

Part C: Attachments

Attachment A: Signature Page

IMPORTANT: Applications will not be accepted without all required signatures.

Implementing Agency: Chief Executive Officer, Public Works Director, or other officer authorized by the governing board.

The undersigned affirms that their agency will be the "Implementing Agency" for the project if funded with ATP funds and they are the Chief Executive Officer, Public Works Director or other officer authorized by their governing board with the authority to commit the agency's resources and funds. They are also affirming that the statements contained in this application package are true and complete to the best of their knowledge. For infrastructure projects, the undersigned affirms that they are the manager of the public right-of-way facilities (responsible for their maintenance and operation) or they have authority over this position.

Signature: _____ Date: _____
Name: _____ Phone: _____
Title: _____ e-mail: _____

For projects with a Partnering Agency: Chief Executive Officer or other officer authorized by the governing board. (For use only when appropriate)

The undersigned affirms that their agency is committed to partner with the "Implementing Agency" and agrees to assume the responsibility for the ongoing operations and maintenance of the facility upon completion by the implementing agency and they intend to document such agreement per the CTC guidelines. The undersigned also affirms that they are the Chief Executive Officer or other officer authorized by their governing board with the authority to commit the agency's resources and funds. They are also affirming that the statements contained in this application package are true and complete to the best of their knowledge.

Signature:  Date: AUG 25 2020
Name: Curt Hagman Phone: _____
Title: Chairman, Board of Supervisors e-mail: _____

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD, LYNNA MONELL, Clerk of the Board of Supervisors of the County of San Bernardino

By _____ Deputy

