

CALIFORNIA INDIAN MANPOWER CONSORTIUM, INC.

738 North Market Boulevard

Sacramento, CA 95834

(916) 920-0285 FAX (916) 641-6338/1-800-748-5259 (TTY/Hearing Impaired Only)

Received by CIMC

LETTER OF AUTHORIZATION**ORGANIZATION**

Name _____

Mailing _____

Address _____

Telephone No. _____ Zip Code _____

CHAIRMAN

Name _____

Mailing _____

Address _____

Telephone No. _____ Zip Code _____

DELEGATE

Name _____

Mailing _____

Address _____

Telephone No. _____ Zip Code _____

Email Address: _____

ALTERNATE DELEGATE

Name _____

Mailing _____

Address _____

Telephone No. _____ Zip Code _____

SIGNATURES

Chairman _____ Date _____

Delegate _____ Date _____

Alternate Delegate _____ Date _____

CIMC BY-LAWS COMMITTEE (for CIMC use only)

Chairman _____ Date _____

CERTIFICATION

The individual named as Delegate has been authorized to represent our organization to the California Indian Manpower Consortium, Inc.

We understand that, to the extent consistent with any applicable law, each party signatory to the California Indian Manpower Consortium Agreement is jointly and separately responsible for the use of funds, and for claims established against the Consortium, i.e., each member of the Consortium, rather than the administrative unit, has ultimate responsibility for the program's operation and success.

Therefore, the Delegate has the authority, including all necessary legal authority, to enter into the Consortium Agreement for Program Years beginning July 1, 2011 and ending on June 30, 2013, and otherwise act on behalf of our organization.

CONFLICT OF INTEREST

Is the Chairman a CIMC participant or staff member? No Yes

Is the Delegate a CIMC participant or staff member? No Yes

Is the Alternate Delegate a CIMC participant or staff member? No Yes

NEPOTISM/FAVORITISM

Is any member of the Chairman's immediate family a CIMC participant or staff member or supervised by the Chairman? No Yes

If yes, Name _____

Is any member of the Delegate's immediate family a CIMC participant or staff member or supervised by the Delegate? No Yes

If yes, Name _____

Is any member of the Alternate Delegate's immediate family a CIMC participant or staff member or supervised by the Alternate Delegate? No Yes

If yes, Name _____

"Immediate family" includes: father, mother, brother, sister, husband, wife, son or daughter.