

RESOLUTION
DESIGNATION OF APPLICANT'S AGENT
North Carolina Division of Emergency Management

Organization Name (hereafter named Organization):	Disaster Number:	
County of Dare	<i>Hurricane Ophelia</i>	
Applicant's State Cognizant Agency for Single Audit purposes (If Cognizant Agency is not assigned, please indicate):		
North Carolina Department of Crime Control and Public Safety		
Applicant's Fiscal Year (FY) Start	Month:	Day:
	July	1st
Applicant's Federal Employer's Identification Number:		
56-6000293		
Applicant's Federal Information Processing Standards (FIPS) Number:		
37095		

PRIMARY AGENT	SECONDARY AGENT
Agent's Name	Agent's Name
Jenny Gray Jones	Terry Wheeler
Organization	Organization
County of Dare	County of Dare
Official Position	Official Position
Grants and Waterways Administrator	County Manager
Mailing Address	Mailing Address
PO Box 1000	PO Box 1000
City, State, Zip	City, State, Zip
Manteo, North Carolina 27954	Manteo, North Carolina 27954
Daytime Telephone	Daytime Telephone
252-475-5628	252-475-5800
Facsimile Number	Facsimile Number
252-473-3042	252-473-3042
Pager or Cellular Number	Pager or Cellular Number
252-475-0798	

BE IT RESOLVED BY the governing body of the Organization (a public entity duly organized under the laws of the State of North Carolina) that the above-named Primary and Secondary Agents are hereby authorized to execute and file applications for federal and/or state assistance on behalf of the Organization for the purpose of obtaining certain state and federal financial assistance under the Robert T. Stafford Disaster Relief & Emergency Assistance Act, (Public Law 93-288 as amended) or as otherwise available. BE IT FURTHER RESOLVED that the above-named agents are authorized to represent and act for the Organization in all dealings with the State of North Carolina and the Federal Emergency Management Agency for all matters pertaining to such disaster assistance required by the grant agreements and the assurances printed on the reverse side hereof. BE IT FINALLY RESOLVED THAT the above-named agents are authorized to act severally.

PASSED AND APPROVED this _____ day of _____, 20__.

GOVERNING BODY	CERTIFYING OFFICIAL
Name and Title	Name
Name and Title	Official Position
Name and Title	Daytime Telephone

CERTIFICATION

I, _____ (Name) duly appointed and _____ (Title) of the Governing Body, do hereby certify that the above is a true and correct copy of a resolution passed and approved by the Governing Body of _____ (Organization) on the _____ day of _____, 20__.

Date: _____

Signature: _____