RESOLUTION 23-

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF ALACHUA COUNTY, FLORIDA, DESIGNATING AN AUTHORIZED AGENT HAVING SIGNATURE AUTHORITY AS AUTHORIZED ON THE AGREEMENT POINT OF CONTACT FOR DOCUMENTS RELATED TO THE MARC UNIT GRANT FY2022; PROVIDING AN EFFECTIVE DATE.

WHEREAS, the Alachua County Board of County Commission established a new project entitled "MARC UNIT GRANT FY 2022" for the receipt and disbursement of funds from the State of Florida, Department of Financial Services grant award; and,

WHEREAS, the Chair executed the grant agreement, resolution and budget amendment; and,

WHEREAS, the State requires the same level of approval, the Chair, on all future grant documents (grant reports, amendments, budget changes, etc.); and,

WHEREAS, the State will allow specific individuals to be designated as authorized agents having signature authority; and,

WHEREAS, the Board currently has a policy delegating certain signature authority for grant reporting.

NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF ALACHUA COUNTY, FLORIDA:

That the Alachua County Commission Chair designates Donna Guirate or such other individual as the County Manager may designate as authorized agent having signature authority for all future MARC Unit

Grant FY2022 documents (grant reports, modifications, etc.) as authorized on the Grant Agreement Point of Contact Information Update Exhibit A. This designation of signature authority shall not 2. exceed the authority designated in County policy and procedures. 3. That this resolution shall take effect immediately upon its adoption. DULY ADOPTED in regular session, this day of ____, A.D., 2023. BOARD OF COUNTY COMMISSIONERS OF LACHUA COUNTY, FLORIDA By: Anna Prizzia, Chair ATTEST: APPROVED AS TO FORM J. K. "Jess" Irby, Clerk

(SEAL)

Alachua County Attorney



DIVISION OF EMERGENCY MANAGEMENT

Ron DeSantis
Governor
Director

GRANT AGREEMENT POINT OF CONTACT INFORMATION UPDATE

SUBRECIPIENT:	JBRECIPIENT: Alachua County Board of County Commissioners				
AGREEMENT #:	R0605				
NEW PRIMARY PO	DINT OF CONTAC	CT: AS OF:	2/28/2023		
NAME & TITLE: ADDRESS: Anna Prizzia, C 12 SE 5th Street		a, Chair			
		rt .			
CITY/STATE/ZIP:	Gainesville, FL 32601				
PHONE: 352-374	4-5204	FAX:	CELL:		
E-MAIL ADDRESS:	aprizzia@alach	nuacounty.us			
SIGNATURE:					
ALTERNATE POIN NAME & TITLE: ADDRESS:					
CITY/STATE/ZIP: PHONE:		FAX:	CELL:		
E-MAIL ADDRESS: Restrictions (if any)					
**AUTHORIZED AGENT (or current POC) NAME & TITLE: Donna Guirate, Senior Administrative Assistant ADDRESS: P.O. Box 5038 CITY/STATE/ZIP: Gainesville, FL 32627-5038					
CITY/STATE/ZIP: PHONE: 352-384-3	Gainesville, FL 3262		CELL.		
E-MAIL ADDRESS:			CELL:		
SIGNATURE:					

**PLEASE SEND COPY OF RESOLUTION DESIGNATING INDIVIDUAL AS THE AUTHORIZED AGENT HAVING SIGNATURE AUTHORITY

PLEASE E-MAIL COMPLETED FORM TO YOUR GRANT MANAGER