

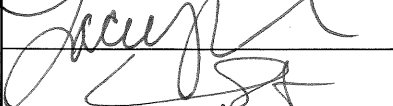
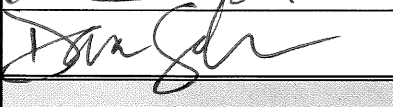
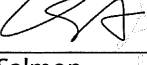
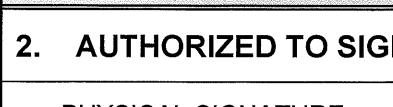
# SIGNATURE AUTHORIZATION FORM (SAF)

WASHINGTON MILITARY DEPARTMENT  
Camp Murray, Washington 98430-5122

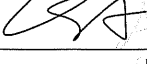
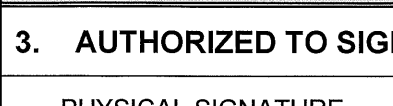
Please read instructions on page 2 before completing this form.

|                                                                                    |                            |
|------------------------------------------------------------------------------------|----------------------------|
| <b>NAME OF ORGANIZATION</b><br>Snohomish County Department of Emergency Management | <b>DATE SUBMITTED</b>      |
| <b>GRANT PROGRAM - Acronyms Accepted</b><br>25SHSP                                 | <b>AGREEMENT NUMBER(S)</b> |

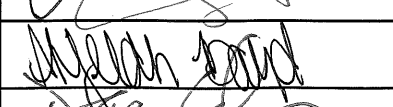
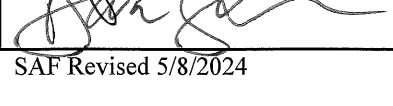
## 1. AUTHORIZING AUTHORITY

| PHYSICAL SIGNATURE                                                                | E-SIGNATURE                                                                                                                                                                 | PRINT OR TYPE NAME | TITLE & TERM OF OFFICE<br>(If applicable) |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------|
|   | Somers, Dave J<br><small>Digitally signed by Somers, Dave J<br/>Date: 2026.02.12 12:33:51 -08'00'</small>                                                                   | Dave Somers        | Executive                                 |
|   | Harper, Lacey<br><small>Digitally signed by Harper, Lacey<br/>Date: 2026.01.14 18:35:25 -08'00'</small>                                                                     | Lacey Harper       | Executive Director                        |
|   | <br><small>Digitally signed by Schmit, Lucia<br/>Date: 2026.01.12 15:50:19 -08'00'</small> | Lucia Schmit       | Director - Emergency Management           |
|  | Salmon, Dara<br><small>Digitally signed by Salmon, Dara<br/>Date: 2026.01.12 12:49:51 -08'00'</small>                                                                       | Dara Salmon        | Deputy Director - Emergency Management    |

## 2. AUTHORIZED TO SIGN AGREEMENTS / AMENDMENTS

| PHYSICAL SIGNATURE                                                                 | E-SIGNATURE                                                                                                                                                                   | PRINT OR TYPE NAME | TITLE & TERM OF OFFICE<br>(If applicable) |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------|
|  | Somers, Dave J<br><small>Digitally signed by Somers, Dave J<br/>Date: 2026.02.12 12:34:09 -08'00'</small>                                                                     | Dave Somers        | Executive                                 |
|  | Harper, Lacey<br><small>Digitally signed by Harper, Lacey<br/>Date: 2026.01.14 18:35:25 -08'00'</small>                                                                       | Lacey Harper       | Executive Director                        |
|  | <br><small>Digitally signed by Schmit, Lucia<br/>Date: 2026.01.12 15:50:32 -08'00'</small> | Lucia Schmit       | Director - Emergency Management           |
|  | Salmon, Dara<br><small>Digitally signed by Salmon, Dara<br/>Date: 2026.01.12 12:50:13 -08'00'</small>                                                                         | Dara Salmon        | Deputy Director - Emergency Management    |

## 3. AUTHORIZED TO SIGN REQUESTS FOR REIMBURSEMENT

| PHYSICAL SIGNATURE                                                                 | E-SIGNATURE                                                                                                                                                                   | PRINT OR TYPE NAME | TITLE & TERM OF OFFICE<br>(If applicable) |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------|
|  | Harper, Lacey<br><small>Digitally signed by Harper, Lacey<br/>Date: 2026.01.14 18:36:02 -08'00'</small>                                                                       | Lacey Harper       | Executive Director                        |
|  | <br><small>Digitally signed by Schmit, Lucia<br/>Date: 2026.01.12 15:50:45 -08'00'</small> | Lucia Schmit       | Director - Emergency Management           |
|  | Boyd, Anjelah<br><small>Digitally signed by Boyd, Anjelah<br/>Date: 2026.01.12 11:46:17 -08'00'</small>                                                                       | Anjelah Boyd       | Fiscal Supervisor - Emergency Management  |
|  | Salmon, Dara<br><small>Digitally signed by Salmon, Dara<br/>Date: 2026.01.12 12:50:46 -08'00'</small>                                                                         | Dara Salmon        | Deputy Director - Emergency Management    |