\mathbf{D}^{A}	No.:		
PA	INO.		

DESIGNATION OF APPLICANT'S AGENT RESOLUTION

BE IT RESOLVED BY T	HE BOARD OF S	SUPERVISORS (OF THE COUNTY	OF SANTA	BARBARA,	CA
THAT						

The County Executive Officer, OR (Title of Authorized Agent)

The Deputy County Executive Officer, OR (Title of Authorized Agent)

The Assistant County Executive Officer/Director of Planning and Development, OR (Title of Authorized Agent)

The Emergency Operations Chief, OR (Title of Authorized Agent)

The Auditor-Controller, OR (Title of Authorized Agent)

Director of Public Works, OR (Title of Authorized Agent)

Deputy Director of Public Works, OR (Title of Authorized Agent)

Disaster Recovery Manager (Title of Authorized Agent)

is hereby authorized to execute for and in behalf of the COUNTY OF SANTA BARBARA, 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 BOARD OF SUPERVISORS 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	, 2007	
	Brooks Firestone, Ch (Name , Vice Chair; Supervisor	air, Board of Supervisors e and Title) Centeno; Supervisor Grey, and S e and Title)	Supervisor Wolf.
hereby certify that the above is	a true and correct copy or	k of the Board of Supervisors, of a resolution passed and approve day of	ed by the Board of
Date:			
		f the Board of Supervisors ial Position)	

(Signature)