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

Cal OES ID No: 041-91052

BE IT RESOLVED BY THE	(Governing Body)	OF THE Moive	Reach (SD) (Name of Applicant)
THAT _	Title of Authorized Age	acer nt)	_, OR
,	(Title of Authorized Age	nt)	_, OR
	(Title of Authorized Age	nt)	-
is hereby authorized to execute	for and on behalf of the Mur Be	ACH CSD	, a public entity
Services for the purpose of obta	e State of California, this application and tining certain federal financial assistance u Assistance Act of 1988, and/or state finan	nder Public Law 93-28	rnia Governor's Office of Emergency 8 as amended by the Robert T. Stafford
	ach CSD, a	public entity establishe	d under the laws of the State of Californi
	ame of Applicant) provide to the Governor's Office of Emer preements required.	gency Services for all	matters pertaining to such state disaster
Please check the appropriate	box below:		
August 1	and is effective for all open and future dis olution and is effective for only disaster n	100 100 100 100 100 100 100 100 100 100	
Passed and approved this	25th day of January	, 20_\8	
	LEIGHTON HILLS - (Name and Title of Governing		DENT
	PETER LANBERT - T		
	STEVE SHAFFER -		•
	(Name and Title of Governing CERTIFICA		
I, VICTORIA HA	MILTON - RIVEREduly appointe	d and Pression	of (Title)
More Beach (Name of A		certify that the above	e is a true and correct copy of a
Resolution passed and appro	ved by the Board OF Direction (Governing Body)	ectors of the Mc	(Name of Applicant)
on the 25 TH	day of January, 2018.	Presid	low
	Signature)	1,	(Title)
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