

**DESIGNATION OF APPLICANT'S AGENT RESOLUTION FOR NON-STATE AGENCIES No. 2024-183**

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 – PROJECT PLANNING, OR DEPUTY DIRECTOR - OPERATIONS  
(Title of Authorized Agent) (Title of Authorized Agent)

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

is hereby authorized to execute for and on behalf of the SAN BERNARDINO COUNTY FLOOD CONTROL DISTRICT,  
(Name of Applicant)

a public entity 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 federal financial assistance for any existing or future grant program, including, but not limited to any of the following:

- **Federally declared Disaster (DR), Fire Mitigation Assistance Grant (FMAG), California State Only Disaster (CDAA), Immediate Services Program (ISP), Hazard Mitigation Grant Program (HMGP), Building Resilient Infrastructure and Communities (BRIC), Legislative Pre-Disaster Mitigation Program (LPDM), 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.**
- **Flood Mitigation Assistance Program (FMA), under Section 1366 of the National Flood Insurance Act of 1968.**

That the SAN BERNARDINO COUNTY FLOOD CONTROL DISTRICT, a public entity established under the laws of the State of California, 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/grants declared up to three (3) years following the date of approval.

☐ This is a disaster/grant specific resolution and is effective for only disaster/grant number(s): \_\_\_\_\_

Passed and approved this 17<sup>th</sup> day of December, 2024

Dawn Rowe, Chair  
(Name and Title of Governing Body Representative)

\_\_\_\_\_  
(Name and Title of Governing Body Representative)

\_\_\_\_\_  
(Name and Title of Governing Body Representative)

I, Dawn Rowe, duly appointed and Chair of SAN BERNARDINO COUNTY FLOOD CONTROL DISTRICT, do hereby certify that the  
(Name) (Title) (Name of Applicant)

above is true and correct copy of a resolution passed and approved by the Board of Supervisors of the SAN BERNARDINO COUNTY FLOOD  
(Governing Body) (Name of Applicant)

CONTROL DISTRICT on the 17<sup>th</sup> day of December, 2024.

Dawn Rowe  
(Signature)

Chair  
(Title)