Cal OES ID No: _	
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## DESIGNATION OF APPLICANT'S AGENT RESOLUTION FOR NON-STATE AGENCIES

BE IT RESOLVED BY THI				f San Luis Obispo		
	(Governing Boo	ly)	()	Name of Applicant)		
THAT _		ance Director		OR		
	(Title of Authorized Agent)					
	Acco	ounting Manager		OR		
	(Title of Authorized Agent)					
	Senior Accountant (Title of Authorized Agent)					
	G'r (G I ' Ol'					
is hereby authorized to execute	for and on behalf of the	(Nam	ne of Applicant)	, a public entity		
Services for the purpose of obta	ining certain federal financia	plication and to file it was all assistance under Pub	with the Californ blic Law 93-288 a	ia Governor's Office of Emergency as amended by the Robert T. Stafford California Disaster Assistance Act.		
	San Luis Obispo	, a public e	ntity established	under the laws of the State of California,		
	provide to the Governor's	Office of Emergency S	ervices for all ma	atters pertaining to such state disaster		
Please check the appropriate	box below:					
This is a universal resolution	and is effective for all open	and future disasters up	p to three (3) year	rs following the date of approval below.		
This is a disaster specific res	olution and is effective for o	nly disaster number(s)				
Passed and approved this	19th day of C	october , 20	21			
(Name and Title of Governing Body Representative)						
(Name and Title of Governing Body Representative)						
(traine and True of Governing Body Representative)						
(Name and Title of Governing Body Representative)						
		CERTIFICATION				
I. Teresa Purrir	ooton a	uly appointed and _	City Clerk	of		
I, Ieresa Purrir (Name)	<u>, g.co.i.</u> , u	ury appointed and _	City Citi	(Title)		
City of San Luis Obisp	0	, do hereby certify	that the above i	s a true and correct copy of a		
(Name of A	pplicant)	_ ,				
Resolution passed and approved by the City Council		ouncil	of the City of San Luis Obispo			
1		verning Body)		(Name of Applicant)		
on the 19th	_day ofOctober	, 20 <u>21</u> .				
(	Signature)			(Title)		