

COUNTY OF SANTA BARBARA PLANNING AND DEVELOPMENT LONG RANGE PLANNING MEMORANDUM

Date:

June 15, 2018

To:

County of Santa Barbara Board of Supervisors

From:

Dan Klemann, Deputy Director

Subject:

California Office of Emergency Services Hazard Mitigation Grant Application,

Designation of Subrecipient's Agent Resolution

The Planning and Development Department is recommending that the Board of Supervisors adopt a resolution authorizing the Director of the Department, or designee, to submit a grant application to the California Office of Emergency Services (Cal OES) for the Hazard Mitigation Grant Program. If awarded, the Board's resolution would also authorize the Director of the Planning and Development Department, or designee, to enter into a grant agreement and to make any certifications and assurances that may be required by the grant agreement.

Cal OES requires that the enclosed "Designation of Subrecipient's Agent Resolution" (Cal OES Form 130) be signed by an authorized individual in attendance and recording the Board's resolution. Cal OES requires their Form 130 from all applicants to be eligible to receive funding. The form designates those individuals (by title) who are authorized by the Board of Supervisors to engage with Cal OES and the Federal Emergency Management Agency (FEMA) regarding the grant application.

Cal OES Form 130, the Designation of Subrecipient's Agent Resolution, is hereby added to the June 19, 2018 Board Agenda Letter as Exhibit 1 to Attachment 1.

Enclosure: State of California Governor's Office of Emergency Services Form 130, Designation of Subrecipient's Agent Resolution (Attachment 1 – Exhibit 1)

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

Cal OES ID No:	

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

BE IT RESOLVED BY THE _I	Board of Supervisors OF THE County of Santa Barbara
_	(Governing Body) (Name of Applicant)
THAT	Director, Planning & Development Department OR (Title of Authorized Agent)
	Assistant Director, Planning & Development Dept. OR (Title of Authorized Agent)
	(Title of Authorized Agent)
is hereby authorized to execute for	and on behalf of the County of Santa Barbara, a public entity
for the purpose of obtaining certain	(Name of Subrecipient) ate of California, this application and to file it with the California Governor's Office of Emergency Service federal financial assistance under Public Law 93-288 as amended by the Robert T. Stafford Disaster Relie 988, and/or state financial assistance under the California Disaster Assistance Act.
THAT the County of Santa Bart	para, a public entity established under the laws of the State of California,
(Name of hereby authorizes its agent(s) to pro- disaster assistance the assurances are	of Subrecipient) ovide to the California Governor's Office of Emergency Service for all matters pertaining to such state and agreements required.
Please check the appropriate box	below:
pelow.	is effective for all open and futures Disasters/Grants up to three (3) years following the date of approval esolution and is effective for only Disaster/Grant name/number(s) DR-4344
Passed and approved this 19	day of <u>June</u> , 20_18
C	Chair of the Santa Barbara County Board of Supervisors
	(Name and Title of Governing Body Representative)
	(Name and Title of Governing Body Representative)
_	(Name and Title of Governing Body Representative)
	CERTIFICATION
I,(Name)	, duly appointed and Deputy Clerk of the Boardof (Title)
County of Santa Barbara (Name of Applican	, do hereby certify that the above is a true and correct copy of a
Resolution passed and approved	by the Board of Supervisors of the County of Santa Barbara (Governing Body) (Name of Applicant)
on the 19 day of	of <u>June</u> , 20 <u>18</u> .
	Deputy Clerk
(Signatur	re) (Title)