DESIGNATION OF APPLICANT'S AGENT RESOLUTION
FOR NON-STATE AGENCIES

BE IT RESOLVED BY THE _____CITY COUNCIL_____ OF THE _____CITY OF SANTA CLARA_____
(Governing Body)   (Name of Applicant)

THAT   _____CITY MANAGER_____ , OR
(Title of Authorized Agent)

_____FIRE CHIEF_____ , OR
(Title of Authorized Agent)

_____DIRECTOR OF FINANCE_____
(Title of Authorized Agent)

is hereby authorized to execute for and on behalf of the _____CITY OF SANTA CLARA_____ , 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 Services 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 _____CITY OF SANTA CLARA_____ , a public entity established under the laws of the State of California,
(Name of Applicant)
hereby authorizes its agent(s) to provide to the Governor's Office of Emergency Services 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 up to three (3) years following the date of approval below.

☐ This is a disaster specific resolution and is effective for only disaster number(s) _____

Passed and approved this ___18th___ day of ___April___ , 20_17_

Name and Title of Governing Body Representative	Name and Title of Governing Body Representative	Name and Title of Governing Body Representative
Name and Title of Governing Body Representative	Name and Title of Governing Body Representative	Name and Title of Governing Body Representative
Name and Title of Governing Body Representative		

CERTIFICATION

I, __ROD DIRIDON, JR.__ , duly appointed and __CITY CLERK__ of
(Name)   (Title)

__CITY OF SANTA CLARA__ , do hereby certify that the above is a true and correct copy of a
(Name of Applicant)

Resolution passed and approved by the __CITY COUNCIL__ of the __CITY OF SANTA CLARA__
(Governing Body)   (Name of Applicant)

on the ___18th___ day of ___April___ , 20_17_.

_____   _____
(Signature)   (Title)