

**RESOLUTION OF THE BOARD OF SUPERVISORS OF THE
COUNTY OF SANTA BARBARA, STATE OF CALIFORNIA**

**A RESOLUTION IN THE MATTER OF
DESIGNATING THOSE AUTHORIZED
TO SEEK FINANCIAL ASSISTANCE
FOR EMERGENCY OR DISASTER
RESPONSE AND RECOVERY FUNDS**

Resolution No. _____

WHEREAS, the California Office of Emergency Services (CalOES) requires the designation of Authorized Agents to execute for and on behalf of the County of Santa Barbara for the purpose of obtaining certain federal financial assistance under Public Law 93-288 as amended by the Stafford Act of 1988, and/or state financial assistance under the California Disaster Assistance Act;

NOW, THEREFORE BE IT, AND HEREBY RESOLVED, that the positions listed below are hereby designated as Authorized Agents and are authorized to execute for and on behalf of Santa Barbara County, a public entity established under the laws of the State of California, any actions necessary for the purpose of obtaining certain federal financial assistance under Public Law 93-288 as amended by the Stafford Act of 1988, and/or state financial assistance under the California Disaster Assistance Act for emergency or disaster recovery and relief.

County Executive Officer

Assistant County Executive Officer

Director of Emergency Management, Office of Emergency Management

Business Manager, County Executive Office

County Auditor-Controller

Assistant Auditor-Controller

Director, Public Works Department

Deputy Director, Public Works Department

Road Commissioner

PASSED, APPROVED AND ADOPTED by the Board of Supervisors of the County of Santa Barbara, State of California this 8th day of March, 2022 by the following vote (majority vote required):

AYES:

NOES:

ABSENT:

ABSTAIN:

JOAN HARTMANN, CHAIR
BOARD OF SUPERVISORS

ATTEST:
MONA MIYASATO
CLERK OF THE BOARD

APPROVED AS TO FORM:
RACHEL VAN MULLEM
COUNTY COUNSEL

By: _____
Deputy

DocuSigned by:
Jeffrey M. Gray
By: _____
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Deputy County Counsel

APPROVED AS TO FORM:
KELLY HUBBARD, DIRECTOR
OFFICE OF EMERGENCY MANAGEMENT

APPROVED AS TO ACCOUNTING FORM:
BETSY M. SCHAFFER, CPA
AUDITOR-CONTROLLER

DocuSigned by:
Kelly Hubbard
By: _____
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DocuSigned by:
C. Schaffer
By: _____
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Deputy Auditor-Controller