

**MEETING DATE:** November 18, 2020

**TO:** Board of Directors

**FROM:** Director of Operations

**REGARDING:** Resolution Designating Authorized Agents of the Morongo Valley Community Services District for California Governor's Office of Emergency Services (Cal OES) Public Assistance Grants

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**RECOMMENDED ACTION:** It is recommended that the Board of Directors adopt the California Governor's Office of Emergency Services (Cal OES) Resolution designating the Director of Operations as an authorized agent to execute on behalf of the Morongo Valley Community Services District for the purpose of obtaining post-disaster public assistance grants from Cal OES and FEMA.

**SUMMARY:** Cal OES requires a Designation of Subrecipient's Agent Resolution for Non-State Agencies to be on file for the purpose of obtaining certain federal financial assistance under Public Law 93-288 as amended by the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988, and/or state financial assistance under the California Disaster Assistance Act. A new Designation of Applicant's Agent Resolution for Non-State Agencies is required if the previously submitted document is older than three (3) years from the last date of approval or if changes are required to the name and/or title of authorized agents. The attached resolution designates the titles Director of Operations, Secretary of the Board, and District Clerk as authorized agents for the Morongo Valley Community Services District.

**RESOLUTION 20-05**

**A RESOLUTION FOR THE BOARD OF DIRECTORS OF THE MORONGO VALLEY COMMUNITY SERVICES DISTRICT DESIGNATING THE GENERAL MANGER, ON BEHALF OF THE DISTRICT, TO BE THE AUTHORIZED AGENT TO ENGAGE WITH THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) AND THE GOVERNER'S OFFICE OF EMERGENCY SERCIES (Cal OES) REGARDING GRANTS APPLIED FOR BY THE MORONGO VALLEY COMMUNITY SERVICES DISTRICT**

**WHEREAS**, the Morongo Valley Community Services District seeks to apply for Federal Emergency Management (FEMA) and California reimbursement for costs incurred for emergency response services; and

**WHEREAS**, the Governor's Office of Emergency Services (Cal OES) administers the State and Federal reimbursement process and grant programs for emergency and disaster relief; and

**WHEREAS**, Cal OES Form 130 requires the Morongo Valley Community Services District to designate agents to engage with FEMA and Cal OES regarding assistance and grants applied for by the District; and

**WHEREAS**, the Morongo Valley Community Services District desires to ensure that Form 130 makes the District eligible to apply for future disaster incidents for three years.

**NOW THEREFORE**, the Board of Director of the Morongo Valley Community Services District authorizes the Director of Operations, Secretary of the Board and District Clerk to sign and execute applications and agreements for Federal and State disaster relief and emergency assistance.

**BE IT FURTHER RESOLVED**, the Board of Directors does designate the Director of Operations, Secretary of the Board and District Clerk the Morongo Valley Community Services District as agents for Form " Cal OES 130: Designation of Applicant' s Agent Resolution for Non -State Agencies."

**MORONGO VALLEY COMMUNITY SERVICES DISTRICT**

\_\_\_\_\_  
Gayl Swarat, President of the Board

**ATTEST:**

\_\_\_\_\_  
Gerald Yearsley, Director of Operations

Attachment: Form Cal OES 130  
Form Cal OES List of Authorized Agents

PRESIDENT SWARAT: \_\_\_\_ VICE PRESIDENT BROOK: \_\_\_\_ DIRECTOR CAMPOS: \_\_\_\_  
DIRECTOR KLIMOWICZ: \_\_\_\_ DIRECTOR TOLBERT: \_\_\_\_  
AYES: ( ) NOES: ( ) ABSENT: ( ) ABSTAIN: ( )



# List of Authorized Agents

Entity Name:

OES ID:

- Enter each Authorized Agent (AA) as listed on the Designation of Applicant's Agent Resolution (Cal OES 130) for Non-State Agencies **or** as it appears on the Signature Authority (Cal OES 130SA) for California State Agencies.
- Check box to receive electronic copies of Cal OES Notification of Obligation and/or Payment packages. (Minimum 1 AA.)
- Email addresses must use an email that shares the official entity URL.

Authorized Agent Name	Authorized Agent Title	Email Address	Email Pkg?
<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>

• An Approved Contact may be designated by an AA to request or receive information on grant payment status. Add them by inputting their information below. (Ex. Accounting/Admin offices) Must use an official email URL.

Approved Contact Name	Approved Contact Title	Email Address	Email Pkg?
<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>

Please use a second page if more space is needed.

