

## ATTACHMENT C

### Attorney Certification

*(The Applicant's attorney shall answer the following questions regarding this proposal and where indicated, shall cite statutory authority or other references.)*

- Is the Applicant a political subdivision of the State of California?    ( ) Yes    ( ) No

Citation: \_\_\_\_\_

- Does the Applicant have legal authority to enter into a Funding Agreement with the State of California?    ( ) Yes    ( ) No

Citation: \_\_\_\_\_

- What steps are required by law for the Applicant to sign a Funding Agreement with the State?

Citation: \_\_\_\_\_

- What is the statutory authority under which the Applicant may obtain funds for the purpose, amount, and duration requested?

Citation: \_\_\_\_\_

- What is the statutory authority under which the Applicant was formed and is authorized to operate?

Citation: \_\_\_\_\_

- Is the Applicant required to hold an election before entering into a funding contract with the State?    ( ) Yes    ( ) No

Citation: \_\_\_\_\_

- Will an agreement between the Applicant and the State be subject to review and approval by other governmental agencies? ( ) Yes ( ) No

Identify all such agencies:

Citation: \_\_\_\_\_

- Describe any pending litigation that impacts the financial condition of the Applicant or the operation of flood management facilities. If none is pending, so state.

- Does the Applicant have legal authority and jurisdiction to implement a flood control program? ( ) Yes ( ) No

Citation: \_\_\_\_\_

*I certify that I am a duly qualified and licensed attorney in California representing the Applicant Agency and that I have answered the questions on this page and the preceding page to the best of my knowledge.*

By \_\_\_\_\_ Date \_\_\_\_\_  
*(Signature of Applicant Agency's Attorney)*

\_\_\_\_\_  
*(Printed Name of Applicant Agency's Attorney and Title)* *(Bar No.)*

\_\_\_\_\_  
*(Name of Applicant Agency)*