

POWER OF ATTORNEY FORM

(Cleanup Fund Branch Grant and Loan Programs)

The State Water Resources Control Board (State Water Board), Division of Financial Assistance, Cleanup Fund Branch (Cleanup Fund Branch) encourages applicants/ recipients for the Site Cleanup Subaccount Program (SCAP), Orphan Site Cleanup Fund (OSCF), and Replacing, Removing, or Upgrading Underground Storage Tanks (RUST) Program to sign all documents personally. Applicants/ recipients may, however, want a designated representative, referred to as an attorney-in-fact, to sign these documents on the applicant's/ recipient's behalf. The Cleanup Fund Branch only will accept documents signed by the applicant's/ recipient's attorney-in-fact if the Applicant/ Recipient has submitted a Power of Attorney (POA), designating a specific attorney-in-fact to sign and submit documents to the SCAP, OSCF, or RUST Program on the applicant's/ recipient's behalf.

Applicants/ recipients and their attorneys-in-fact are personally responsible for and will be bound by any assertions made to the SCAP, OSCF, or RUST Program by the applicant's/ recipient's attorney-in-fact pursuant to a POA. If the applicant's/ recipient's attorney-in-fact makes a false statement or misrepresentation to the Cleanup Fund Branch, the applicant/ recipient and the applicant's/ recipient's attorney-in-fact may be subject to enforcement, including, but not limited to, disqualification of the applicant/ grant.

Applicants/ recipients and/or their attorneys-in-fact are responsible for notifying the Cleanup Fund Branch immediately when the Applicant/ Recipient has revoked the POA, the POA is invalidated by the death or incapacity, or the POA is revoked, terminated, or invalidated for any other reason. The attorney-in-fact cannot continue to sign and submit documents to the Cleanup Fund Branch after the POA is revoked, terminated, or invalidated for any reason.

A Cleanup Fund Branch-specific POA form for use by Applicants/ Recipients of the SCAP, OSCF, or RUST Program is available by request. Applicants/ recipients also may choose to use a commercially available POA form or have their own legal counsel prepare a POA for them. The Cleanup Fund Branch advises applicants/ recipients to not designate a consultant or contractor performing work on a project site as the applicant's/ recipient's attorney-in-fact due to the potential for a conflict of interest between the applicant/ recipient and the consultant or contractor.

State Water Resources Control Board
Division of Financial Assistance
Cleanup Fund Branch Grant and Loan Programs
POWER OF ATTORNEY FOR FINANCIAL ASSISTANCE

I, _____

[Applicant's/ recipient's name and address. If applicant/ recipient is a corporation or other entity, include the name, address, and title of the acting officer.]

appoint: _____

[Name and address, email, and telephone number of the person(s) appointed.]

as my agent (attorney-in-fact) to act for me in any lawful way by signing, submitting, or receiving all documents necessary to file my application for, and receive financial assistance from, _____
[Name of financial assistance program]

for financial assistance with costs related to project number _____
[Insert Project Number]

at: _____
[Site address]

This power of attorney is effective immediately and will continue until it is revoked, unless I direct otherwise on the line below.

If I have designated more than one agent, the agents are to act _____.
(If you appointed more than one agent and you want each agent to be able to act alone without the other agent joining, write the word "separately" in the blank space above. If you do not insert any word in the blank space, or if you insert the word "jointly," then all of your agents must act or sign together.)

This power of attorney is governed by the Power of Attorney Law, California Probate Code section 4000 et seq.

State Water Resources Control Board
Division of Financial Assistance
Cleanup Fund Branch Grant and Loan Programs
POWER OF ATTORNEY FOR FINANCIAL ASSISTANCE

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this _____ day of _____, 20_____

APPLICANT(s)/ RECIPIENT(s)

MUST SIGN

[Applicant's/ Grantee's signature]
(Notarized)

[Applicant's/ Recipient's signature]
(Notarized)

State of _____ County of _____

By accepting or acting under the appointment, the agent assumes the fiduciary and other legal responsibilities of an agent.

ATTORNEY-IN-FACT

Signed this _____ day of _____, 20_____

MUST SIGN

[Attorney-in-fact signature]

<p><i>The Applicants/ Recipients must attach a certificate of acknowledgement of notary public in compliance with Section 1189 of the Civil Code or other applicable law.</i></p>
