

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

Organization Name (hereafter named Organization): Town of Black Mountain	Disaster Number: Hazard Mitigation Assistance (HMA) FY10
Applicant's State Cognizant Agency for Single Audit purposes (If Cognizant Agency is not assigned, please indicate):	
Applicant's Fiscal Year (FY) Start July 1, 2009 - June 30, 2010	Month: _____ Day: _____
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 Marcia D. Onieal	Agent's Name Rick Shreve
Organization Town of Black Mountain	Organization Town of Black Mountain
Official Position Town Manager	Official Position Finance & Information Services Director
Mailing Address 160 Midland Avenue	Mailing Address 160 Midland Avenue
City, State, Zip Black Mountain, NC 28711	City, State, Zip Black Mountain, NC 28711
Daytime Telephone 828-419-9311	Daytime Telephone 828-419-9301
Facsimile Number 828-669-4204	Facsimile Number 828-669-4204
Pager or Cellular Number 828-775-9433	Pager or Cellular Number 404-694-7891

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 Carl R. Bartlett, Mayor; Joan Brown, Alderman	Name Rosa B. Hilbert
Name and Title C. Michael Sobol, Vice Mayor; Chuck McKeown, Alderman	Official Position Deputy Town Clerk
Name and Title Ruth Brandon, Alderman; Rosalie Phillips, Alderman	Daytime Telephone 828-419-9370

CERTIFICATION

I, Rosa B. 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 The Town of Black Mountain (Organization) on the 12th day of October , 2009

Date: _____

Signature: _____