

**BOS RESOLUTION NO. 18-139**

STATE OF CALIFORNIA  
GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
**Cal OES 130**

Cal OES ID No: \_\_\_\_\_

**DESIGNATION OF APPLICANT'S AGENT RESOLUTION  
FOR NON-STATE AGENCIES**

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

THAT Chief Executive Officer/ Director of Emergency Services, OR  
(Title of Authorized Agent)

Recovery Director, OR  
(Title of Authorized Agent)

Recovery Finance Director, OR  
(Title of Authorized Agent)

Director of Transportation Department  
(Title of Authorized Agent)

is hereby authorized to execute for and on behalf of the County of Mendocino, a public entity 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 Mendocino, a public entity established under the laws of the State of California, 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)  
\_\_\_\_\_

\_\_\_\_\_  
Chairman Dan Hamburg

\_\_\_\_\_  
Supervisor Carre Brown

\_\_\_\_\_  
Supervisor John McCowen

\_\_\_\_\_  
Supervisor Georgeanne Croskey

\_\_\_\_\_  
Supervisor Dan Gjerde

The foregoing Resolution introduced by Supervisor McCowen, seconded by Supervisor Croskey, and carried this 25<sup>th</sup> day of September, 2018, by the following vote:

AYES: Supervisors Brown, McCowen, Croskey, Gjerde, and Hamburg  
NOES: None  
ABSENT: None

WHEREUPON, the Chair declared said Resolution adopted and SO ORDERED.

ATTEST:	CARMEL J. ANGELO Clerk of the Board	_____ DAN HAMBURG, Chair Mendocino County Board of Supervisors
_____ Deputy		I hereby certify that according to the provisions of Government Code Section 25103, delivery of this document has been made.
APPROVED AS TO FORM: KATHARINE L. ELLIOTT County Counsel		BY: CARMEL J. ANGELO Clerk of the Board
_____ Deputy		_____ Deputy

CERTIFICATION

I, Carmel J. Angelo, duly appointed and Clerk to the Board of the County of Mendocino, do hereby certify that the above is a true and correct copy of a Resolution passed and approved by the Board of Supervisors of the County of Mendocino

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature) Deputy)