

**RESOLUTION  
DESIGNATION OF APPLICANT'S AGENT**

North Carolina Division of Emergency Management

Organization Name (hereafter named Organization) Town of Black Mountain Disaster Number: 1871  
 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: 1

Applicant's Federal Employer's Identification Number  
56 6001182

Applicant's Federal Information Processing Standards (FIPS) Number  
021 90282 00

PRIMARY AGENT	SECONDARY AGENT
Agent's Name <u>Marcia D. Onieal</u>	Agent's Name <u>Rick Shreve</u>
Organization <u>Town of Black Mountain</u>	Organization <u>Town of Black Mountain</u>
Official Position <u>Town Manager</u>	Official Position <u>Finance Officer</u>
Mailing Address <u>160 Midland Avenue</u>	Mailing Address <u>160 Midland Avenue</u>
City, State, Zip <u>Black Mountain, NC 28711</u>	City, State, Zip <u>Black Mountain, NC 28711</u>
Daytime Telephone <u>828-419-9311</u>	Daytime Telephone <u>828-419-9301</u>
Facsimile Number <u>828-669-4204</u>	Facsimile Number <u>828-669-4204</u>
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 8th day of March, 2010

GOVERNING BODY	CERTIFYING OFFICIAL
Name and Title	Name <u>Carl R. Bartlett</u>
Name and Title	Official Position <u>Mayor</u>
Name and Title	Daytime Telephone <u>828-419-9310</u>

**CERTIFICATION**

I, Rosa Hilbert, (Name) duly appointed and Deputy Town Clerk (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 Black Mountain (Organization) on the 8th day of March, 2010

Date: \_\_\_\_\_ Signature: \_\_\_\_\_