

**DESIGNATION OF
APPLICANT'S AGENT RESOLUTION**

BE IT RESOLVED BY THE BOARD OF SUPERVISORS OF THE COUNTY OF SANTA CLARA
(Governing Body) (Name of Applicant)

THAT JEFFREY V. SMITH, COUNTY EXECUTIVE, OR
(Title of Authorized Agent)
GARY A. GRAVES, CHIEF OPERATING OFFICER, OR
(Title of Authorized Agent)
JOHN GUTHRIE, DIRECTOR, FINANCE AGENCY
(Title of Authorized Agent)

is hereby authorized to execute for and in behalf of the COUNTY OF SANTA CLARA, 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 COUNTY OF SANTA CLARA, 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 _____, 20____

(Liz Kniss, President, Board of Supervisors)

(Ken Yeager, Vice-President, Board of Supervisors)

(Dave Cortese, Vice-Chair, Finance and Government Operations Committee)

CERTIFICATION

I, Maria Marinis, duly appointed and Clerk of
(Name) (Title)
the Board of Supervisors, 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 Clara on the
(Governing body) (Name of Applicant)
_____ day of _____, 20__.

Date: _____

(Official Position)

(Signature)

Approved as to Form and Legality
[Signature]
Lead Deputy County Counsel

10/6/2009