#### **RESOLUTION NO. 21-143**

**RESOLUTION OF THE MENDOCINO COUNTY BOARD OF SUPERVISORS DESIGNATING** THE CHIEF EXECUTIVE OFFICER/DIRECTOR OF EMERGENCY SERVICES, RECOVERY DIRECTOR. ASSISTANT CEO/RECOVERY FINANCE DIRECTOR. DIRECTOR OF TRANSPORTATION, AND PRINCIPAL ADMINISTRATIVE ANALYST AS AUTHORIZED AGENTS TO ENGAGE WITH THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) AND GOVERNOR'S OFFICE OF EMERGENCY SERVICES (CAL OES) REGARDING ALL MATTERS PERTAINING TO 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 ACT

WHEREAS, a Cal OES 130 Designation of Applicant's Agent Resolution for Non-State Agencies Form is required to receive State and Federal funding; and

WHEREAS, the County's Cal OES 130 Designation of Applicant's Agent Resolution for Non-State Agencies Form was last adopted on September 25, 2018; and

WHEREAS, the County needs to submit a new Cal OES 130 in order to apply for grant funding under the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

NOW, THEREFORE, BE IT RESOLVED that the Mendocino County Board of Supervisors hereby designate the individuals who hold the titles of Chief Executive Officer/Director of Emergency Services, Recovery Director, Assistant CEO/Recovery Finance Director, Director of Transportation, and Principal Administrative Analyst to be the County's representatives to FEMA and Cal OES for the next three years and authorize the Clerk of the Board of the Mendocino County Board of Supervisors to execute the attached Cal OES 130 Designation of Applicant's Agent Resolution for Non-State Agencies Form.

The foregoing Resolution introduced by Supervisor Williams, seconded by Supervisor Haschak, and carried this 28<sup>th</sup> day of September, 2021, by the following vote:

AYES: NOES: ABSENT:

Supervisors McGourty, Mulheren, Haschak, Gjerde, and Williams None None

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

ATTEST:

CARMEL J. ANGELO Clerk of the Board

Deputy

APPROVED AS TO FORM: CHRISTIAN M. CURTIS County Counsel

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DAN GJERDE, Chair Mendocino County Board of Supervisors

I hereby certify that according to the provisions of Government Code Section 25103, delivery of this document has been made.

BY: CARMEL J. ANGELO Clerk of the Board

Deputy

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

THAT

Chief Executive Officer, OR Director of Transportation, OR Principal Administrative Analyst, OR Recovery Finance Director/Assistant CEO, OR **Recovery Director** 

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:

 $\boxtimes$  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 **28<sup>tt</sup>** day of **SEPTEMBER**, 2021

Chair Dan Gjerde

Supervisor Maureen Mulheren

Supervisor John Haschak

Supervisor Glenn McGourty

Supervisor Ted Williams

# CERTIFICATION

I, <u>ATINS M.A. PEARSON</u>, duly appointed and <u>DEPUTY CLERK OF THE BOARD</u> of (Name) (Title)

<u>County of Mendocino</u>, do hereby certify that the above is a true and correct copy of a (Name of Applicant)

Resolution passed and approved by the <u>Board of Supervisors</u> of the <u>County of Mendocino</u> (Governing Body) (Name of Applicant)

on the 28th day of SEPTEMBER, 2021.

(Signature)

DEPUTY CLERK OF THE BOARD OF SUPERVISORS (Title)

Cal OES 130 (Rev.9/13)

Page 1