



OFFICE OF THE  
**DISTRICT ATTORNEY**  
EL DORADO COUNTY, CALIFORNIA

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**VERN PIERSON, DISTRICT ATTORNEY**

**M E M O R A N D U M**

**TO :** California Governor's Office of Emergency Services  
Victim Services & Public Safety Branch  
3650 Schriever Avenue  
Mather, CA 95655-4203  
Attn: Susan Grace

**FROM :** District Attorney, Vern Pierson

**DATE :**

**SUBJECT :** **DELEGATED AUTHORITY FOR THE CALIFORNIA  
GOVERNOR'S OFFICE OF EMERGENCY SERVICES (Cal OES)  
GRANT PROGRAMS**

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This is to advise and confirm that I am delegating my authority as the Grant Subaward Authorized Agent to Justene Cline, Administrative Analyst of the Chief Administrative Office – Fiscal Division as it relates to the CalOES Grant Applications and any future funding opportunities.

Based on this delegated authority, Justene Cline is granted the permissions of the Authorized Agent under the Grants Central System, which include the initiation and submission of the following pertaining to Grants:

- Applications
- Amendments
- Modifications
- Report of Expenditures and Request for Payments
- Progress Reports