

**RESOLUTION  
DESIGNATION OF APPLICANT'S AGENT**

**ATTACHMENT A**

North Carolina Division of Emergency Management

Organization Name (hereafter named Organization) Town of Carrboro		Disaster Number:
Applicant's State Cognizant Agency for Single Audit purposes (If Cognizant Agency is not assigned, please indicate): <b>Dixon Odom PLLC</b>		
Applicant's Fiscal Year (FY) Start 2002		Month: 7 Day: 1
Applicant's Federal Employer's Identification Number  566001194		
Applicant's Federal Information Processing Standards (FIPS) Number  135-10620-00		
<b>PRIMARY AGENT</b>		<b>SECONDARY AGENT</b>
Agent's Name Jan Bryant-Berry	Agent's Name Bing Roenigk	
Organization Town of Carrboro	Organization Town of Carrboro	
Official Position Purchasing Officer/Risk Manager	Official Position Assistant Town Manager	
Mailing Address 301 West Main St	Mailing Address 301 West Main St	
City, State, Zip Carrboro, NC 27510	City, State, Zip Carrboro, NC 27510	
Daytime Telephone 919-918-7301	Daytime Telephone 919-918-7300	
Facsimile Number 919-918-4456	Facsimile Number 919-918-4456	
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 18 day of February, 2002.

<b>GOVERNING BODY</b>		<b>CERTIFYING OFFICIAL</b>	
Name and Title	Name Sarah Williamson		
Name and Title	Official Position Town Clerk		
Name and Title	Daytime Telephone 919-918-7309		

**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: \_\_\_\_\_