

Entitled: A RESOLUTION AUTHORIZING SUBMISSION OF A FEDERAL MINERAL ROYALTY CAPITAL CONSTRUCTION ACCOUNT GRANT APPLICATION TO THE STATE LOAN AND INVESTMENT BOARD ON BEHALF OF THE GOVERNING BODY FOR THE

COUNTY OF ALBANY WYOMING

FOR THE PURPOSE OF:

REPLACING ALL MECHANICAL AND ELECTRICAL COMPONENTS OF EXISTING ELEVATOR, UPDATE THE INTERIOR OF THE CAR, AND REPLACE EXISTING HOISTWAY DOORS AT THE LARAMIE PLAINS CIVIC CENTER IN LARAMIE, WYOMING

(State Purpose of Project)

WITNESSETH

WHEREAS, the Governing Body for the COUNTY OF ALBANY WYOMING

desires to participate in the FEDERAL MINERAL ROYALTY CAPITAL CONSTRUCTION ACCOUNT GRANT program to assist in financing this project; and

WHEREAS, the Governing Body of the COUNTY OF ALBANY WYOMING

recognizes the need for the project; and

WHEREAS, the Federal Mineral Royalty Capital Construction Account Grant program requires that certain criteria be met, as described in the State Loan and Investment Board's Rules and Regulations governing the program, and to the best of our knowledge this application meets those criteria; and

WHEREAS, the Governing Body of the COUNTY OF ALBANY WYOMING

plans to match the requested Federal Mineral Royalty Capital Construction Account Grant from the following source(s):

ADDITIONAL GRANT AWARDS: \$97,011

(Describe the Source and Status of All Matching Funds)

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE COUNTY OF ALBANY WYOMING

that a grant application in the amount of \$ 278,413.00

(Amount being requested)

be submitted to the State Loan and Investment Board for consideration at the

1/16/2020

(Date of SLIB Meeting)

to assist in funding the

LARAMIE PLAINS CIVIC CENTER ELEVATOR MODERNIZATION

(Name of Project)

BE IT FURTHER RESOLVED, that

Billie Vanlandingham, Grants Manager

(Name and Title of Person(s))

are hereby designated as the authorized representatives of the

COUNTY OF ALBANY WYOMING

to act on behalf of the Governing Body on all matters relating to this grant application.

PASSED, APPROVED AND ADOPTED THIS

9/17/2019

(Date)

day of

SEPTEMBER

(Month)

(Year)

[Handwritten Signature]

(Signature)

TERRI JONES, CHAIRMAN

(Name and Title)

Attest:

[Handwritten Signature]

(Signature)

JACKIE R. GONZALES, ALBANY COUNTY CLERK

(Name and Title)