

**SAMPLE (Revised 07/10/2025)**

**RESOLUTION NO. 123456789**

RESOLUTION AUTHORIZING FILING OF APPLICATION(S) FOR STATE ALLOCATION BOARD–ADMINISTERED CAREER TECHNICAL EDUCATION FACILITIES PROGRAM FOR THE **[insert District name]** SCHOOL DISTRICT ON **[insert date here]**,

WHEREAS, Education Code established multiple programs to be administered by the Department of General Services (DGS) as staff to the State Allocation Board (SAB); and

WHEREAS, the **[insert District name]** School District intends to file applications for funding, and/or certify information under the Career Technical Education Facilities Program (CTEFP), a program within the School Facility Program (SFP); and

WHEREAS, as a condition of participating in the CTEFP, as administered by the SAB, the **[insert District name]** School District shall submit to the DGS a five-year school facilities master plan, or updated five-year school facilities master plan, approved by the governing board of the **[insert District name]** School District for all *Application for Career Technical Education Facilities Funding* (Form SAB 50-10) submittals on or after October 31, 2024, and that all funding application submittals on or after October 31, 2024, are subject to Section 17074.54 of the Education Code; and

WHEREAS, the **[insert District name]** School District, as a condition of SFP funding, must submit a five-year school facilities master plan by the time the Substantial Progress deadline for each application is reached or the 100 percent complete *Expenditure Report* (Form SAB 50-06) is submitted, whichever is earlier; and

WHEREAS, the **[insert District name]** School District is aware of the minimum requirements for the five-year school facilities master plan as outlined in Section 17070.54 of the Education Code; and

WHEREAS, the **[insert District name]** School District acknowledges that failure to submit an acceptable five-year master plan may result in rescission of project funding.

PASSED AND ADOPTED on **[insert date here]** by the **[insert District name]** School District Board of Trustees by the following vote:

AYES:

NOES:

ABSENT:

ABSTENTION:

Date: \_\_\_\_\_

\_\_\_\_\_  
**[Insert name]**, Board President  
**[Insert District name]** School District

CERTIFICATION

I, **[Board Secretary/Clerk name]**, certify that the foregoing is a correct copy of a resolution passed and adopted by the **[insert District name]** School District on **[insert date here]**.

Date: \_\_\_\_\_

\_\_\_\_\_  
**[Insert name]**, Board Secretary/Clerk  
**[Insert District name]** School District

—END OF SAMPLE RESOLUTION—