Transportation for Livable Communities Initiative

Sample Resolution

Resolution # _______________

WHEREAS, ________________________________ (agency/organization) is submitting an application to the Northeast Ohio Areawide Coordinating Agency (NOACA) for funding through the Transportation for Livable Communities Initiative (TLCI); and

WHEREAS, the TLCI Program provides federal funds for projects that integrate transportation and land use planning, increase transportation options, promote livability, and advance the goals of NOACA’s Strategic Plan for northeast Ohio; and

WHEREAS, the TLCI program is paid on a reimbursement basis, requiring the applicant to first expend funds (if matched) and then request reimbursement from NOACA; and

WHEREAS, ________________________________ (agency/organization) agrees to abide by all federal requirements as a sub-recipient of federal transportation funds, including Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act, and including all applicable federal procurement requirements; and

WHEREAS, ________________________________ (agency/organization) agrees to be responsible for managing any and all sub-contracting agencies, organizations, or consultants; and

WHEREAS, ________________________________ (agency/organization) agrees to complete the agreed upon scope of services or will forfeit current and future TLCI awards; and

WHEREAS, ________________________________ (agency/organization) is authorized to execute a contract with the Ohio Department of Transportation (ODOT) and NOACA if selected for the TLCI Program.

NOW, THEREFORE, BE IT RESOLVED by the Governing Body of

________________________________________

Authorization is given to ________________________________ (Authorized Official/Executive Director) to submit this application to NOACA, acting as designated recipient of USDOT funds, for the TLCI Program and to execute a contract with NOACA if selected for funding.

________________________________________

Printed Name of Authorized Official

________________________________________

Signature of Witness

________________________________________

Printed Name of Witness