

DESIGNATION OF AGENT RESOLUTION

FOR: _____
(Enter Name of Disaster or Number)

BEING THE _____ **OF** _____
(Chief Executive Officer Title) (Public Entity)

I _____ (Name of Applicant Agent) _____ (Title)

HAS THE AUTHORITY TO EXECUTE FOR AND IN BEHALF OF

_____, _____ County,
(Public Entity)

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).

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

CERTIFICATION

I, _____, duly appointed the _____
(Name) (Chief Executive Title)

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

(Governing Body)

(Signature)

(Date)