

**RESOLUTION NO. 19-01**

**A RESOLUTION OF THE BOARD OF DIRECTORS OF THE  
TRI-COUNTY WATER AUTHORITY  
PLACING IN NOMINATION DEANNA JACKSON AS  
A MEMBER OF THE ASSOCIATION OF CALIFORNIA WATER AGENCIES  
REGION 6 BOARD OF DIRECTORS FOR THE 2020-2021 TERM**

WHEREAS, The Board of Directors (Board) of the TRI-COUNTY WATER AUTHORITY does encourage and support the participation of its members in the affairs of the Association of California Water Agencies (ACWA); and

WHEREAS Executive Director, Deanna Jackson is currently serving as a member of the ACWA Region 6 Board of Directors, Groundwater, Agricultural, and Federal Affairs Committees for ACWA Region 6; and

WHEREAS Deanna Jackson has indicated a desire to serve as a Director on the Board of Directors of ACWA Region 6 for the 2020-2021 term and is qualified to serve.

NOW, THEREFORE, BE IT RESOLVED THAT THE BOARD OF DIRECTORS OF TRI-COUNTY WATER AUTHORITY:

1. Does place its full and unreserved support in the nomination of Deanna Jackson for a Board of Directors Position of ACWA Region 6.
2. Does hereby determine that the expenses attendant with the service of Deanna Jackson in ACWA Region 6 shall be borne by the TRI-COUNTY WATER AUTHORITY.

Adopted and approved this 11th day of June, 2019.

  
Cory VanderHam, President

ATTEST:

  
Deanna Jackson, Executive Director/Secretary

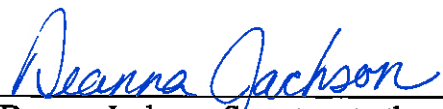
I, Deanna Jackson, Secretary to the Board of Directors of Tri-County Water Authority, hereby certify that the foregoing Resolution was introduced at a special meeting of the Board of Directors of said District, held on the 11th day of June 2019, and was adopted at that meeting by the following roll call vote:

AYES: Cory VanderHam, Steve Jackson, Mark Grewal

NOES:

ABSENT: Jack Mitchell

ATTEST:



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Deanna Jackson, Secretary to the  
Board of Directors of Tri-County Water Authority

**APPLICATION FOR ELECTIVE COVERAGE OF STATE DISABILITY INSURANCE\* ONLY  
LOCAL PUBLIC ENTITIES AND INDIAN TRIBES**

Reference: Section 709 of the California Unemployment Insurance Code (CUIC)

**IMPORTANT**

*Do not complete this form unless you wish to apply for State Disability Insurance only under Section 709 for ALL of your employees (excluding elected officials and appointees by the Governor). Coverage under this section of the CUIC does not make provision for Unemployment Insurance benefits.*

FOR DEPARTMENT USE ONLY	
EMPLOYER ACCOUNT NUMBER	STATISTICAL CODE
EFFECTIVE DATE	DATE EMPLOYER NOTIFIED
APPROVED BY	DATE APPROVED
SEND	NUMBER OF EMPLOYEES

**PLEASE TYPE OR PRINT**

1. Name of Government Entity or Indian Tribe <u>Tri-County Water Authority</u>	Business Phone <u>559-762-7240</u>			
2. Business Address (Number, Street, City, County, State, ZIP Code) <u>944 Whitley Ave, Suite E, Corcoran, CA 93212</u>				
3. Mailing Address (Number, Street, City, County, State, ZIP Code) <u>same</u>				
4. Type of Local Public Entity <input checked="" type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Other (Specify) _____				
5. Law under which agency was established: (Complete a, b, c, or d; does not apply to Indian Tribes.)				
a. California Tax Law	Title of Act	Number	Date	
b. California Codes	Title of Code <u>Government Code</u>	Division <u>Art. 1</u>	Part <u>Div. 7</u>	Chapter <u>5</u>
c. Charter	Title of Charter		Date	
d. Ordinance	Title of Ordinance		Date	
6. Members of governing body of local public entity or Indian Tribe, such as Board of Supervisors, City Council, District Directors, Tribal Council, etc.				

Name	Title	Residence Address	Phone	Social Security Number
<u>Cory Vanderham</u>	<u>President</u>			
<u>Mark Grewal</u>	<u>Vice-President</u>			
<u>Steve Jackson</u>	<u>member</u>			
<u>Jack Mitchell</u>	<u>member</u>			

NOTE: If your application is approved, the elective coverage agreement will be subject to all of the requirements and conditions outlined in *Information Concerning Elective Coverage Under Section 709 of the California Unemployment Insurance Code (CUIC), DE 1378L*. Please retain your copy of the DE 1378L for reference.

\* Includes Paid Family Leave (PFL).

7. Appointive Positions: (These persons are eligible for coverage unless appointed by the Governor.)

Title of Position	Number of Positions in This Category	By Whom Appointed	Number of Persons Desiring Coverage
<i>Executive Director</i>	<i>1</i>	<i>Board of Directors</i>	<i>1</i>

8. Total number of employees to be covered, excluding elected officers and those appointed by the Governor:   1  

9. On what date do you wish elective coverage to commence? Keep in mind that the commencement date of an elective coverage agreement shall not be prior to the first day of the calendar quarter in which the application is filed, nor later than the first day of the following calendar quarter.

- First day of current quarter       First day of next quarter


NOTE: Deductions should not be made from your employee's wages for the purpose of paying employee contributions required under the CUIC until your election is approved.

Attach a copy of the resolution in which the governing body described in Item 6 approved the filing of an application for elective coverage under Section 709 of the CUIC.

The governmental or tribal entity described in Item 1 hereby files its application under Section 709 of the CUIC to become an employer subject to the CUIC. It is understood that upon approval of the election by the Director, the governmental or tribal entity will be an employer subject to the CUIC for State Disability Insurance purposes only to the same extent as other employers as of the date specified in the approval, and will remain a subject employer for at least **two complete calendar years**. Thereafter, this election may be terminated as provided by the CUIC.

I certify that this application has been examined by me, and to the best of my knowledge and belief, it is true and correct and made in good faith under the provisions of the CUIC.

This certificate must be signed by one or more of the persons listed under Item 6.

Signature	Title	Date
	<i>President</i>	

**Return completed application to:**

Employment Development Department  
 Analysis Resolution and Correspondence Organization  
 PO Box 2068  
 Rancho Cordova, CA 95741-2068

Questions may be directed to the above address or call 888-745-3886.

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 888-745-3886 (voice) or TTY 800-547-9565.