

**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 \_\_\_\_\_ Brian L. Martin, Sheriff/Coroner, OR  
(Title of Authorized Agent)  
\_\_\_\_\_  
Carol J. Huchingson, 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) \_\_\_\_\_

Passed and approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

Tina Scott, District 4 Supervisor  
(Name and Title of Governing Body Representative)

Jeff Smith, District 2 Supervisor  
(Name and Title of Governing Body Representative)

Rob Brown, District 5 Supervisor  
(Name and Title of Governing Body Representative)

Jim Steele, District 3 Supervisor  
(Name and Title of Governing Body Representative)

**CERTIFICATION**

I, Carolyn Purdy, 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)

## **Cal OES Form 130** **Instructions**

**A new Designation of Applicant's Agent Resolution is required if the previously submitted document is older than three (3) years from the last date of Board/Council approval.**

When completing the Cal OES Form 130, Subrecipients should fill in the blanks on page 1. The blanks are to be filled in as follows:

### **Resolution Section:**

**Governing Body:** This is the individual or group responsible for appointing and approving the Authorized Agents. Examples include: Board of Directors, City Council, Board of Supervisors, etc.

**Name of Subrecipient:** This is the official name of the non-profit, agency, city, county or special district that has applied for the grant. Examples include: City of Sacramento; Sacramento County; or Los Angeles Unified School District.

**Authorized Agent:** These are the individuals that are authorized by the Governing Body to engage with the Federal Emergency Management Agency and the California Governor's Office of Emergency Service regarding grants applied for by the subrecipient. There are two ways of completing this section:

1. **Titles Only:** If the Governing Body so chooses, the titles of the Authorized Agents should be entered here, not their names. This allows the document to remain valid if an Authorized Agent leaves the position and is replaced by another individual. If "Titles Only" is the chosen method, this document must be accompanied by a cover letter naming the Authorized Agents by name and title. This cover letter can be completed by any authorized person within the agency (e.g.; City Clerk, the Authorized Agent, Secretary to the Director) and does not require the Governing Body's signature.
2. **Names and Titles:** If the Governing Body so chooses, the names and titles of the Authorized Agents should be listed. A new Cal OES Form 130 will be required if any of the Authorized Agents are replaced, leave the position listed on the document or their title changes.

**Governing Body Representative:** These are the names and titles of the approving board members. Examples include: Chairman of the Board, Superintendent, etc. The names and titles cannot be one of the designated Authorized Agents.

### **Certification Section:**

**Name and Title:** This is the individual that was in attendance and recorded the Resolution creation and approval. Examples include: City Clerk, Secretary to the Board of Directors, County Clerk, etc. This person cannot be one of the designated Authorized Agents to eliminate "Self Certification."