

## STANDARD BOARD RESOLUTION FORM

Sample Form: You may use this form or your own Board Resolution Form.  
(This document is necessary for the Medicaid Application Center Program when it is required by your Board of Directors. If it is not required, please indicate this on the Contractual Agreement)

STATE OF LOUISIANA, PARISH OF: \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at a meeting of the Board of Directors of  
*Month Year*

held in the City of: \_\_\_\_\_

a quorum of the Directors present, the following business was conducted:

**It was duly moved and seconded that the following resolution be adopted:**

**BE IT RESOLVED** that the Board of Directors of the above corporation do hereby authorize  
\_\_\_\_\_ (Name and Title)

and his/her successors in the office to negotiate, on terms and conditions that he/she may deem advisable, a contract or contracts with the Louisiana Department of Health and Hospitals, and to execute said documents on behalf of the corporation, and further we do hereby give him/her the power and authority to do all things necessary to implement, maintain, amend, or renew said documents.

The above resolution was passed by a majority of those present and voting in accordance with the by-laws and articles of incorporation.

I certify that the above and foregoing constitutes a true and correct copy of a part of the minutes of a meeting of the Board of Directors of:

\_\_\_\_\_

\_\_\_\_\_

Held on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
*Month Year*

**Secretary** \_\_\_\_\_

Subscribed and sworn before me, \_\_\_\_\_ a Notary Public

for the Parish of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ Month \_\_\_\_\_ Year