

**SAMPLE**

**RESOLUTION NO. 123456789**

RESOLUTION AUTHORIZING FILING OF APPLICATION(S) FOR STATE ALLOCATION BOARD–ADMINISTERED NATURAL DISASTER ASSISTANCE 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 School Facility Program (SFP) Natural Disaster Assistance; and

WHEREAS, the [insert District name] School District is aware that all application submittals on or after October 31, 2024, are subject to Section 17070.54 of the Education Code; 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;

NOW, THEREFORE BE IT RESOLVED THAT, as a condition of participating in the SFP, 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 submittals on or after October 31, 2024; and

NOW, THEREFORE BE IT RESOLVED THAT, the [insert District name] School District, as a condition of SFP participation, must submit the required five-year school facilities master plan by the time the 100 percent complete *Expenditure Report* (Form SAB 50-06) is submitted; and

NOW, THEREFORE BE IT RESOLVED THAT, 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—