

<b>RESOLUTION</b>	
<b>DESIGNATION OF APPLICANT'S AGENT</b>	
North Carolina Division of Emergency Management	
Organization Name (hereafter named Organization) Town of Nags Head, NC	Disaster Number: FEMA-4412-DR-NC
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: July Day: 01	
Applicant's Federal Employer's Identification Number 56 - 6034273	
Applicant's Federal Information Processing Standards (FIPS) Number 055 - 55880 - 00	
PRIMARY AGENT	SECONDARY AGENT
Agent's Name <b>Roberta Thuman</b>	Agent's Name <b>Amy Miller</b>
Organization <b>Town of Nags Head</b>	Organization <b>Town of Nags Head</b>
Official Position <b>Public Information Officer</b>	Official Position <b>Finance Officer</b>
Mailing Address <b>PO Box 99</b> <span style="float: right;">+</span>	Mailing Address <b>PO Box 99</b> <span style="float: right;">+</span>
City, State, Zip <b>Nags Head, NC 27959</b>	City, State, Zip <b>Nags Head, NC 27959</b>
Daytime Telephone <b>(252) 441-5508</b>	Daytime Telephone <b>(252) 441-5508</b>
Facsimile Number <b>(252) 441-0776</b>	Facsimile Number <b>(252) 441-0776</b>
Pager or Cellular Number <b>(252) 305-2259</b>	Pager or Cellular Number <b>(252) 305-4560</b>
<p>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 &amp; 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 <b>the assurances printed on the reverse side hereof</b>. BE IT FINALLY RESOLVED THAT the above-named agents are authorized to act severally. <b>PASSED AND APPROVED</b> this _____ day of _____, 20_____.</p>	
GOVERNING BODY	CERTIFYING OFFICIAL
Name and Title <b>Board of Commissioners</b>	Name <b>Benjamin Cahoon</b>
Name and Title	Official Position <b>Mayor, Town of Nags Head, NC</b>
Name and Title	Daytime Telephone <b>(252) 441-5508</b>
CERTIFICATION	
<p>I, <u>Carolyn F. Morris</u>, (Name) duly appointed and <u>Town Clerk</u> (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 <u>Town of Nags Head</u> (Organization) on the <u>6th</u> day of <u>March</u>, 20<u>19</u>.</p>	
Date: <u>3/16/19</u>	Signature: <u>Benjamin Cahoon</u>

