BEFORE THE BOARD OF DIRECTORS OF THE GOLD RIDGE FIRE PROTECTION DISTRICT COUNTY OF SONOMA, STATE OF CALIFORNIA

IN THE MATTER OF: Resolution Number: 20/21-03

Approving the Department of Forestry and Fire Protection Agreement #7FG20046 for services from the date of last signatory on page 1 of the Agreement to June 30, 2021 under the Volunteer Fire Assistance Program of the Cooperative Forestry Assistance Act of 1978.

BE IT RESOLVED by the Board of Directors of the GOLD RIDGE FIRE PROTECTION DISTRICT. that said Board does hereby approve the Agreement with the California Department of Forestry and Fire Protection dated as of the last signatory date on page 1 of the Agreement, and any amendments thereto. This Agreement provides for an award, during the term of this Agreement, under the Volunteer Fire Assistance Program of the Cooperative Fire Assistance Act of 1978 during the State Fiscal Year 2020-21 up to and no more than the amount of \$20,000.

BE IT FURTHER RESOLVED that _Shepley Schroth-Cary, Fire Chief of said Board be and hereby is

authorized to sign and execute said Agreement and any amendments on behalf of the GOLD RIDGE FIRE PROTECTION DISTRICT. The foregoing resolution was duly passed and adopted by the Board of Directors of the GOLD RIDGE FIRE PROTECTION DISTRICT, at a regular meeting thereof, held on the 2nd day of December, 2020, by the following vote: AYES: Tachouet, Lachman, Petersen NAYS: NONE Robert Gloeckner, Chairman of the Board ABSENT: potrucci Printed Name and Title Signature, Board of Directors Member Charles Lachman, Director Printed Name and Title -----CERTIFICATION OF RESOLUTION-----ATTEST: Leslie McCormick , Clerk of the GOLD RIDGE FIRE PROTECTION DISTRICT County of SONOMA, California do hereby certify that this is a true and correct copy of the original Resolution Number 20/21-03. WITNESS MY HAND OR THE SEAL OF THE GOLD RIDGE FIRE PROTECTION DISTRICT , on this 2nd day of December, 2020 .

> OFFICIAL SEAL OR NOTARY CERTIFICATION

Clerk of the Board, Gold Ridge Fire Protection District

Title and Name of Local Agency