

RESOLUTION 19-05
DESIGNATION OF APPLICANT'S AGENT
 North Carolina Division of Emergency Management

Organization Name (hereafter named Organization) Town of Holden Beach Disaster Number: FEMA-4465-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: 1

Applicant's Federal Employer's Identification Number
56-0944997

Applicant's Federal Information Processing Standards (FIPS) Number

PRIMARY AGENT	SECONDARY AGENT
Agent's Name <u>David W. Hewett</u>	Agent's Name <u>Christy Ferguson</u>
Organization <u>Town of Holden Beach</u>	Organization <u>Town of Holden Beach</u>
Official Position <u>Town Manager</u>	Official Position <u>Assistant Town Manager</u>
Mailing Address <u>110 Rothschild Street</u>	Mailing Address <u>110 Rothschild Street</u>
City, State, Zip <u>Holden Beach, NC, 28462</u>	City, State, Zip <u>Holden Beach, NC, 28462</u>
Daytime Telephone <u>910-842-6488</u>	Daytime Telephone <u>910-842-6488</u>
Facsimile Number <u>910-842-9315</u>	Facsimile Number <u>910-842-9315</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 15th day of October, 2019

GOVERNING BODY	CERTIFYING OFFICIAL
Name and Title <u>J. Alan Holden, Mayor</u>	Name <u>J. Alan Holden</u>
Name and Title <u>John Fletcher, Mayor Pro Tem</u>	Official Position <u>Mayor</u>
Name and Title <u>Mike Sullivan, Pat Kwiatkowski</u>	Daytime Telephone <u>910-842-6061</u>
Name and Title <u>Joe Butler, Peter Freer</u>	

CERTIFICATION

I, J. Alan Holden, (Name) duly appointed and Mayor (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 Holden Beach (Organization) on the 15th day of October, 2019

Date: _____ Signature: _____