

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

Organization Name (hereafter named Organization) Disaster Number: **#5161**
Buncombe County

Applicant's State Cognizant Agency for Single Audit purposes (If Cognizant Agency is not assigned, please indicate):
North Carolina Department of Health and Human Services

Applicant's Fiscal Year (FY) Start Month: **July** Day: **1**

Applicant's Federal Employer's Identification Number
56 - 6000279

Applicant's Federal Information Processing Standards (FIPS) Number
021-99021-00

PRIMARY AGENT

SECONDARY AGENT

M. Jerry VeHaun

Agent's Name
Angela Ledford

Organization
 Buncombe County Emergency Services

Organization
 Buncombe County Emergency Services

Official Position
 Director

Official Position
 Planner

Mailing Address
 164 Erwin Hills Road

Mailing Address
 164 Erwin Hills Road

City ,State, Zip
 Asheville, NC 28806

City ,State, Zip
 Asheville, NC 28806

Daytime Telephone
 828-250-6601

Daytime Telephone
 828-250-6605

Facsimile Number
 828-250-6609

Facsimile Number
 828-250-6214

Pager or Cellular Number

Pager or Cellular Number

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: _____