

# Used Oil Payment Program

## Resolutions and Other Required Authorizing Documentation

All supporting documents should be uploaded with your application. Please do not mail hard copies to CalRecycle unless it has been requested of you.

Qualified local public agencies (Agency(ies)) may apply for the Used Oil Payment Program (OPP) on their own behalf or may join with other qualified agencies in a regional application. All applications must include specific authorizing documentation:

- Applicants subject to a governing authority, who apply on their own behalf or as a Lead Agency for a regional OPP, must submit a resolution.
- Applicants not subject to a governing authority, who apply on their own behalf or as a Lead Agency for a regional OPP, must submit a Letter of Commitment.
- Regional participants must annually submit a Resolution, Letter of Authorization, or Memorandum of Understanding, as appropriate, to their Regional Lead Agency.

\* \* \* \* \*

***APPLICANT SUBJECT TO A GOVERNING BODY, WHETHER APPLYING ON OWN BEHALF OR AS THE REGIONAL LEAD FOR A REGIONAL OPP, MUST SUBMIT A RESOLUTION. THE RESOLUTION:***

- Must reference only the OPP; reference to other CalRecycle programs will nullify the document.
- Must authorize submittal of an OPP application(s).
- Must identify the period of time during which the document is valid. Open ended periods or specific time periods over 5 years are encouraged, however, periods for less than 5 years are acceptable.
- Must identify the job title of the person authorized to sign all documents necessary to implement and secure payment under the OPP (Signature Authority).
- Optional: it is encouraged but not required that the governing body authorize the Signature Authority to identify a designee by job title to sign on behalf of the Signature Authority in the event the Signature Authority is unavailable.

**Additional requirement for **Regional Lead Agency applicants'** resolutions. The resolution:**

- Must authorize submittal of an regional application on behalf of the applicant as lead agency and specifically named regional participants. If the resolution is valid for more than one year, it is highly recommended a) that the list of participants be provided as an attachment rather than embedded in the resolution, and b) that the Signature Authority be authorized to revise the list as necessary with each subsequent application (this allows a Signature Authority to add or remove regional participants with each new application without the necessity of obtaining a new resolution).

**EXAMPLE RESOLUTIONS FOR APPLICANT SUBJECT TO GOVERNING BODY**

**A. Applicant Applying on Its Own Behalf**

***RESOLUTION AUTHORIZING SUBMITTAL OF AN USED OIL PAYMENT PROGRAM APPLICATION AND RELATED AUTHORIZATIONS***

WHEREAS, pursuant to Public Resources Code § 48690 the Department of Resources Recycling and Recovery (CalRecycle), formerly known as the California Integrated Waste Management Board, has established the Used Oil Payment Program to make payments to qualifying jurisdictions for implementation of their used oil programs; and

WHEREAS, in furtherance of this authority CalRecycle is required to establish procedures governing the administration of the Used Oil Payment Program; and

WHEREAS, CalRecycle's procedures for administering the Used Oil Payment Program require, among other things, an Applicant's governing body to declare by resolution certain authorizations related to the administration of the Used Oil Payment Program.

NOW, THEREFORE, BE IT RESOLVED that (**Name of Applicant**) is authorized to submit a Used Oil Payment Program application to CalRecycle; and

BE IT FURTHER RESOLVED that the (**Job Title**), or his/her designee, is hereby authorized as Signature Authority to execute all documents necessary to implement and secure payment under the OPP; and

(Choose only one of the following options):

BE IT FURTHER RESOLVED that this authorization is effective until rescinded by Signature Authority or this Governing Body. **OR**

BE IT FURTHER RESOLVED that this authorization is effective for five (5) years from the date of its adoption. **OR**

BE IT FURTHER RESOLVED that this authorization is effective until (**Month, Day, Year**).

Date Adopted \_\_\_\_\_

ATTEST/CERTIFIED \_\_\_\_\_(Name(s))

**B. Applicant Applying as a Regional Lead Agency**

***RESOLUTION AUTHORIZING SUBMITTAL OF A REGIONAL USED OIL PAYMENT PROGRAM APPLICATION AS THE REGIONAL LEAD AGENCY, RELATED AUTHORIZATIONS AND IDENTIFICATION OF REGIONAL PARTICIPANTS***

WHEREAS, pursuant to Public Resources Code § 48690 the Department of Resources Recycling and Recovery (CalRecycle), formerly known as the California Integrated Waste Management Board, has established the Used Oil Payment Program to make payments to qualifying jurisdictions for implementation of their used oil programs; and

WHEREAS, in furtherance of this authority CalRecycle is required to establish procedures governing the administration of the Used Oil Payment Program; and

WHEREAS, the Used Oil Payment Program allows regional participation; and

WHEREAS, CalRecycle's procedures for administering the Used Oil Payment Program require, among other things, a regional applicant's governing body to declare by resolution certain authorizations related to the administration of the Used Oil Payment Program.

