

**RESOLUTION**  
**DESIGNATION OF APPLICANT'S AGENT**

North Carolina Division of Emergency Management

Organization Name (hereafter named Organization) Rutherford County	Disaster Number: 5161
Applicant's State Cognizant Agency for Single Audit purposes (If Cognizant Agency is not assigned, please indicate):	
Applicant's Fiscal Year (FY) Start Month: 07 Day: 01	
Applicant's Federal Employer's Identification Number 56-6000337	
Applicant's Federal Information Processing Standards (FIPS) Number 161-99161-00	

**PRIMARY AGENT**

**SECONDARY AGENT**

*Agent's Name*

Roger Hollifield

Agent's Name

Paula Roach

Organization  
Rutherford County

Organization  
Rutherford County

Official Position  
Emergency Management Director

Official Position  
Finance Director

Mailing Address  
294 Fairground Road

Mailing Address  
289 N. Main Street

City, State, Zip  
Spindale, NC 28160

City, State, Zip  
Rutherfordton, NC 28139

Daytime Telephone  
828-287-6090

Daytime Telephone  
828-287-6348

Facsimile Number  
828-287-1225

Facsimile Number  
828-287-6210

Pager or Cellular Number  
828-287-6625

Pager or Cellular Number  
828-447-1078

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: \_\_\_\_\_