



**Cal OES**

GOVERNOR'S OFFICE  
OF EMERGENCY SERVICES

**IV. Drug-Free Workplace Act of 1990 – SRH Section 2.030**

The Subrecipient certifies it will comply with the Drug-Free Workplace Act of 1990 and all other requirements of this section of the SRH.

**V. California Environmental Quality Act (CEQA) – SRH Section 2.035**

The Subrecipient certifies that, if the activities of the Grant Subaward meet the definition of a "project" pursuant to the CEQA, Section 20165, it will comply with all requirements of CEQA and this section of the SRH.

**VI. Lobbying – SRH Sections 2.040 and 4.105**

The Subrecipient certifies it will not use Grant Subaward funds, property, or funded positions for any lobbying activities and will comply with all requirements of this section of the SRH.

**All appropriate documentation must be maintained on file by the Subrecipient and available for Cal OES upon request. Failure to comply with these requirements may result in suspension of payments under the Grant Subaward(s), termination of the Grant Subaward(s), and/or ineligibility for future Grant Subawards if Cal OES determines that any of the following has occurred: (1) the Subrecipient has made false certification, or (2) the Subrecipient violated the certification by failing to carry out the requirements as noted above.**

**CERTIFICATION**

I, the official named below, am the same individual authorized to sign the Grant Subaward [Section 15 on Grant Subaward Face Sheet], and hereby affirm that I am duly authorized legally to bind the Subrecipient to the above-described certification. I am fully aware that this certification, executed on the date, is made under penalty of perjury under the laws of the State of California.

Official Designee's Signature: \_\_\_\_\_

Official Designee's Typed Name: Olivia Byron-Cooper, MPH

Official Designee's Title: Director, Health and Human Services Agency

Date Executed: \_\_\_\_\_

**AUTHORIZED BY:**

I grant authority for the Subrecipient/Official Designee to enter into the specific Grant Subaward(s) (indicated by the Cal OES Program name and initial Grant Subaward performance period identified above) and applicable Grant Subaward Amendments with Cal OES.

- |   |   |
|---|---|
| <input type="checkbox"/> City Financial Officer           | <input type="checkbox"/> County Financial Officer |
| <input type="checkbox"/> City Manager                     | <input type="checkbox"/> County Manager           |
| <input checked="" type="checkbox"/> Governing Board Chair |   |

Signature: *Wendy Thomas*

Typed Name: Wendy Thomas

Title: Chair, Board of Supervisors

Date Executed: 11-14-23