

Local Government Resolution for Secondary Applying Communities

BE IT RESOLVED that _____ (secondary community) held a public hearing to identify community development and housing needs, including the needs of very low and low income persons, as well as other needs in the community that might be addressed through the CDBG program.

BE IT RESOLVED that upon approval of the joint Small Cities Development Program (SCDP) application to the State Minnesota Department of Employment and Economic Development (DEED), that _____ (secondary community) certifies that it will comply with all applicable laws and regulations as stated in the grant agreement between _____ (lead applying community) and DEED.

BE IT RESOLVED that _____ (secondary community) certifies that it will need to comply with the specific grant agreement and application conditions below:

- The community will need to be covered in an environmental clearance.
- The community will need a Drug Free Workplace plan in place.
- The community will need a Prohibition of Excessive Force policy in place for applicable law enforcement.
- The community will need an Anti-displacement Plan in place.
- The community will need to conduct one unique fair housing activity for each year that the grant remains open.
- Elected officials, employees, consultants, officers, and appointees of the community will not be eligible to participate in individual assistance programs unless an exception for a conflict of interest is secured from DEED.
- The community will need a Slum and Blight Designation in place, if applicable (for commercial rehabilitation activity). Boundaries, and a map with the percentage of substandard buildings in the Slum and Blight Area will be provided to the SCDP.
- The community will need to certify through signature that the Slum and Blight Area (if applicable) meets the definition of a slum and blight area as defined by either the Department of Housing and Urban Development or Tax Increment Financing.

SIGNED:

(First Authorized Official/Title/Date)

(Second Authorized Official/Title/Date)

WITNESSED:

(Signature/Title/Date)