POWER OF ATTORNEY FORM (POA)
Orphan Site Cleanup Fund (OSCF)

The OSCF program encourages applicants to sign all OSCF documents personally. Applicants may, however, want an attorney-in-fact to sign OSCF documents on the applicant’s behalf. The OSCF program only will accept documents signed by the applicant’s attorney-in-fact if the applicant has submitted a POA, designating a specific attorney-in-fact to sign and submit documents to the OSCF program on the applicant’s behalf.

Applicants and their attorneys-in-fact are personally responsible for and will be bound by any assertions made to the OSCF program by the applicant’s attorney-in-fact pursuant to a POA. If the applicant’s attorney-in-fact makes a false statement or misrepresentation to the OSCF program, the applicant may be disqualified from the OSCF.

Applicants and/or their attorneys-in-fact are responsible for notifying the OSCF immediately when the applicant has revoked the POA, the POA is invalidated by the applicant’s 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 OSCF after the POA is revoked, terminated, or invalidated for any reason.

An OSCF-specific POA form is available at https://www.waterboards.ca.gov/water_issues/programs/ustcf/oscf.html or by request. Applicants also may use a commercially available POA form or have their own legal counsel prepare a POA for them. The OSCF program advises claimants to not designate a consultant or contractor performing work on a project site as the claimant’s representative due to the potential for a conflict of interest between the applicant and the consultant or contractor.
POWER OF ATTORNEY
FOR AN APPLICATION TO
THE ORPHAN SITE CLEANUP FUND

I, ________________________________
[Applicant’s name and address. If applicant is a corporation, include the name, address, and title of the acting officer.]

appoint __________________________________________________________
[Name and address of the person appointed, or of each person appointed if you wish to appoint more than one.]

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 grant application, Orphan Site Cleanup Fund Project No. ______ to the Orphan Site Cleanup Fund for reimbursement of costs related to the petroleum release 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.
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 MUST SIGN

X ________________________________

[Applicant’s signature] *(Notarized)*

[Applicant’s Social Security Number/ Tax Identification Number]

X ________________________________

[Applicant’s signature] *(Notarized)*

[Applicant’s Social Security Number/ Tax Identification Number]

State of___________________ County of _________________

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

Signed this__day of ________________, 20__

ATTORNEY-IN-FACT MUST SIGN

X ________________________________

[Attorney-in-fact’s signature and telephone number]

The applicant must attach a certificate of acknowledgement of a notary public in compliance with section 1189 of the Civil Code or other applicable law.