| Cal | OES | ID | No: |  |
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|     |     |    |     |  |

## DESIGNATION OF APPLICANT'S AGENT RESOLUTION

| BE IT RESOLVED BY THE B   | oard of Supervisors   | OF THE County of Sa                | anta Barbara  |
|---|---|------------------------------------|---|
|   | (Governing Body)  |                                    | (Name of Applicant)   |
| THAT  | County Executive Officer (Title of Authorized A                 | , OR                               |   |
|   | Assistant County Executive Office<br>(Title of Authorized A     | cer                                | _, OR   |
|   | <u>Director of Emergency Managen</u> (Title of Authorized A     | nent Office of Emergency Mana      | ngement, OR   |
|   | Business Manager, County Executive (Title of Authorized A       |                                    |   |
|   | County Auditor-Controller (Title of Authorized A                | , OR                               |   |
|   | Assistant Auditor-Controller (Title of Authorized A             | Agent) OR                          |   |
|   | <u>Director, Public Works Departm</u><br>(Title of Authorized A |                                    |   |
|   | Deputy Director, Public Works I<br>(Title of Authorized A       |                                    |   |
|   | Road Commissioner (Title of Authorized A                        |                                    |   |
|   | · ·   |                                    | a muhlia antitu   |
| is hereby authorized to execute for   | and on behalf of the <u>County of S</u>                         | Santa Barbara (Name of Applicar    | , a public entity   |
| established under the laws of the St<br>for the purpose of obtaining certain<br>and Emergency Assistance Act of I | federal financial assistance unde                               | er Public Law 93-288 as am         | ornia Governor's Office of Emergency Service<br>ended by the Robert T. Stafford Disaster Relie<br>isaster Assistance Act. |
| THAT the County of Sant (Name of Appl hereby authorizes its agent(s) to pre disaster assistance the assurances a  | icant) ovide to the California Governor                         |                                    | the State of California,  |
| Please check the appropriate box  | -   |                                    |   |
| ☑This is a universal resolution and pelow.  | is effective for all open and futu                              | re Disasters/Grants up to the      | ree (3) years following the date of approval  |
| This is a Disaster/Grant specific i   | esolution and is effective for onl                              | y Disaster/Grant name/num          | ber(s)  |
| Passed and approved this 8th  | day of March  | , 20 22                            |   |
|   | a County Board of Supervisor                                    |                                    | Hart, Nelson, Lavagnino   |
| Santa Baroar  | (Name and Title of Go   | overning Body Representative)      |   |
|   | CER   | TIFICATION                         |   |
| I, Jacquelyne Alexander   | , duly appoint  | ted and Chief Deputy Clerk of t    | he Board of (Title)   |
| (Name) The County of Santa Barbara (Name of Applic  |   | by certify that the above is a tru |   |
| Resolution passed and approved by the   | Board of Supervisors (Governing Bo                              |                                    | of Santa Barbara (Name of Applicant)  |
| on the 8thday   | of March , 2022   |                                    | (   |
| She la dla  | Gume  | Chief Deputy Clerl                 | k of the Board  |
| (Signa  | iture)  |                                    | (Title)   |