

Governing Body Resolution No. _____

**FY 2018 Homeland Security Grant Program
FY 2018 Emergency Management Performance Grant**

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

OF THE _____ THAT
County of San Benito
(Name of Applicant)

County Administrative Officer, OR
(Name or title of Authorized Agent)

Emergency Services Manager,
(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 20th day of November, 2018.

CERTIFICATION

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

of the _____ do hereby certify that the above is a
Board of Supervisors
(Governing Body)

true and correct copy of a resolution passed and approved by the _____
Board of Supervisors
(Governing Body)

of the _____ on the 20th day of November, 2018.
County of San Benito
(Name of Applicant)

Clerk of the Board
(Official Position)

(Signature)

(Date)

APPROVED AS TO LEGAL FORM
SAN BENITO COUNTY COUNSEL

ASSISTANT COUNTY COUNSEL DATE

Acting