

**BEFORE THE BOARD OF DIRECTORS OF THE
SCHELL-VISTA FIRE PROTECTION DISTRICT
COUNTY OF SONOMA, STATE OF CALIFORNIA**

IN THE MATTER OF:

Resolution Number: 2024-006

Approving the Department of Forestry and Fire Protection Agreement #7GF24090 for services from the date of last signatory on page 1 of the Agreement to June 30, 2025, under the Volunteer Fire Capacity Program of the Cooperative Forestry Assistance Act of 1978.

BE IT RESOLVED by the Board of Directors of the Schell-Vista 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 Capacity Program of the Cooperative Fire Assistance Act of 1978 during the State Fiscal Year 2024-25 up to and no more than the amount of \$3,325.00.

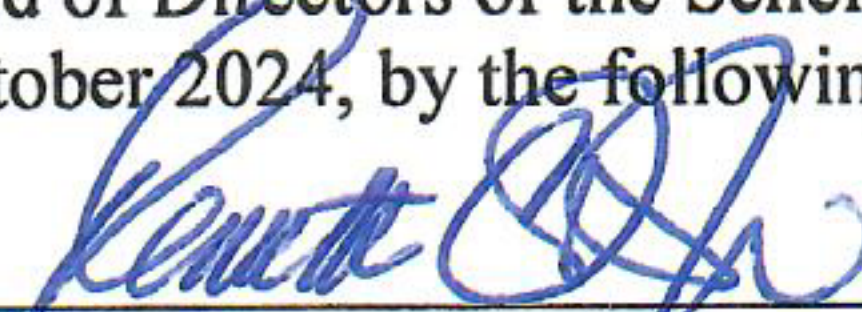
BE IT FURTHER RESOLVED that Ken Finn, President of said Board be and hereby is authorized to sign and execute said Agreement and any amendments on behalf of the Schell-Vista Fire Protection District.

The foregoing resolution was duly passed and adopted by the Board of Directors of the Schell-Vista Fire Protection District, at a regular meeting thereof, held on the 2nd day of October 2024, by the following vote:

AYES: 3

NAYS: 0

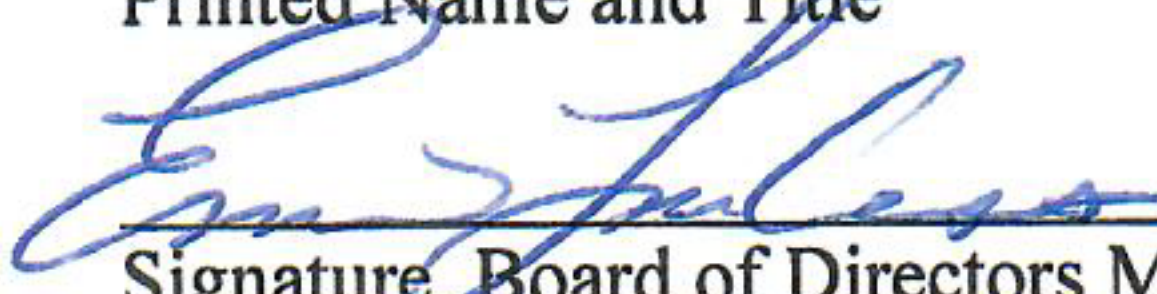
ABSENT: 2



Signature, Board of Directors Member

Ken Finn, President

Printed Name and Title



Signature, Board of Directors Member

Ernie Loveless Member

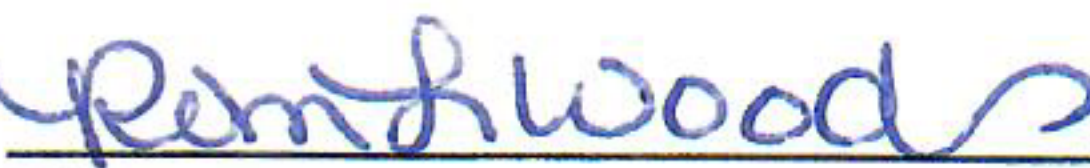
Printed Name and Title

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

ATTEST:

I, Robin Woods, Clerk of the Schell-Vista Fire Protection District, County of Sonoma, California, do hereby certify that this is a true and correct copy of the original Resolution Number 2024-006.

WITNESS MY HAND OR THE SEAL OF THE Schell-Vista Fire Protection District, on this 2nd day of October 2024.



Signature

Clerk of the Board, Schell-Vista Fire Protection Agency

Title and Name of Local Agency

**OFFICIAL SEAL
OR NOTARY CERTIFICATON**

