

**RECLAMATION DISTRICT NO. 2040
VICTORIA ISLAND**

**BOARD OF TRUSTEES MEETING
TUESDAY, JULY 22, 2025
2:00 P.M.
ENGINEER'S REPORT**

**I. CALIFORNIA DISASTE ASSISTANCE ACT – OCOBER 21, 2024
LEVEE SEEPAGE EVENT**

1. The CalOES Form 130 designates authorized agents who may sign on behalf of the District and coordinate with CalOES to facilitate fund disbursement. This form requires that a quorum of the Board of Trustees approve the resolution identifying which titles are considered authorized agents. Currently, Trustees Gary Mello and Dennis Lewallen are listed on the form, and Vicki Hale is listed as the certifier.
2. To meet CalOES requirements, the District needs to provide meeting minutes verifying that a quorum was present, and the resolution was properly approved.
3. The remaining forms will also need to be reviewed and signed, but they do not require certification. However, for consistency, they should be included in the meeting minutes.
4. The total claim obligated under Category "B" - Emergency Work is \$1,023,471. **Anticipated reimbursement** is 75% CAL OES for a total = **\$767,603.25 to be reimbursed to the District.**

EXHIBIT A – The Cal OES From 130 designating authorized agents.

EXHIBIT B – The Cal OES For authorized agents name address.

II. AB 360 LEVEE SUBVENTIONS PROGRAM

- A. Review the District's Claim for Fiscal Year 2023/24.

TOTAL ESTIMATED CLAIM	\$ 292,179.68
LESS DISTRICT SHARE (1,000/MILE @ 15.1 miles)	\$ 15,100.00
TOTAL ELIGIBLE	\$ 277,079.68
MAX REIMBURSEMENT = 75% OF ELIGIBLE	\$ 207,809.76

EXHIBIT A

Cal OES ID No: _____

DESIGNATION OF APPLICANT'S AGENT RESOLUTION FOR NON-STATE AGENCIES

BE IT RESOLVED BY THE Board of Trustees OF THE Reclamation District No. 2040
(Governing Body) (Name of Applicant)

THAT District Engineer, OR
(Title of Authorized Agent)

_____, OR
(Title of Authorized Agent)

(Title of Authorized Agent)

is hereby authorized to execute for and on behalf of the Reclamation District No. 2040,
(Name of Applicant)

a public entity established under the laws of the State of California, this application and to file it with the California Governor's Office of Emergency Services for the purpose of obtaining federal financial assistance for any existing or future grant program, including, but not limited to any of the following:

- **Federally declared Disaster (DR), Fire Mitigation Assistance Grant (FMAG), California State Only Disaster (CDAA), Immediate Services Program (ISP), Hazard Mitigation Grant Program (HMGP), Building Resilient Infrastructure and Communities (BRIC), Legislative Pre-Disaster Mitigation Program (LPDM),** under
- Public Law 93-288 as amended by the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988, and/or state financial assistance under the California Disaster Assistance Act.
- **Flood Mitigation Assistance Program (FMA),** under Section 1366 of the National Flood Insurance Act of 1968.
- **National Earthquake Hazards Reduction Program (NEHRP)** 42 U.S. Code 7704 (b) ((2) (A) (ix) and 42 U.S. Code 7704 (b) (2) (B) National Earthquake Hazards Reduction Program, and also The Consolidated Appropriations Act, 2018, Div. F, Department of Homeland Security Appropriations Act, 2018, Pub. L. No. 115-141
- **California Early Earthquake Warning (CEEW)** under CA Gov Code – Gov, Title 2, Div. 1, Chapter 7, Article 5, Sections 8587.8, 8587.11, 8587.12

That the Reclamation District No. 2040, a public entity established under the
(Name of Applicant)

laws of the State of California, hereby authorizes its agent(s) to provide to the Governor's Office of Emergency Services for all matters pertaining to such state disaster assistance the assurances and agreements required.



