



California
Emergency Management
Agency

Cal EMA ID No.: _____

PNP APPLICANT'S AUTHORIZED AGENT RESOLUTION

BE IT RESOLVED BY THE _____ OF THE _____
(PNP Governing Body) (Name of the PNP Applicant)

THAT _____, OR
(Title of PNP Authorized Agent)

_____, OR
(Title of PNP Authorized Agent)

_____.
(Title of PNP Authorized Agent)

is hereby authorized to execute for and in behalf of the _____, a PNP organization as
defined in California Government Code Section 8692, this application and to file it with the California Emergency Management
Agency (Cal EMA) for the purpose of obtaining certain state financial assistance under the California Disaster Assistance Act.

THAT the _____, a PNP organization established under the laws of the State of California,
hereby authorizes its agent(s) to provide to the Cal EMA for all matters pertaining to such state disaster assistance the assurances and
agreements required.

Passed and approved this _____ day of _____, 20_____

_____.
(Name and Title)

_____.
(Name and Title)

_____.
(Name and Title)

CERTIFICATION

I, _____, duly appointed and _____ of
(Name) (Title)
_____, do hereby certify that the above is a true and correct copy of a

Resolution passed and approved by the _____ of the _____ on the
(PNP Governing body) (Name of the PNP Applicant)
_____ day of _____, 20_____.

Date: _____

_____.
(Official Position)

_____.
(Signature)