

**DESIGNATION OF APPLICANT'S AGENT RESOLUTION
Hazard Mitigation Grant Program and Pre-Disaster Mitigation Program**

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

- THAT County Executive Officer, OR
(Title of Authorized Agent)
- Director of Emergency Services, Office of Emergency Management, OR
(Title of Authorized Agent)
- Business Manager, County Executive Office, OR
(Title of Authorized Agent)
- County Auditor-Controller, OR
(Title of Authorized Agent)
- Assistant Auditor-Controller, OR
(Title of Authorized Agent)
- Director, Public Works Department, OR
(Title of Authorized Agent)
- Road Commissioner, OR
(Title of Authorized Agent)

is hereby authorized to execute for and on behalf of the County of Santa Barbara, a public entity
(Name of Applicant)
established under the laws of the State of California, this application and to file it with the California Governor's Office of Emergency Service, 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 Santa Barbara, a public entity established under the laws of the State of California,
(Name of Applicant)
hereby authorizes its agent(s) to provide to the California Governor's Office of Emergency Service 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/Grants up to three (3) years following the date of approval below.
- This is a Disaster/Grant specific resolution and is effective for only Disaster/Grant name/number(s) _____

Passed and approved this 15th day of March, 2016

Peter Adam, Chair, Santa Barbara County Board of Supervisors
(Name and Title of Governing Body Representative)

CERTIFICATION

I, Michael Allen, duly appointed and Chief Deputy Clerk of the Board of
(Name) (Title)

The County of Santa Barbara, do hereby certify that the above is a true and correct copy of a
(Name of Applicant)

Resolution passed and approved by the Board of Supervisors of the County of Santa Barbara
(Governing Body) (Name of Applicant)

on the 15th day of March, 2016.

(Signature)

Chief Deputy Clerk of the Board
(Title)