Please check the appropriate box below

- ☒ This is a universal resolution and is effective for all open and future disasters/grants declared up to three (3) years following the date of approval.
- ☐ This is a disaster/grant specific resolution and is effective for only disaster/grant number(s): _____

Passed and approved this ____ day of _____, 20____

Jim Jerkovich, Trustee

(Name and Title of Governing Body Representative)

John Zech, Trustee

(Name and Title of Governing Body Representative)

Eileen Nichols Christin, Trustee

(Name and Title of Governing Body Representative)

CERTIFICATION

I, **Dante J. Nomellini**, duly appointed and **District Attorney** of
(Name) (Title)

Reclamation District No. 2040, do hereby certify that the above is a true and
(Name of Applicant)

correct copy of a resolution passed and approved by the **Board of Trustees**
(Governing Body)

of the **Reclamation District No. 2040** on the ____ day of _____, 20**25**.
(Name of Applicant)

District Attorney

(Signature)

(Title)



Cal OES Form 130 Instructions

A Designation of Applicant's Agent Resolution for Non-State Agencies is required of all Applicants to be eligible to receive funding. A new resolution must be submitted if a previously submitted resolution is older than three (3) years from the last date of approval, is invalid, or has not been submitted.

When completing the Cal OES Form 130, Applicants should fill in the blanks on pages 1 and 2. The blanks are to be filled in as follows:

Resolution Section:

Governing Body: This is the group responsible for appointing and approving the Authorized Agents.

Examples include: Board of Directors, City Council, Board of Supervisors, Board of Education, etc.

Name of Applicant: The public entity established under the laws of the State of California.

Examples include: School District, Office of Education, City, County or Non-profit agency that has applied for the grant, such as: City of San Diego, Sacramento County, Burbank Unified School District, Napa County Office of Education, University Southern California.

Authorized Agent: These are the individuals that are authorized by the Governing Body to engage with the Federal Emergency Management Agency and the California Governor's Office of Emergency Services regarding grants for which they have applied. There are two ways of completing this section:

1. **Titles Only:** The titles of the Authorized Agents should be entered here, not their names. This allows the document to remain valid if an Authorized Agent leaves the position and is replaced by another individual. If "Titles Only" is the chosen method, this document must be accompanied by either a cover letter naming the Authorized Agents by name and title, or the Cal OES AA Names document. The supporting document can be completed by any authorized person within the Agency (e.g., administrative assistant, the Authorized Agent, secretary to the Director). It does not require the Governing Body's signature.
2. **Names and Titles:** If the Governing Body so chooses, the names **and** titles of the Authorized Agents would be listed. A new Cal OES Form 130 will be required if any of the Authorized Agents are replaced, leave the position listed on the document, or their title changes.



Checking Universal or Disaster-Specific Box: A Universal resolution is effective for all past disasters and for those declared up to three (3) years following the date of approval. Upon expiration it is no longer effective for new disasters, but it remains in effect for disasters declared prior to expiration. It remains effective until the disaster goes through closeout unless it is superseded by a newer resolution.

Governing Body Representative: These are the names and titles of the approving Board Members.

Examples include: Chairman of the Board, Director, Superintendent, etc. The names and titles **cannot** be one of the designated Authorized Agents. A minimum of three (3) approving board members must be listed. If less than three are present, meeting minutes must be attached in order to verify a quorum was met.

Certification Section:

Name and Title: This is the individual in attendance who recorded the creation and approval of this resolution.

Examples include: City Clerk, Secretary to the Board of Directors, County Clerk, etc. This person **cannot** be one of the designated Authorized Agents or Approving Board Member. If a person holds two positions (such as City Manager and Secretary to the Board) and the City Manager is to be listed as an Authorized Agent, then that person could sign the document as Secretary to the Board (not City Manager) to eliminate "Self-Certification."

EXHIBIT B



PROJECT APPLICATION

CALIFORNIA DISASTER ASSISTANCE ACT PROGRAM

OES-PA-126 (Rev. 10-2022)

For Internal Use Only

Cal OES Application #: _____

Disaster No #: _____

UEI #: _____

1. APPLICANT'S NAME AND ADDRESS

APPLICANT: Reclamation District No. 2040 - Victoria Island

ADDRESS: P.O. Box 1461

CITY & ZIP: Stockton, CA 95201

PHONE: (209) 465-5883

2. APPLICANT'S AUTHORIZED AGENT

Attach *DESIGNATION OF APPLICANT'S AGENT RESOLUTION* (Form Cal OES 130)

NAME: Christopher H. Neudeck

TITLE: District Engineer

ADDRESS: 711 N. Pershing Avenue

CITY & ZIP: Stockton, CA 95203

PHONE: (209) 946-0268

EMAIL: cneudeck@ksninc.com

3. PROJECT SUMMARY – Attach a List of Projects as defined in Title 19 of the California Code of Regulations, Section 2970(a)(4).

