

**DESIGNATION OF APPLICANT'S AGENT RESOLUTION Hazard NO. 2022
Mitigation Grant Program and Pre-Disaster Mitigation Program**

BE IT RESOLVED BY THE BOARD OF SUPERVISORS OF THE SAN BERNARDINO COUNTY FLOOD CONTROL DISTRICT
(Governing Body) (Name of Applicant)

THAT CHIEF FLOOD CONTROL ENGINEER , OR ASSISTANT DIRECTOR, FLOOD CONTROL
(Title of Authorized Agent) (Title of Authorized Agent)

, OR DEPUTY DIRECTOR, FLOOD CONTROL , OR DEPUTY DIRECTOR, OPERATIONS
(Title of Authorized Agent) (Title of Authorized Agent)

, OR CHIEF, FLOOD CONTROL PLANNING/WATER RESOURCES DIVISION , OR CHIEF, PERMITS/OPERATIONS SUPPORT DIVISION
(Title of Authorized Agent) (Title of Authorized Agent)

is hereby authorized to execute for and on behalf of the SAN BERNARDINO COUNTY FLOOD CONTROL DISTRICT, 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 SAN BERNARDINO COUNTY FLOOD CONTROL DISTRICT , 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 15th day of MARCH , 2022

CURT HAGMAN, CHAIRMAN
(Name and Title of Governing Body Representative)

(Name and Title of Governing Body Representative)

(Name and Title of Governing Body Representative)

CERTIFICATION

I, CURT HAGMAN , duly appointed and CHAIRMAN of
(Name) (Title)
SAN BERNARDINO COUNTY FLOOD CONTROL DISTRICT , do hereby certify that the above is a true and correct copy of a
(Name of Applicant)

Resolution passed and approved by the BOARD OF SUPERVISORS of the SAN BERNARDINO COUNTY FLOOD DISTRICT
(Governing Body) (Name of Applicant)

on the 15th day of MARCH , 2022

(Signature) Chairman
(Title)