RECOVERY DIRECTORATE	TE
FINANCIAL PROCESSING DIVISIO	۱

Cal OES ID #: _____

Signature AuthorityCalifornia State Agencies

AS THE			_
	(Director/President/Cha	ancellor/Secretary)	
OF THE			
	(Name of State Agency	/CSU or UC Campus)	
the named Aoobtaining fed	gency or Campus, any c eral financial assistance curity and awarded thro	duals to execute for and on actions necessary for the purprovided by the federal Debugh the California Governo	rpose of partment of
•	•	al and is effective for all oper swing the date of approval	
	ature Authority is disaster s):	specific and is effective onl	y for disastei
			, OR
	(Title of Autho		
			, OR
	(Title of Autho		
	(Title of Autho	orized Agent)	
Signed and	approved this da	y of	, 20
		(Print Name)	
		(Signature)	
		(Official Position)	

Cal OES Signature Authority Form Instructions

A Signature Authority for 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 Signature Authority Form, Applicants should fill in the blanks on page 1 as follows:

- <u>Director/President/Chancellor/Secretary</u>: This is the individual responsible for appointing and approving the Authorized Agents. It must be the head, or acting head, of the agency. Examples include: Director, Agency Secretary, etc.
- Name of State Agency/CSU or UC Campus: This is the official name of the state agency that has applied for the grant. Examples include: California Department of Fish and Game, California Highway Patrol, California Department of Water Resources, University of California Berkeley, etc.
- <u>Check Boxes:</u> Select either Universal (this Signature Authority applies to all open and future disasters for a period of three (3) years following date of approval) or Disaster Specific (this Signature Authority applies only to the specified disasters). If Disaster specific, fill in the blank with the disaster number(s) for which this resolution applies.
- <u>Authorized Agent</u>: These are the individuals that are authorized by the head of the agency to engage with the Federal Emergency Management Agency and the California Governor's Office of Emergency Services regarding grants for which they have applied. There are **two** ways of completing this section:
 - 1. **Titles Only**: If the head of the Agency so chooses, the titles of the Authorized Agents should be entered here, not their names. This allows the document to remain valid if an Authorized Agent leaves the position and is replaced by another individual. If "Titles Only" is the chosen method, this document must be accompanied by either a cover letter naming the Authorized Agents by name and title, or the Cal OES AA Names document. The supporting document can be completed by any authorized person within the Agency (e.g.; administrative assistant, the Authorized Agent, secretary to the Director). It does not require the head of the Agency's signature.
 - 2. Names and Titles: If the head of the Agency so chooses, the names and titles of the Authorized Agents should be listed. A new Cal OES Signature Authority Form will be required if any of the Authorized Agents are replaced, leave the position listed on the document, or if their title changes.
- <u>Signature:</u> The bottom of the form should have the head of the agency's printed name, signature and official position.