

CERTIFICATE OF RESOLUTION

The undersigned representatives of

_____, _____,
NAME OF ENTITY FID#

made a unanimous decision to appoint _____
PRINT APPOINTEE'S/APPLICANT'S NAME

as agent to act on behalf of _____
NAME OF ENTITY

in all matters related to the **Maryland Agriculture Water Quality Cost Share Program.**

_____ PRINTED NAME APPOINTEE/APPLICANT	_____ TITLE	_____ SIGNATURE	_____ DATE
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_____ PRINTED NAME AUTHORIZED GRANTOR (Other Than Appointee)	_____ TITLE	_____ SIGNATURE	_____ DATE
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_____ PRINTED NAME AUTHORIZED GRANTOR	_____ TITLE	_____ SIGNATURE	_____ DATE
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_____ PRINTED NAME AUTHORIZED GRANTOR	_____ TITLE	_____ SIGNATURE	_____ DATE
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_____ PRINTED NAME AUTHORIZED GRANTOR	_____ TITLE	_____ SIGNATURE	_____ DATE
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_____ PRINTED NAME AUTHORIZED GRANTOR	_____ TITLE	_____ SIGNATURE	_____ DATE
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This Certificate of Resolution shall continue to be in full force and effect until express written notice of modification or termination has been received by the Maryland Department of Agriculture