

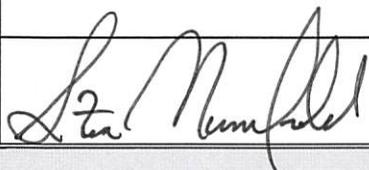
SIGNATURE AUTHORIZATION FORM

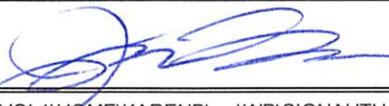
WASHINGTON STATE MILITARY DEPARTMENT
Camp Murray, Washington 98430-5122

Please read instructions on reverse side before completing this form.

NAME OF ORGANIZATION Lewis County	DATE SUBMITTED 12-21-15
PROJECT DESCRIPTION 1015-16 EMPG Grant	CONTRACT NUMBER E16-146

1. AUTHORIZING AUTHORITY		
SIGNATURE	PRINT OR TYPE NAME	TITLE/TERM OF OFFICE
	Edna J. Fund	BOCC Chair

2. AUTHORIZED TO SIGN CONTRACTS/CONTRACT AMENDMENTS		
SIGNATURE	PRINT OR TYPE NAME	TITLE
	Edna J. Fund	BOCC Chair
	Steve Mansfield	Emergency Mgmt Manager

3. AUTHORIZED TO SIGN REQUESTS FOR REIMBURSEMENT		
SIGNATURE	PRINT OR TYPE NAME	TITLE
	Steve Mansfield	Emergency Mgmt Manager
	Jill Kangas	Emergency Mgmt. Planner