

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

Organization Name (hereafter named Organization) Disaster Number:
WAKE COUNTY FEMA-4285-DR-MC

Applicant's State Cognizant Agency for Single Audit purposes (If Cognizant Agency is not assigned, please indicate):
NORTH CAROLINA DEPT OF CRIME CONTROL & PUBLIC SAFETY, DIV OF EMERGENCY MANAGEMENT

Applicant's Fiscal Year (FY) Start Month: JULY Day:1
2016

Applicant's Federal Employer's Identification Number
56-6000347

Applicant's Federal Information Processing Standards (FIPS) Number

PRIMARY AGENT	SECONDARY AGENT
<i>Agent's Name</i> SPENCER PHILLIPS	Agent's Name KIM LORBACHER
Organization WAKE COUNTY FINANCE	Organization WAKE COUNTY FINANCE
Official Position SENIOR ACCOUNTANT	Official Position ACCOUNTING & REPORTING MANAGER
Mailing Address PO BOX 550	Mailing Address PO BOX 550
City, State, Zip RALEIGH, NORTH CAROLINA 27602	City, State, Zip RALEIGH, NORTH CAROLINA 27602
Daytime Telephone 919-856-6130	Daytime Telephone 919-856-6128
Facsimile Number 919-856-6880	Facsimile Number 919-856-6880
Pager or Cellular Number 919-632-4381	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 31 day of January, 2017.

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: _____