ASSURANCES AND AGREEMENTS

- A. The applicant certifies (to the best of his knowledge and belief) the disaster relief work herein described for which state financial assistance is requested, is eligible in accordance with the criteria contained in the Disaster Assistance Act (Government Code, Section 8680 et seq).
- B. The applicant is the legal entity responsible under law for the performance of the work detailed and accepts such responsibility.
- C. The applicant certifies that the disaster relief work herein described for which state assistance is requested hereunder, does not or will not duplicate benefits received for the same loss from another source.



PROJECT APPLICATION CDAA PROGRAM

OES-PA-126 (Rev. 10-2022)

- D. The applicant certifies that they have undertaken to recover maximum federal participation in funding street and highway project and public facility projects.
- E. The applicant certifies that all information given herein is to the best of its knowledge and belief, true and correct.
- F. The applicant agrees to (1) provide without cost to the state all lands, easements, and rights-of-way necessary for accomplishment of the approved work and
- (2) The applicant agrees to hold and save the State of California, its officers, agents and employees free from damages due to the approved work.
- G. (1) The applicant agrees to comply with Section 3700 of the Labor Code, which requires every employee to be insured against liability for Workmen's Compensation, or to undertake self-insurance in accordance with provisions of the code; and will comply with such provisions before commencing the performance of the work.
- (2) The applicant agrees to comply with the Fair Practices Act in connection with the performance of work under this agreement wherein it agrees it will not willfully discriminate against any employee or applicant for employment because of race, color, religion, ancestry, sex, age or national origin; and it agrees to take affirmative action to insure that applicants for employment are employed, and that employees are treated during employment without regard to their race, color, religion, ancestry, sex, age or national origin, and hereby gives assurance that it will immediately take any measures necessary to effectuate this agreement.
- (3) If any real property or structure thereon is provided or improved with the aid of the state financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of such property, any transferee for the period during which the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the applicant for the period during which the state financial assistance is extended to it by the agency.
- (4) This assurance is given in consideration of, and for the purpose of obtaining any and all state grants, loans, reimbursement, advances, contracts, property, discount, or other state financial assistance extended after the date hereon to the applicant. The applicant recognizes and agrees that such state financial assistance will be extended in reliance on the representations and agreements made in this assurance and that the state shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the applicant, its successors, transferees and assignees, and a person or persons whose signatures appear on this form or is authorized to sign this assurance on behalf of the applicant.



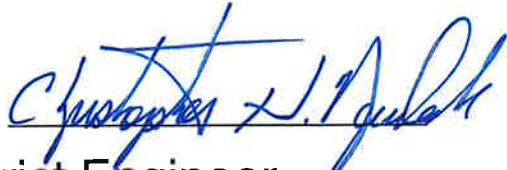
PROJECT APPLICATION CDAA PROGRAM

OES-PA-126 (Rev. 10-2022)

- H. The applicant certifies that all financial assistance received under this application will be, or has been, expended in accordance with applicable laws and regulations. The applicant certifies that any work performed by a state agency at their request shall be agreed upon in writing and be subject to the State Contract Act. The applicant certifies that the work performed, or to be performed, is in accordance with the state and local laws governing the performance of such work.
- I. The applicant certifies compliance with Standardized Emergency Management System (SEMS) requirements as stated in the California Emergency Services Act, Government Code, Chapter 7 of Division 1 of Title 2, Section 8607.1 (e) and CCR Title 19, Sections 2445, 2446, 2447 and 2448.
- J. The applicant certifies that on contracts involving expenditures in excess of \$25,000, it obtained from the contractor a payment bond in accordance with Sections 3247 through 3252 of the Civil Code.
- K. BY ACCEPTING THESE FUNDS, THE APPLICANT IS NOT FORFEITING ANY RIGHTS WHATSOEVER, INCLUDING THE RIGHT TO A FAIR HEARING.

4. SIGNATURE OF APPLICANT'S AUTHORIZED AGENT

"I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized by the above named subgrantee to enter into this agreement for and on behalf of the said subgrantee, and by my signature do bind the subgrantee to the terms thereof."

SIGNATURE:  DATE: 7/22/25
TITLE: District Engineer

5. Cal OES APPROVAL

SIGNATURE: _____ DATE APPROVED: _____
TITLE: _____