TOWN OF KILL DEVIL HILLS

Land Where Flight Began

MEMORANDUM November 14, 2016

TO: Mayor and Board of Commissioners

FROM: Debora P. Diaz, Town Manager

REF: New Business

3. NC Division of Emergency Management Resolution [on] Designation of Applicant's Agent (Attached NB-3)

This North Carolina Division of Emergency Management resolution authorizes Planning Director Meredith Guns and Administrative Specialist Ron Farley to execute and file applications for federal and/or state assistance on behalf of the Town if and when needed.

Staff recommends adoption of the Resolution [on] Designation of Applicant's Agent as presented and a motion will be in order.

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

Organization Name (hereafter named Organization): Town of Kill Devil Hills

Disaster Number: FEMA-4285-DR-NC

Applicant's State Cognizant Agency for Single Audit purposes (If Cognizant Agency is not assigned, please indicate):

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

Applicant's Federal Employer's Identification Number: 56 - 6010722

Applicant's Federal Information Processing Standards (FIPS) Number: 055 - 35720 - 00

PRIMARY AGENT	SECONDARY AGENT
Agent's Name: Meredith B. Guns	Agent's Name: Ron Farley
Organization: Town of Kill Devil Hills	Organization: Town of Kill Devil Hills
Official Position: Planning Director	Official Position: Sr. Accounting Tech.
Mailing Address: PO Box 1719	Mailing Address: PO Box 1719
City ,State, Zip: Kill Devil Hills, NC 27948	City ,State, Zip: Kill Devil Hills, NC 27948
Daytime Telephone: 252-449-5318	Daytime Telephone: 252 449-5345
Facsimile Number: 252-441-4102	Facsimile Number: 252 480 4074
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:** _____

Rev. 06/02

ATTACHMENT NB-3