

DEPARTMENT: Fire Protection

BY: Jim Wilson, Fire Chief  
PHONE: 966-4330

**RECOMMENDED ACTION AND JUSTIFICATION:**

Authorize the Board to approve a change in the signature format for Mariposa County authorized agents of the State Office of Emergency Services Resolution pertaining to state disaster assistance. This change would reflect the deletion of individual names and indicate only the position titles as agents authorized for signatures in the event of a disaster. Approval of this change would eliminate reoccurring board actions when individual personnel are added or deleted.

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

Board has approved changes in the past.

**ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**

Not approve the format.

Financial Impact? ( ) Yes (x) No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? ( ) Yes ( ) No ( ) Partially Funded		
Amount in Budget: \$ _____		List Attachments, number pages consecutively
Additional Funding Needed: \$ _____		[ ] Designation of Applicant's Agent Resolution
Source:		{1-2} Approved Res. No. 06-461
Internal Transfer _____		
Unanticipated Revenue _____ 4/5's vote		
Transfer Between Funds _____ 4/5's vote		
Contingency _____ 4/5's vote		
( ) General ( ) Other		

**CLERK'S USE ONLY:**

Res. No.: 0253 Ord. No. \_\_\_\_\_  
 Vote - Ayes: 5 Noes: \_\_\_\_\_  
 Absent: \_\_\_\_\_  
 Approved  
 Minute Order Attached  No Action Necessary

**COUNTY ADMINISTRATIVE OFFICER:**

Requested Action Recommended  
 No Opinion  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The foregoing instrument is a correct copy of the original on file in this office.  
 Date: \_\_\_\_\_  
 Attest: MARGIE WILLIAMS, Clerk of the Board  
 County of Mariposa, State of California  
 By: \_\_\_\_\_  
 Deputy

CAO: [Signature]

**DESIGNATION OF  
APPLICANT'S AGENT RESOLUTION**

BE IT RESOLVED BY THE BOARD OF SUPERVISORS OF THE COUNTY OF MARIPOSA  
(Governing Body) (Name of Applicant)

THAT CHAIR, BOARD OF SUPERVISORS OR  
(Title of Authorized Agent)

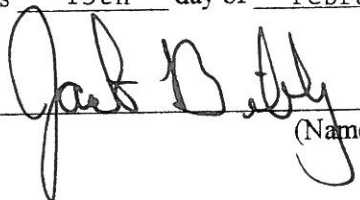
FIRE CHIEF OR  
(Title of Authorized Agent)

DIRECTOR OF PUBLIC WORKS  
(Title of Authorized Agent)

is hereby authorized to execute for and in behalf of the County of Mariposa, 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 Natural Disaster Assistance Act.

THAT the County of Mariposa, 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 13th day of February, 19 2007

  
\_\_\_\_\_, Janet Bibby, Chair  
(Name and Title) Mariposa County Board of Supervisors  
\_\_\_\_\_  
(Name and Title)

\_\_\_\_\_  
(Name and Title)

**CERTIFICATION**

I, Margie Williams, duly appointed and Clerk of the Board of  
(Name) (Title)  
Mariposa County, do hereby certify that the above is a true and correct copy of a

resolution passed and approved by the Board of Supervisors of the County of Mariposa on the  
(Governing body) (Name of Applicant)  
13th day of February, 19 2007

Date: February 15, 2007

Clerk of the Board  
(Official Position)  
  
\_\_\_\_\_  
(Signature)