**RESOLUTION**

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| **RESOLUTION TITLE: Support Supplemental Funding to Conservation Commission** |

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| **SPONSORING ENTITY/IES CD(s): Okanogan CD** |

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| **AREA:** 🞏NW 🞏SW ⌧NC 🞏SC 🞏NE 🞏SE |

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| **RESOLUTION TYPE:**🞏 **Policy**⌧ **Position Statement**🞏 **Recognition**🞏 **Study** |

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| **RESOLUTION ACTION AGENCY** (check any option that applies):⌧ **WACD**⌧ **WSCC**⌧ **OTHER STATE AGENCY \_WA Office of Financial Management and WA State Leg.\_****🞏 NRCS****🞏 NACD (See Page 2)****🞏 NON-STATE/FEDERAL PARTNER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **TYPE OF TEXT OF RESOLUTION** (check all boxes that apply):🞏 Technical (changes address grammar, punctuation, sentence flow and makes **NO** substantive change(s) to the existing policy.🞏 Substantive change to existing policy. If in doubt, check the box.⌧ New policy. |

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| **BACKGROUND DESCRIBING THE ISSUE/PROBLEM STATEMENT:** **The Washington State Legislature provided significant funding to Conservation Districts in the current biennial budget in some categories. Some of these appropriations were at historically high levels. Unfortunately, some issues have already risen up related to gaps in funding, shortfall of basic technical assistance funding to plan and design projects, and in some cases a shortfall of funding in existing high demand programs.** |

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| **PROPOSED RESOLUTION LANGUAGE:** **WACD and member CDs work with the Washington State Legislature, Washington State Conservation Commission, and Washington State Office of Financial Management to support a $10 million increase in conservation technical assistance (CTA) funding for CDs, and an additional $5 million in Voluntary Stewardship Program Implementation funding.** |

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| **IS THERE A WACD FINANCIAL IMPLICATION TO IMPLEMENT THE POLICY? (Funding required, staff time, etc.)** 🞏 **NO**⌧ **YES** (briefly explain): Staff time to work with partners and legislators. |

**If the proposed resolution is to be adopted by NACD complete the sections below to the best of your ability. If the resolution is adopted at the state level, please reach out to the NACD National Director for assistance in finalizing this form.**

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| **PROPOSED RESOLUTION LANGUAGE:** If this resolution is adopted by NACD and included in the NACD Policy book it must clearly and concisely, using active verbs, state the specific action(s) expected of NACD; must be based on fact, avoiding opinions and beliefs; the statement should make sense even without the background. (THIS IS GENERALLY NOT WHERE A “WHEREAS” STATEMENT WOULD GO) |

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| **SPONSOR(S) ACTIONS TO DATE:** (What has been done to address the issue; which agencies and organizations have addressed it also.) |

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| **IMPACT ON EXISTING NACD POLICY (if any):** (Review NACD Policy Book for existing policies covering this issue.) |
| IF APPROPRIATE, POTENTIAL FISCAL IMPACT ON NACD’s OR A FEDERAL AGENCY BUDGET:(*E.*g., travel, training, equipment, etc.) |

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| MEETING AND DATE ADOPTED BY SPONSORING ENTITY: (*E.*g., WACD annual meeting date) |

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| AUTHORIZED SIGNATURE(S) AND TITLE(S): (Type name and Title)WACD National Director (NACD board member) |