Cal OES Form 130 Instructions

**A Designation of Applicant's Agent Resolution for Non-State Agencies is required of all Applicants to be eligible to receive funding. A new resolution must be submitted if a previously submitted Resolution is older than three (3) years from the last date of approval, is invalid or has not been submitted.**

When completing the Cal OES Form 130, Applicants should fill in the blanks on page 1. The blanks are to be filled in as follows:

**Resolution Section:**

**Governing Body:** This is the group responsible for appointing and approving the Authorized Agents.

Examples include: Board of Directors, City Council, Board of Supervisors, Board of Education, etc.

**Name of Applicant:** The public entity established under the laws of the State of California. Examples include: School District, Office of Education, City, County or Non-profit agency that has applied for the grant, such as: City of San Diego, Sacramento County, Burbank Unified School District, Napa County Office of Education, University Southern California.

**Authorized Agent:** These are the individuals that are authorized by the Governing Body to engage with the Federal Emergency Management Agency and the Governor's Office of Emergency Services regarding grants applied for by the Applicant. There are two ways of completing this section:

1. **Titles Only:** If the Governing Body so chooses, the titles of the Authorized Agents would be entered here, not their names. This allows the document to remain valid (for 3 years) if an Authorized Agent leaves the position and is replaced by another individual in the same title. If "Titles Only" is the chosen method, this document must be accompanied by a cover letter naming the Authorized Agents by name and title. This cover letter can be completed by any authorized person within the agency and does not require the Governing Body's signature.
2. **Names and Titles:** If the Governing Body so chooses, the names **and** titles of the Authorized Agents would be listed. A new Cal OES Form 130 will be required if any of the Authorized Agents are replaced, leave the position listed on the document or their title changes.

**Governing Body Representative:** These are the names and titles of the approving Board Members.

Examples include: Chairman of the Board, Director, Superintendent, etc. **The names and titles cannot be one of the designated Authorized Agents, and a minimum of three approving board members need to be listed. If less than three are present, meeting minutes must be attached in order to verify a quorum was met.**

**Certification Section:**

**Name and Title:** This is the individual that was in attendance and recorded the Resolution creation and approval.

Examples include: City Clerk, Secretary to the Board of Directors, County Clerk, etc. **This person cannot be one of the designated Authorized Agents or Approving Board Member. If a person holds two positions (such as City Manager and Secretary to the Board) and the City Manager is to be listed as an Authorized Agent, then that person could sign the document as Secretary to the Board (not City Manager) to eliminate "Self Certification."**

**THERE SHOULD BE NO REPEATING TITLE ON THIS DOCUMENT**

**DESIGNATION OF APPLICANT'S AGENT RESOLUTION  
FOR NON-STATE AGENCIES**

BE IT RESOLVED BY THE \_\_\_\_\_ OF THE \_\_\_\_\_  
(Governing Body) (Name of Applicant)

THAT **Name AND Title OR Title Only**, OR  
(Title of Authorized Agent)  
\_\_\_\_\_, OR  
(Title of Authorized Agent)  
\_\_\_\_\_  
(Title of Authorized Agent)

**Must have at least ONE Authorized Agent listed**

is hereby authorized to execute for and on behalf of the \_\_\_\_\_, a public entity  
(Name of Applicant)  
established under the laws of the State of California, this application and to file it with the California Governor's Office of Emergency Services for the purpose of obtaining certain federal financial assistance under Public Law 93-288 as amended by the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988, and/or state financial assistance under the California Disaster Assistance Act.

THAT the \_\_\_\_\_, a public entity established under the laws of the State of California,  
(Name of Applicant)  
hereby authorizes its agent(s) to provide to the Governor's Office of Emergency Services for all matters pertaining to such state disaster assistance the assurances and agreements required.

Please check the appropriate box below: **(Based on what was passed and approved)**

- This is a universal resolution and is effective for all open and future disasters up to three (3) years following the date of approval below.
- This is a disaster specific resolution and is effective for only disaster number(s) \_\_\_\_\_

Passed and approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**MUST have a minimum of (3) Names and Titles to validate a quorum of approvers**

**Name AND Title**  
(Name and Title of Governing Body Representative)  
**Name AND Title**  
(Name and Title of Governing Body Representative)  
**Name AND Title**  
(Name and Title of Governing Body Representative)

**Cannot be same title as an Authorized Agent OR person certifying**

**CAN be the same as a person listed above** CERTIFICATION **CANNOT be a title used above**  
I, \_\_\_\_\_, duly appointed and of \_\_\_\_\_  
(Name) (Title)

\_\_\_\_\_, do hereby certify that the above is a true and correct copy of a  
(Name of Applicant)

Resolution passed and approved by the \_\_\_\_\_ of the \_\_\_\_\_  
(Governing Body) (Name of Applicant)

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Person listed above should be the same person signing here**  
\_\_\_\_\_  
(Signature) (Title)