

**DESIGNATION OF
APPLICANT'S AGENT RESOLUTION**

CITY OF ALBANY RESOLUTION #08-11

BE IT RESOLVED BY THE City Council OF THE City of Albany
(Governing Body) (Name of Applicant)

THAT City Administrator, OR
(Title of Authorized Agent)

Finance Director, OR
(Title of Authorized Agent)

Assistant City Administrator
(Title of Authorized Agent)

is hereby authorized to execute for and in behalf of the City of Albany, a public entity established under the laws of the State of California, this application and to file it in the Office of Emergency Services for the purpose of obtaining certain federal financial assistance under P.L. 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 City of Albany, a public entity established under the laws of the State of California, hereby authorizes its agent(s) to provide to the State Office of Emergency Services for all matters pertaining to such state disaster assistance the assurances and agreements required.

Passed and approved this _____ day of _____, 20_____

(Name and Title)

(Name and Title)

(Name and Title)

CERTIFICATION

I, _____, duly appointed and _____ of
(Name) (Title)

_____, 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_____.

Date: _____

(Official Position)

(Signature)