

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

Organization Name (hereafter named Organization): Nags Head Fire Rescue	Disaster Number: 4019
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 1-Jul-12	Month: _____ Day: _____
Applicant's Federal Employer's Identification Number: 56-6034273	
Applicant's Federal Information Processing Standards (FIPS) Number: 37209	

PRIMARY AGENT	SECONDARY AGENT
Agent's Name Cliff Ogburn	Agent's Name Kimberly Kenny
Organization Town of Nags Head	Organization Town of Nags Head
Official Position Town Manager	Official Position Director of Finance
Mailing Address P.O. Box 99	Mailing Address P.O. 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 252-449-2010	Pager or Cellular Number 252-449-2020

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 7th day of November 2012.

GOVERNING BODY	CERTIFYING OFFICIAL
Name and Title Nags Head Board of Commissioners	Name Robert O. Oakes, Jr.
Name and Title	Official Position Mayor
Name and Title	Daytime Telephone 252-441-5508

CERTIFICATION

I, Robert O. Oakes, Jr. (Name) duly appointed and Mayor (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 Town of Nags Head (Organization) on the 7th day of November 2012.

Date: 11/7/12

Signature: 