NOW, THEREFORE, BE IT RESOLVED that (**Name of Applicant**) is authorized to submit a Used Oil Payment Program regional application on behalf of itself as Lead Agency and designated participating agencies (see attached listing); and

BE IT FURTHER RESOLVED that the (**Job Title**), or his/her designee, is hereby authorized as Signature Authority to execute all documents necessary to implement and secure payment under the OPP ; and

BE IT FURTHER RESOLVED (*for multi-year resolutions*) that the Signature Authority is hereby authorized to revise the list of participating agencies as necessary with each yearly application; and

(Choose only **one** of the following options):

BE IT FURTHER RESOLVED that this Resolution is effective until rescinded by the Signature Authority and/or this Governing Body. **OR**

BE IT FURTHER RESOLVED that this Resolution is effective for five (5) years from its date of adoption. **OR**

BE IT FURTHER RESOLVED that this authorization is effective until (**Month, Day, Year**).

Date Adopted \_\_\_\_\_

ATTEST/CERTIFIED \_\_\_\_\_(Name(s))

***APPLICANT NOT SUBJECT TO GOVERNING BODY, WHETHER APPLYING ON OWN BEHALF OR AS THE REGIONAL LEAD FOR A REGIONAL OPP, MUST SUBMIT A LETTER OF COMMITMENT. THE LETTER:***

- Must be on Applicant's letterhead and signed by an individual authorized to contractually bind the Applicant.
- Must reference only the OPP; reference to other CalRecycle programs will nullify the document.
- Must authorize submittal of an OPP application(s).
- Must identify the period of time during which the Letter of Commitment is valid. Open ended periods or specific time periods over 5 years are encouraged, however, periods for less than 5 years are acceptable.
- Must identify the job title of the person authorized to sign all documents necessary to implement and secure payment under the OPP (Signature Authority).
- Optional: It is encouraged but not required that the Signature Authority be authorized to identify by job title a designee to sign on behalf of the Signature Authority in the event the Signature Authority is unavailable.

**Additional requirement for **Regional Lead Agency applicants'** Letter of Commitment. The Letter:**

- Must authorize submittal of a regional application on behalf of the applicant as lead agency and specifically named regional participants. If the Letter is valid for more than one year, it is highly recommended a) that the list of participants be provided as an attachment rather than embedded in the Letter, and b) that the Signature Authority be authorized to revise the list as necessary with each subsequent application (this allows a Signature Authority to add or remove regional participants with each new application without the necessity of obtaining a new Letter).

**EXAMPLE LETTERS OF COMMITMENT FOR APPLICANT NOT SUBJECT TO GOVERNING BODY**

**A. Applicant Applying on its own Behalf**

**APPLICANT LETTER OF COMMITMENT**  
**(On official letterhead)**

Date

Subject Line - RE: Letter of Commitment for Used Oil Payment Program

I am the **(job title)** of **(name of Applicant)**. I am authorized to contractually bind **(name of Applicant)**. Pursuant to this authority, I hereby 1) authorize submittal of the Used Oil Payment Program (OPP) Application on behalf of **(name of Applicant)**; 2) designate the **(job title)** as our Signature Authority; 3) authorize the Signature Authority and his/her designee to execute on behalf of Applicant all documents necessary to implement and secure payment under the OPP; and 4) these authorizations are effective:

*(Choose only **one** of the following options)*

until rescinded in writing by the Signature Authority or me. **OR**

until five (5) years from the date of this letter. **OR**

until **(Month, Day, Year)**.

The following information more specifically identifies our Signature Authority:

Name & Job Title

Mailing Address

City, State, Zip Code

Telephone Number

Signatory's Name and Job Title

Telephone Number

Signed: \_\_\_\_\_

**B. Applicant Applying as a Regional Lead Agency**

**APPLICANT LETTER OF COMMITMENT**  
**(on official letterhead)**

Date

Subject Line - RE: Letter of Commitment for Used Oil Payment Program

I am the **(job title)** of **(name of Applicant)**. I am authorized to contractually bind **(name of Applicant)**. Pursuant to this authority, I hereby 1) authorize submittal of the Used Oil Payment Program (OPP) Application on behalf of **(name of Applicant)** as Lead Agency and the participating agencies (see attached listing); 2) designate the **(job title)** as our Signature Authority; 3) authorize the Signature Authority and his/her designee to execute on behalf of Applicant all documents necessary to implement and secure payment under the OPP ; 4) *(for multi-year Letter of Commitment)* authorize the Signature Authority to revise the list of participating agencies as necessary with each yearly application; and 5) these authorizations are effective:

*(Choose only **one** of the following options)*

until rescinded in writing by the Signature Authority or me. **OR**

until five (5) years from the date of this letter. **OR**

until **(Month, Day, Year.)**.

The following information more specifically identifies our Signature Authority:

Name & Job Title

Mailing Address

City, State, Zip Code

Telephone Number

Signatory's Name and Job Title

Mailing Address

Telephone Number

Signed: \_\_\_\_\_

## REGIONAL PARTICIPANTS

In addition to the applicant's resolution or Letter of Commitment discussed above, an authorizing document from each named regional participant must be included (uploaded into the online application OPPO system by the Regional Lead Agency) with the application. Failure to provide such documentation will render the application incomplete and ineligible.

