

**DESIGNATION OF SUBRECIPIENT'S AGENT RESOLUTION
Hazard Mitigation Grant Program and Pre-Disaster Mitigation Program**

BE IT RESOLVED BY THE Board of Supervisors OF THE County of Lake
(Governing Body) (Name of Applicant)

THAT _____ Rob Howe, Sheriff/Coroner OR
(Title of Authorized Agent)

Susan Parker, County Administrative Office OR
(Title of Authorized Agent)

Mary Beth Strong, Sheriff/Coroner Administrative Manager
(Title of Authorized Agent)

is hereby authorized to execute for and on behalf of the Lake County Sheriff's Office of Emergency Services, a public entity
(Name of Subrecipient)
established under the laws of the State of California, this application and to file it with the California Governor's Office of Emergency Service.
for the purpose of obtaining certain federal financial assistance under Public Law 93-288 as amended by the Robert T. Stafford Disaster Relief
and Emergency Assistance Act of 1988, and/or state financial assistance under the California Disaster Assistance Act.

THAT the County of Lake, a public entity established under the laws of the State of California,
(Name of Subrecipient)
hereby authorizes its agent(s) to provide to the California Governor's Office of Emergency Service for all matters pertaining to such state
disaster assistance the assurances and agreements required.

Please check the appropriate box below:

- ☐ This is a universal resolution and is effective for all open and futures Disasters/Grants up to three (3) years following the date of approval below.
- ☒ This is a Disaster/Grant specific resolution and is effective for only Disaster/Grant name/number(s) AP-00480 Hazard Mitigation Grant

Passed and approved this _____ day of _____, 20____

Mokey Simon, District 1 Supervisor
(Name and Title of Governing Body Representative)

Michael Green, District 4 Supervisor
(Name and Title of Governing Body Representative)

Bruno Sabatier, District 2 Supervisor
(Name and Title of Governing Body Representative)

Jessica Pyska, District 5 Supervisor
(Name and Title of Governing Body Representative)

E.J. Simon, District 3 Supervisor
(Name and Title of Governing Body Representative)

CERTIFICATION

I, Johanna DeLong, duly appointed and Assistant Clerk of the Board of Supervisors
(Name) (Title)

Lake County, do hereby certify that the above is a true and correct copy of a
(Name of Applicant)

Resolution passed and approved by the _____ of the _____
(Governing Body) (Name of Applicant)

on the _____ day of _____, 20____.

(Signature)

(Title)