RESOLUTION

"BE IT RESOLVED by the Governing Board, and hereby ordered that the official(s) and/or employee(s) whose name(s), title(s), and signature(s) are listed below shall be and is (are) hereby authorized as our representative(s) to acquire surplus property through the auspices of the California State Agency for Surplus Property and accept responsibility for payment of incidental fees by the surplus property agency under the Terms and Conditions accompanying this form or listed on the reverse side of this form."

A. NAME (Print or Type)    TITLE    SIGNATURE*    E-MAIL ADDRESS
   Gary Pampano    Executive Director
   Carrie Kagengbog    Office Coord
   Yeona Corrigan    Accounts Payable
   Gary Pampano
   Carrie Kagengbog
   Yeona Corrigan

*Note: All signatures must be in original form. No copied or stamped signatures

B. The above resolution was PASSED AND ADOPTED this ______ day of ______, 20____, by the Governing Board of the:
   California Nonprofit Project
   by the following vote: AYES: ______; NOES: ______; ABSENT: ______

I. Carrie Kagengbog    Clerk of the Governing Board known as Secretary

Do hereby certify that the foregoing is a full, true and correct resolution adopted by the governing board of the below named organization at the meeting thereof held at its regular place of meeting on this date and by the vote above stated, a copy of said resolution is on file in the principal office of the Governing Board.

Signed by: ____________________________

California Nonprofit Project
530 A Gibbons Dr. Ste 400
Carmichael CA 95608

NOTE: ALL LOCAL GOVERNMENT & NON-PROFIT INCORPORATED ORGANIZATIONS HAVE A GOVERNING BOARD, THEREFORE COMPLETE ONLY SECTIONS "A" & "B". THE FOLLOWING SECTION "C" IS FOR STATE AGENCIES ONLY

C. AUTHORIZED this ______ day of __________, 20____, by ____________________________
   Signature of Administrative Officer
   Printed Name of Chief Administrative Officer /
   ____________________________ /
   Title
   Organization Name /
   Street Address /
   City / ZIP Code / County

STATE OF CALIFORNIA AGENCIES ARE REQUIRED TO PROVIDE THEIR STATE BILLING CODE: ____________________________