**Authorized Agent**

|  |  |
| --- | --- |
| ***AS THE*** | **Chair** |
|  | (Chief Executive Officer/Director/President/Secretary) |
| ***OF THE*** | **Siskiyou County Board of Supervisors** |
|  | (Name of County/City/Transit Organization) |

I hereby authorize the following individual(s) to execute for and on behalf of the named Transit Operator, any actions necessary for the purpose of obtaining Low Carbon Transit Operations Program (LCTOP) funds provided by the California Department of Transportation, Division of Rail and Mass Transportation. I understand that if there is a change in the authorized agent, the project sponsor must submit a new form. This form is required even when the authorized agent is the executive authority himself. I understand the Board must provide a resolution approving the Authorized Agent. The Board Resolution appointing the Authorized Agent is attached.

|  |  |
| --- | --- |
| Angela Davis, County Administrator | OR |
| *(Name and Title of Authorized Agent)* |  |
| **Click here to enter text.** | OR |
| *(Name and Title of Authorized Agent)* |  |
| **Click here to enter text.** | OR |
| *(Name and Title of Authorized Agent)* |  |
| **Click here to enter text.** | OR |
| *(Name and Title of Authorized Agent)* |  |

|  |  |
| --- | --- |
| Michael N. Kobseff | Board of Supervisor, Chair |
| *(Print Name)* | *(Title)* |
|  |  |
| *(Signature)* |  |

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| --- | --- | --- | --- | --- | --- |
| *Approved this* | 16 | *day of* | **January** | *,* | 2024 |

RESOLUTION #\_\_\_\_\_\_

AUTHORIZATION FOR THE EXECUTION OF THE

CERTIFICATIONS AND ASSURANCES AND AUTHORIZED AGENT FORMS

FOR THE 22-23 LOW CARBON TRANSIT OPERATIONS PROGRAM (LCTOP)

FOR THE FOLLOWING PROJECT(S): STAGE - Happy Camp Service - $112,167.00

**WHEREAS**, the Siskiyou County Local Transportation Commission is an eligible project sponsor and may receive state funding from the Low Carbon Transit Operations Program (LCTOP) for transit projects; and

**WHEREAS**, the statutes related to state-funded transit projects require a local or regional implementing agency to abide by various regulations; and

**WHEREAS**, Senate Bill 862 (2014) named the Department of Transportation (Department) as the administrative agency for the LCTOP; and

**WHEREAS**, the Department has developed guidelines for the purpose of administering and distributing LCTOP funds to eligible project sponsors (Siskiyou Transit and General Express); and

**WHEREAS**, the County of Siskiyou wishes to delegate authorization to execute these documents and any amendments thereto to Angela Davis, Siskiyou County Administrator.

**WHEREAS**, the County of Siskiyou wishes to implement the following LCTOP project(s) listed above,

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Supervisors of the County of Siskiyou that the fund recipient agrees to comply with all conditions and requirements set forth in the Certification and Assurances and the Authorized Agent documents and applicable statutes, regulations and guidelines for all LCTOP funded transit projects.

**NOW THEREFORE, BE IT FURTHER RESOLVED** that Angela Davis, Siskiyou County Administrator be authorized to execute all required documents of the LCTOP program and any Amendments thereto with the California Department of Transportation.

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Supervisors of the County of Siskiyou that it hereby authorizes the submittal of the following project nomination(s) and allocation request(s) to the Department in FY2022-2023 LCTOP funds:

**Project: STAGE – Happy Camp Service**

**Amount of LCTOP funds requested: $112,167.00**

**Short description of project: Service to and from Happy Camp**

**(Signatures on Next Page)**

AGENCY BOARD DESIGNEE:

Passed and Adopted by the Siskiyou County Board of Supervisors at a regular meeting of said Board held on the 16th day of January 2024, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Michael N. Kobseff, Chair

 Siskiyou County Board of Supervisors

ATTEST:

Laura Bynum, County Clerk

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Deputy