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

Cal OES ID No:
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## DESIGNATION OF APPLICANT'S AGENT RESOLUTION FOR NON-STATE AGENCIES

DE II KESOLVED D	Y THE Board of Supervisors O	F THE County of Contra	
	(Governing Body)	(Name of Applie	cant)
THAT	the County Administrator	, OR	
	(Title of Authorized Agent	t)	
	County Finance Director	,OR	
	(Title of Authorized Agent		
	Chief Assistant County Adı		
	(Title of Authorized Agent		
is hereby authorized to e	execute for and on behalf of the County of Co	(Name of Applicant)	, a public entity
Services for the purpose	ws of the State of California, this application and to of obtaining certain federal financial assistance und rgency Assistance Act of 1988, and/or state financial	file it with the California Governor's der Public Law 93-288 as amended by	the Robert T. Stafford
THAT the County	of Contra Costa, CA	ublic entity established under the laws	s of the State of California
hereby authorizes its age	(Name of Applicant) ent(s) to provide to the Governor's Office of Emerg s and agreements required.		
Please check the appro	priate box below:		
This is a universal res	solution and is effective for all open and future disa		1.4 C 11.1
		isters up to three (3) years following t	ne date of approval below.
_	•		ne date of approval below.
_	cific resolution and is effective for only disaster nur		ne date of approval below.
This is a disaster spec	cific resolution and is effective for only disaster nur	mber(s)	ne date of approval below.
This is a disaster spec	•	mber(s)	ne date of approval below.
This is a disaster spec	cific resolution and is effective for only disaster numbers and is effective for only disaster numbers and sales are supported by the sales are supported by		ne date of approval below.
This is a disaster spec	cific resolution and is effective for only disaster nur		ne date of approval below.
This is a disaster spec	this 31stday of _March	mber(s)	ne date of approval below.
This is a disaster spec	cific resolution and is effective for only disaster numbers and is effective for only disaster numbers and sales are supported by the sales are supported by	mber(s)	ne date of approval below.
This is a disaster spec	this 31stday of _March	mber(s)	ne date of approval below.
This is a disaster spec	this 31stday of _March	mber(s)	e date of approval below.
This is a disaster spec	CERTIFICA	mber(s)	
This is a disaster spec	CERTIFICA	mber(s)	
This is a disaster spec	CERTIFICAT  (Name)  (Name)  (Name and Title of Governing)	mber(s)	f the Board <sub>of</sub>
This is a disaster special Passed and approved to I, Jami Napier  County of Contra	CERTIFICAT  (Name)  (Name)  (Name and Title of Governing)	Body Representative)  Body Representative)  Body Representative)  FION  and Chief Assistant Clerk of (Title)  Pertify that the above is a true and	f the Board <sub>of</sub>
This is a disaster special Passed and approved to I, Jami Napier  County of Contra	(Name and Title of Governing March  (Name)  (Name and Title of Governing March  (Name)  (Name)  (Name)  (Name and Title of Governing March  (Name)  (Name)  (Name)  (Name)  (Name)	Body Representative)  Body Representative)  Body Representative)  FION  and Chief Assistant Clerk or (Title)  Pertify that the above is a true and	f the Board <sub>of</sub>
This is a disaster special Passed and approved to Passed and approved to I, Jami Napier  County of Contra  (Na Resolution passed and	(Name and Title of Governing March  (Name)  (Name)  (Name)  (Name)  (Name)  (Name)  (Name)  (Name)  (Name)  (Osta, CA  and of Applicant)  (A approved by the Board of Supervisor  (Governing Body)	Body Representative)  Body Representative)  Body Representative)  FION  and Chief Assistant Clerk of (Title)  Pertify that the above is a true and	f the Board of correct copy of a costa, CA
This is a disaster special Passed and approved to Table 1.  I, Jami Napier  County of Contra	(Name and Title of Governing March  (Name)  (Name)  (Name)  (Name)  (Name)  (Name)  (Name of Applicant)  (Name of Applicant)  (Name and Title of Governing March  (Name and Title of Governing March  (Name)  (Name)  (Name and Title of Governing March  (Name)	Body Representative)  Body Representative)  Body Representative)  FION  and Chief Assistant Clerk or (Title)  First of the County of Controls  Ors of the County of Controls  County of Controls  Body Representative)	f the Board of correct copy of a costa, CA
This is a disaster special Passed and approved to Passed and approved to I, Jami Napier  County of Contra  (Na Resolution passed and	(Name and Title of Governing March  (Name)  (Name)  (Name)  (Name)  (Name)  (Sosta, CA  Ame of Applicant)  (Approved by the Board of Supervisor (Governing Body))  (Aday of March  (Applicant)  (Governing Body)  (Applicant)	Body Representative)  Body Representative)  Body Representative)  FION  and Chief Assistant Clerk or (Title)  certify that the above is a true and ors of the County of Control (Name of April 1997)	f the Board of correct copy of a ca Costa, CA
This is a disaster special Passed and approved to Passed and approved to I, Jami Napier  County of Contra  (Na Resolution passed and	(Name and Title of Governing March  (Name)  (Name)  (Name)  (Name)  (Name)  (Sosta, CA  Ame of Applicant)  (Approved by the Board of Supervisor (Governing Body))  (Aday of March  (Applicant)  (Governing Body)  (Applicant)	Body Representative)  Body Representative)  Body Representative)  FION  and Chief Assistant Clerk or (Title)  First of the County of Controls  Ors of the County of Controls  County of Controls  Body Representative)	f the Board of correct copy of a ca Costa, CA