

Application or Grant # 07110-MP-2026-Arlington-24

AMENDED RESOLUTION FOR MUNICIPAL PLANNING GRANT

WHEREAS, the Municipality of Arlington, Vermont has applied for funding as provided for in the FY___ Budget Act and has received an award of funds under said provisions; and

WHEREAS, the Department of Housing and Community Development has offered a Grant Agreement to this Municipality for said funding; and

WHEREAS, the Municipality has undergone a change in Municipal staff which necessitates updating the Department of Housing and Community Development to allow new Municipal staff access to the grant files,

Now, THEREFORE, BE IT RESOLVED

1. That the Legislative Body of this Municipality has entered into and agreed to the requirements and obligations of this grant program including a commitment to match funds.

2a. That (Name) Katie Dixon Title Town Administrator

who is either the Chief Executive Officer (CEO), as defined by 10 VSA §683(8), or is a Select Board Member, the Town Manager, the City Manager, or the Town Administrator, is hereby designated to serve as the Municipal/Authorizing Official (M/AO) for the Grants Management On-Line System, Intelligrants, and to execute the Grant Agreement and other such Documents as may be necessary to secure these funds.

2b. **(Alternate Authorizing Official for redundancy)**

That (Name) _____ Title _____

who is either the Chief Executive Officer (CEO), as defined by 10 VSA §683(8), or a Select Board Member, is the Town Manager, the City Manager, or the Town Administrator, is hereby designated to serve as the Municipal/ Authorizing Official (M/AO) for the Grants Management On-Line System, Intelligrants, and to execute the Grant Agreement and other such Documents as may be necessary to secure these funds.

2c. That (Name) _____ Title _____

is hereby designated as the Grant Administrator, the person with the overall Administrative responsibility for the Municipal Planning Grant program activities related to the application, and any subsequent Grant Agreement provisions.

Passed this 1st day of June, 2026.

LEGISLATIVE BODY*	
(name)	(signature)
_____	(CEO) _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

INSTRUCTIONS FOR RESOLUTION FORM

A. The Legislative Body of the Municipality must adopt this resolution or one that will have the same effect. This Form may be filled in or the adopted Resolution may be typed on municipal letterhead, filling in the name of the municipality, the Legislative Body (e.g., Board of Selectmen), and the name and title of the Municipal/ Authorizing Official(s)(M/AO(s); and the Grant Administrator.

B. Following formal adoption, the Resolution must be signed by a majority of the legislative body.

C. This form may be either emailed to:

Municipal Planning Grant Program
Department of Housing and Community Development
One National Life Drive, Sixth Floor
Montpelier, VT 05620-0501
Jennifer.lavoie@vermont.gov

D. An electronic copy of the submitted Resolution document will be uploaded by DHCD staff and available online.

CONSORTIUM APPLICATIONS:

E. For consortium applications, each municipality must complete a separate Resolution Amendment form. All municipalities must designate the same Municipal/Authorizing Official(s) and grant Administrator.