Each participant **must** submit one of the following authorizing documents to the Lead Agency, as the Lead Agency is responsible for uploading the supporting documents with the application: a resolution, Letter of Authorization, or Memorandum of Understanding, as applicable. The document:

- Must authorize submittal of an OPP application by the Lead Agency on behalf of the participant.
- Must be dated within the last 12 months.
- Is effective for only one (1) year.

Additional requirement for Letter of Authorization. The Letter:

- Must be on Applicant's letterhead and signed by an individual authorized to contractually bind the Applicant.

Members of a Joint Powers Authority may use either a resolution or a Letter of Authorization. All members of a Memorandum of Understanding (MOU) must sign the MOU.

## EXAMPLE RESOLUTION FROM REGIONAL PARTICIPANT

***RESOLUTION OF PARTICIPATING REGIONAL AUTHORIZING ON ITS BEHALF THE SUBMITTAL OF AN USED OIL PAYMENT PROGRAM APPLICATION BY A LEAD AGENCY***

WHEREAS, pursuant to Public Resources Code § 48690 the Department of Resources Recycling and Recovery (CalRecycle), formerly known as the California Integrated Waste Management Board, has established the Used Oil Payment Program to make payments to qualifying jurisdictions for implementation of their used oil programs; and

WHEREAS, in furtherance of this authority CalRecycle is required to establish procedures governing the administration of the Used Oil Payment Program; and

WHEREAS, the Used Oil Payment Program allows regional participation; and

WHEREAS, CalRecycle's procedures for administering the Used Oil Payment Program require, among other things, a regional participant to formally authorization certain matters related to the application and administration of the Used Oil Payment Program by its designated Lead Agency.

NOW, THEREFORE, BE IT RESOLVED that the (**Name of Participating Jurisdiction**) designates the (**Name of Regional Applicant**) to act as the Lead Agency and authorizes it to submit a Used Oil Payment Program regional application on behalf of itself as Lead Agency and (**Name of Participating Jurisdiction**). The (**Name of Regional Applicant**) is hereby authorized and empowered to execute all documents necessary to secure funds and implement the approved project.

BE IT FURTHER RESOLVED that this authorization is effective for one year from the date of its adoption.

Date Adopted \_\_\_\_\_

ATTEST/CERTIFIED \_\_\_\_\_ (Name(s))

## EXAMPLE LETTER OF AUTHORIZATION FROM REGIONAL PARTICIPANT

**REGIONAL PARTICIPANT  
LETTER OF AUTHORIZATION  
(on official letterhead)**

Date

Subject Line – RE: Letter of Authorization

I am **(job title)** of **(name of Regional Participant)**. I am authorized to contractually bind **(name of Regional Participant)**. Pursuant to this authority, I hereby authorize **(name of Regional Lead Agency)** to submit a regional Used Oil Payment Program (OPP) application and act as Lead Agency on behalf of **(name of Regional Participant)**. **The (name of Regional Lead Agency)** is hereby authorized to execute all documents necessary to implement and secure payment under the OPP.

Signatory's Name and Job Title

Telephone Number

Signed \_\_\_\_\_

### LETTER OF DESIGNATION

***-- A Letter of Designation (LOD) is required when the authorized Signature Authority delegates his/her authority to another person. The approved Resolution or Letter of Commitment must indicate the Signature Authority's ability to delegate or designate his/her authority. The LOD must be submitted prior to the Designee's exercise of his/her authority. If the Designee signs any documents in the application, the letter must be submitted with the application.***

The LOD

- Must be on the Applicant's letterhead.
- Must be dated on or after the effective date of the Letter of Commitment or the approved Resolution.
- Must be signed by the Signature Authority.
- Must identify the job title of the Designee.
- Must identify the scope of the Designee's authority.
- Must identify the period during which the Designee may exercise the authority.

The Designee's authority may not extend beyond the effective date of the Letter of Commitment or the approved Resolution (for example, if the Resolution is effective until December 31, 2013, then the LOD may be effective only until December 31, 2013).



**EXAMPLE LETTER OF DESIGNATION**

**LETTER OF DESIGNATION**  
**(on official letterhead)**

Date

Subject Line - RE: Identification of Designee

Pursuant to the **(Letter of Commitment or Resolution)** authorizing an application for the OPP, I am the designated Signature Authority for **(Name of Applicant/Grantee)**. I am authorized by the **(Letter of Commitment or Resolution)** to execute on behalf of **(Name of Applicant/Grantee)** all grant documents, including but not limited to, applications, agreements, amendments and requests for payment, necessary to secure grant funds and implement the approved grant project for this grant. The **(Letter of Commitment or Resolution)** also authorizes me to delegate this authority. Accordingly, I hereby delegate this authority to the **(Job Title of Designee)**. This delegation is effective

*(Choose only one of the following)*

as long as the **(Letter of Commitment or Resolution)** is in effect. **OR**

until rescinded by me or my successor. **OR**

until **(Month, Day, Year)**.

The following information more specifically identifies the Designee:

- Name & Job Title
- Mailing Address
- City, State, Zip Code
- Telephone Number

Signature Authority's name

Address

Telephone Number

Signed \_\_\_\_\_