

RESOLUTION	
DESIGNATION OF APPLICANT'S AGENT	
North Carolina Division of Emergency Management	
Organization Name (hereafter named Organization) Town of Nags Head, NC	Disaster Number: FEMA 4285-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 Cliff Ogburn	Agent's Name Andy Garman
Organization Town of Nags Head	Organization Town of Nags Head
Official Position Town Manager	Official Position Deputy Town Manager/Planning Director
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 252-441-5508	Daytime Telephone 252-441-5508
Facsimile Number 252-441-0776	Facsimile Number 252-441-0776
Pager or Cellular Number 252-216-8146	Pager or Cellular Number 252-619-0437
<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 & 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_____.</p>	
GOVERNING BODY	CERTIFYING OFFICIAL
Name and Title Board of Commissioners	Name Robert C. Edwards <i>Robert C. Edwards</i>
Name and Title	Official Position Mayor, Town of Nags Head
Name and Title	Daytime Telephone 252-441-5508
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>17th</u> day of <u>September</u>, 20<u>16</u>.</p>	
Date: <u>12/8/16</u>	Signature: <i>Carolyn F. Morris</i>

