

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."

| NAME (Print or Type) | TITLE | SIGNATURE* | E-MAIL ADDRESS |
|----------------------|--------------------|--------------------|-----------------------|
| A. Gary Bowman | Executive Director | <i>[Signature]</i> | gbowman@cacmp.org |
| Carrie Hagenberg | Office Coord. | <i>[Signature]</i> | ckhagenberg@cacmp.org |
| Kesha Corrigan | Accounts Payable | <i>[Signature]</i> | Kcorrigan@cacmp.org |
| | | | |
| | | | |

***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 Montessori Project
 Agency Name by the following vote: AYES: _____; NOES: _____; ABSENT: _____

I, Carrie Hagenberg 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 principap office of the Governing Board.

Signed by: _____
California Montessori Project
 Name of Organization
5330 A Gibbons Dr. Ste 700
 Mailing Address
Carmichael CA 95608 Sacramento
 City Zip Code County

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: _____