

GOVERNING BODY RESOLUTION

BE IT RESOLVED BY THE _____ **Board of Supervisors** _____
(Governing Body)

OF THE _____ **County of Tulare** _____ *THAT*
(Name of Applicant)

_____ **Emergency Services Manager** _____ *OR*
(Name or Title of Authorized Agent)

_____ **Emergency Services Coordinator** _____ *OR*
(Name or Title of Authorized Agent)

_____ **Emergency Services Director** _____ ,
(Name or Title of Authorized Agent)

is hereby authorized to execute for and on behalf of the named applicant, a public entity established under the laws of the State of California, any actions necessary for the purpose of obtaining federal financial assistance provided by the federal Department of Homeland Security and subgranted through the State of California.

Passed and approved this _____ **7th** _____ day of _____ **June** _____ , 2011 _____

Certification

I, _____ , duly appointed and
(Name)

_____ of the _____
(Title) (Governing Body)

do hereby certify that the above is a true and correct copy of a resolution passed and approved by
the _____ of the _____ on the
(Governing body) (Name of Applicant)

_____ day of _____ , 20 _____

(Official Position)

(Signature)

(Date)
