

BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA
RESOLUTION NO. _____
DESIGNATION OF APPLICANT'S AGENT RESOLUTION FOR
NON-STATE AGENCIES

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

THAT County Administrative Officer, OR
(Title of Authorized Agent)

Auditor – Controller
(Title of Authorized Agent)

is hereby authorized to execute for and on behalf of the County of Lake, a public entity
(Name of Applicant)

established under the laws of the State of California, this application and to file it with the California Governor's Office of Emergency Services 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 Applicant)

hereby authorizes its agent(s) to provide to the Governor's Office of Emergency Services 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 future disasters up to three (3) years following the date of approval below.

☐ This is a disaster specific resolution and is effective for only disaster number(s) _____

Passed and approved this _____ day of _____, 20____

Jim Steele, District 3, Chair
Name and Title of Governing Body Representative
Tina Scott, District 4, Vice Chair
Name and Title of Governing Body Representative
Moke Simon, District 1 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

CERTIFICATION

I, Carolyn Purdy, duly appointed and Assistant Clerk of the Board of
(Name) (Title)

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

Resolution passed and approved by the Board of Supervisors of the County of Lake
(Governing Body) (Name of Applicant)

on the _____ day of _____, 20____.

(Signature)

(Title)