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

BE IT RESOLVED BY THE ____________________________ OF THE ____________________________
( Governing Body) ( Name of Applicant)

THAT
______________________________ OR
Fire Chief ____________________________ (Title of Authorized Agent)

______________________________ OR
Deputy Fire Chief ____________________________ (Title of Authorized Agent)

______________________________ (Title of Authorized Agent)
Finance Director

is hereby authorized to execute for and on behalf of the ____________________________, 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 ____________________________, 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 ____________ day of January ____________ , 2020

Louis Jan Silverman, President, Novato Fire Protection District Board
(Name and Title of Governing Body Representative)

Bruce Goines, Vice President, Novato Fire Protection District Board
(Name and Title of Governing Body Representative)

William Davis, Secretary , Novato Fire Protection District Board
(Name and Title of Governing Body Representative)

CERTIFICATION

I, ____________________________, duly appointed and ____________________________, of
(Name) (Title)
Novato Fire Protection District
(Name of Applicant)
do hereby certify that the above is a true and correct copy of a
Resolution passed and approved by the ____________________________ of the ____________________________
(Governing Body) (Name of Applicant)
on the ____________ day of January ____________ , 2020.

______________________________
Jeanne Villa
(Signature)

______________________________
Clerk of the Board
(Title)