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

Organization Name (hereafter named Organization) **Town of Nags Head**	Disaster Number: **4465**
Applicant's State Cognizant Agency for Single Audit purposes (If Cognizant Agency is not assigned, please indicate): **North Carolina**	
Applicant's Fiscal Year (FY) Start **20/21** Month: **July** Day: **01**	
Applicant's Federal Employer's Identification Number **56-6034273**	
Applicant's Federal Information Processing Standards (FIPS) Number **- 92196 -**	

PRIMARY AGENT	SECONDARY AGENT
Agent's Name Greg Sparks	Agent's Name Randy Wells
Organization Town of Nags Head	Organization Town of Nags Head
Official Position Town Manager	Official Position Fire Chief
Mailing Address PO Box 99	Mailing Address PO Box 99
City, State, Zip Nags Head, NC 27959	City, State, Zip Nags Head, NC 27959
Daytime Telephone 252-449-2010	Daytime Telephone 252-449-2018
Facsimile Number 252-441-0776	Facsimile Number 252-441-0776
Pager or Cellular Number 252-489-1627	Pager or Cellular Number 843-321-2480

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), Chapter 166A of the North Carolina General Statutes, 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. SCHEDULED FOR RATIFICATION on the 6th day of January 2021.

GOVERNING BODY	CERTIFYING OFFICIAL
Name and Title Ben Cahoon, Mayor Nags Head Board of Commissioners Benjamin Cahoon	Name Carolyn F. Morris
Name and Title	Official Position Town Clerk, Town of Nags Head
Name and Title	Daytime Telephone 252-449-2009

CERTIFICATION

I, Carolyn F. Morris, (Name) duly appointed and Town Clerk (Title) of the Governing Body, do hereby certify that the above is a true and correct copy of a resolution scheduled for ratification by the Governing Body of the Town of Nags Head Board of Commissioners (Organization) on the 6th day of January 2021.

Date: 12/22/2020 **Signature:** Carolyn F. Morris