

P.A. No.: _____

**DESIGNATION OF
APPLICANT'S AGENT RESOLUTION**

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

THAT Julia R. Bueren, Public Works Director, OR
(Title of Authorized Agent)

R.Mitch Avalon, Deputy Public Works Director—
Flood Control Division, OR
(Title of Authorized Agent)

Greg Connaughton, Assistant Public Works Director—
Flood Control Division
(Title of Authorized Agent)

is hereby authorized to execute for and in behalf of the County of Contra Costa, a public entity established under the laws of the State of California, this application and to file it in the Office of Emergency Services for the purpose of obtaining certain federal financial assistance under P.L. 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 Contra Costa, a public entity established under the laws of the State of California, hereby authorizes its agent(s) to provide to the State Office of Emergency Services for all matters pertaining to such state disaster assistance the assurances and agreements required.

Passed and approved this _____ day of _____, 20____

(Name and Title)

(Name and Title)

(Name and Title)

CERTIFICATION

I, _____, duly appointed and _____ of
(Name) (Title)
_____, do hereby certify that the above is a true and correct copy of a
resolution passed and approved by the _____ of the _____ on the
(Governing body) (Name of Applicant)
_____ day of _____, 20____.

Date: _____

(Official Position)

(Signature)