

# Sample Airport Improvement Program Matching Grant Resolution

This sample resolution for an AIP Matching grant is written for a county-owned airport. It can easily be changed for use with an airport that a city or district operates.

RESOLUTION NO. [Enter Resolution Number]

A resolution of the [County Name] County Board of Supervisors authorizing the submittal of an application, acceptance of an allocation of funds and execution of a grant agreement with the California Department of Transportation, for an Airport Improvement Program (AIP) Matching grant.

WHEREAS, the County of [County Name] and the Federal Aviation Administration are parties to federal AIP grant 3-06-[Enter full AIP grant number] for [brief description of project] at the [airport name] Airport; and

WHEREAS, the California Department of Transportation, pursuant to the Public Utilities Code section 21683.1, provides grants of 5% of Federal Aviation Administration grants to airports; and

WHEREAS, the California Department of Transportation requires the Board of Supervisors to adopt a resolution authorizing the submission of an application for an AIP Matching grant;

NOW, THEREFORE BE IT RESOLVED that the Board of Supervisors of the County of [County Name], State of California:

1. Authorizes filing an application for a state AIP Matching grant for this project.
2. Authorizes accepting the allocation of state AIP Matching funds for the project.
3. Authorizes execution of an AIP Matching Grant Agreement for this project; and

BE IT FURTHER RESOLVED, that the Board of Supervisors of the County of [County Name] does hereby authorize [name and title of person authorized] to sign any documents required to apply for and accept these subject funds on behalf of the County of [County Name].

I hereby certify the foregoing resolution was introduced and read at the regular meeting of the County Board of Supervisors of the County of [County Name] on the [day] day of [Month], 20[XX], and the resolution was duly adopted at said meeting by the following vote:

AYES:  
NOES:  
ABSENT  
ABSTAIN

Signature Block  
(name), Chairperson  
County Board of Supervisors

ATTEST: [Signature]  
(name) Clerk of the Board of Supervisors,  
County of [County Name], State of California