

**FY 09 HSGP GOVERNING BODY RESOLUTION**

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

EMERGENCY SERVICES COORDINATOR, OR  
(Name or Title of Authorized Agent)

DIRECTOR OF THE DEPARTMENT OF EMERGENCY SERVICES, OR  
(Name or Title of Authorized Agent)

COUNTY ADMINISTRATOR,  
(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 sub-granted through the State of California.

Passed and approved this 14th day of July, 2009

***Certification***

I, \_\_\_\_\_, duly appointed and  
(Name)

\_\_\_\_\_ Of the County of Sonoma Board of Supervisors  
(Title) (Governing Body)

do hereby certify that the above is a true and correct copy of a resolution passed and approved by the 14th day of July, 2009.

\_\_\_\_\_  
(Official Position)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**SUPERVISORS:**

Brown \_\_\_\_\_ Kerns \_\_\_\_\_ Zane \_\_\_\_\_ Carrillo \_\_\_\_\_ Kelley \_\_\_\_\_  
Ayes \_\_\_\_\_ Noes \_\_\_\_\_ Absent \_\_\_\_\_ Abstain \_\_\_\_\_

**IT IS SO ORDERED**