**RESOLUTION OF THE BOARD OF SUPERVISOR OF SISKIYOU COUNTY, STATE OF CALIFORNIA**

**Resolution Number:** \_\_\_\_\_\_\_\_\_\_

WHEREAS, the Governor of the State of California in cooperation with the California State Legislature has enacted State of California **Climate Investment**, which provides funds to the State of California and its political subdivisions for **fire prevention programs**; and

WHEREAS, the State Department of Forestry and Fire Protection (CAL FIRE) has been delegated the responsibility for the administration of the program within the State, setting up necessary procedures governing application by local agencies, non‑profit organizations, and others under the program, and

WHEREAS, the applicant will enter into an agreement with the State of California to carry out the OSGOOD FUEL REDUCTION project;

NOW, THEREFORE, BE IT RESOLVED that theCOUNTY OF SISKIYOU:

1. Approved the filing of an application for **“California Climate Investments Wildfire Prevention Grants Program”**; and
2. Certifies that said applicant has or will have sufficient funds to operate and maintain the project; and,

3. Certifies that funds under the jurisdiction of COUNTY OF SISKIYOUare available to begin the project.

4. Certifies that said applicant will expend grant funds prior to 3/15/2026.

5. Appoints Angela Davis, COUNTY ADMINISTRATIVE OFFICER or a designee, to conduct all negotiations, execute and submit all documents including, but not limited to applications, agreements, amendments, payment requests and so on, which may be necessary for the completion of the aforementioned project.

The foregoing resolution was approved and adopted the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ by the following vote:

AYES:

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

Signature

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

Title

NOES:

ABSENTS:

# ----CERTIFICATION OF RESOLUTION----

Please note the person attesting cannot be the person(s) appointed in (5.)

**ATTEST:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Clerk of the COUNTY OF SISKIYOU, witness my hand or the seal of the COUNTY OF SISKIYOU on the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

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

Signature

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

Title

OFFICAL SEAL OR

NOTARY CERTIFICATION

(If Applicable)