DESIGNATION OF SUBRECIPIENT'S AGENT RESOLUTION Hazard Mitigation Grant Program and Pre-Disaster Mitigation Program

BE IT RESOLVED BY THE	City Council	OF THE	City of Hayward	
	(Governing Body)		(Name of Applicant)	
THAT		er	, OR	
	×	(Title of Authorized Agent)		
		(Title of Authorized Agent)		
	Director of Public (Title of Authorized A	works		
is hereby authorized to execute for a	and on behalf of the			public entity
established under the laws of the Sta for the purpose of obtaining certain and Emergency Assistance Act of 19	federal financial assistance und	ler Public Law 93-288 a	California Governor's Office s amended by the Robert T.	
THAT the City of	of Hayward	, a public entity est	ablished under the laws of th	e State of California
(Name o) hereby authorizes its agent(s) to pro disaster assistance the assurances ar		r's Office of Emergency	Service for all matters pertai	ning to such state
Please check the appropriate box	below:			
This is a universal resolution and a elow.	is effective for all open and fut	ures Disasters/Grants up	to three (3) years following	the date of approval
This is a Disaster/Grant specific re	actuation and is offective for or	ly Disaster/Grant name/	number(a)	
		ily Disaster/Orant name/	iumoer(s)	
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Passed and approved this <u>19</u>	day of June	, 20 <u>18</u>		
_				
	(Name and Title of	Governing Body Representat	ve)	
_				
	(Name and Title of)	Governing Body Representat	ve)	
-	(Name and Title of	Governing Body Representati	ve)	
	CER	TIFICATION		
I, Miriam Lens	S duly app	ointed and	City Clerk	of
(Name)	, duly app		City Clerk (Title)	01
City of Haywa (Name of Applicat	rd, do he	ereby certify that the a	bove is a true and correct	copy of a
		.,		
Resolution passed and approved	by the <u>City Cour</u> (Governing Bo		City of Hayward (Name of Applicant)	
on the <u>19th</u> day	of <u>June</u> , 20	•	(or Philodaile)	
		City Clerk		
(Signatu		(Title)		