

DESIGNATION OF AGENT RESOLUTION

FOR: _____
(Enter Name of Disaster or Number)

BE IT RESOLVED BY _____ **OF** _____
(Governing Body) (Public Entity)

THAT _____,
(Name of Applicant Agent) (Title)

IS HEREBY AUTHORIZED TO EXECUTE FOR AND IN BEHALF OF

_____, _____ County,
(Public Entity) (County)

a public entity established under the laws of the Commonwealth of Pennsylvania, all required forms and documents for the purpose of obtaining financial assistance under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288 as amended by Public Law 100-707).

Passed and approved this _____ day of _____, 20_____.

_____, _____, _____
(Name) (Title) (Signature)

_____, _____, _____
(Name) (Title) (Signature)

_____, _____, _____
(Name) (Title) (Signature)

_____, _____, _____
(Name) (Title) (Signature)

_____, _____, _____
(Name) (Title) (Signature)

CERTIFICATION

I, _____, duly appointed and _____
(Name) (Title)

of _____, do hereby certify that the above is a true and correct copy of
(Public Entity)

a resolution passed and approved by the _____
(Governing Body)

of _____ on the _____ day of _____, 20_____.
(Public Entity)

_____, _____, _____
(Signature) (Official Position) (Date)