

SAMPLE

PEMA-DAP -1

DESIGNATION OF AGENT RESOLUTION

FOR: _____
Enter the name of the disaster and the 4 digit disaster number i.e. Jonas snow storm DR-4267

BE IT RESOLVED BY _____ **OF** _____
Enter the name of the governing body such as Borough Council, School Board etc... Enter the name of the Municipality, Authority, School District

THAT _____ , _____
Enter the name of the person being appointed as applicant agent. The title of the person being appointed.

IS HEREBY AUTHORIZED TO EXECUTE FOR AND IN BEHALF OF

_____, _____ County,
Enter the name of the Municipality, Authority, School District Enter the name of your 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____.
Enter the day of the month. Enter the month. Enter the last two digits of the year.

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

Enter the names and titles of the voting members (Including signature)

CERTIFICATION

I, _____, duly appointed and _____
(Name) (Title)
Enter the name and title of the official that is certifying this Resolution.

of _____, do hereby certify that the above is a true and correct copy of
Enter the name of the Municipality, Authority, School District

a resolution passed and approved by the _____
Enter the name of the governing body such as Borough Council, School Board etc...

of _____ on the _____ day of _____, 20____.
Enter the name of the Municipality, Authority, School District

The signature and Official Title of the official that is certifying this Resolution.

Date signed