RESOLUTION DESIGNATION OF APPLICANT'S AGENT North Carolina Division of Emergency Management Disaster Number: Organization Name (hereafter named Organization) Chatham County Applicant's State Cognizant Agency for Single Audit purposes (If Cognizant Agency is not assigned, please indicate): Chatham County, North Carolina; NC Division of Emergency Management Applicant's Fiscal Year (FY) Start Month: July Day: 1 Applicant's Federal Employer's Identification Number Applicant's Federal Information Processing Standards (FIPS) Number 037-99037-00 SECONDARY AGENT PRIMARY AGENT Agent's Name: Vicki McConnell Agent's Name: Paul Spruill Organization: Chatham County Government Organization: Chatham County Government Official Position: Finance Director - Assistant County Mgr Official Position: Assistant County Manager Mailing Address: P.O. Box 87 Mailing Address: P.O. Box 87 City ,State, Zip: Pittsboro, NC, 27312 City , State, Zip: Pittsboro, NC, 27312 Daytime Telephone: 919-542-8210 Daytime Telephone: 919-545-8300 Facsimile Number: 919-542-8272 Facsimile Number: 919-542-8272 Pager or Cellular Number Pager or Cellular Number: 919-270-6749 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 day of CERTIFYING OFFICIAL GOVERNING BODY Tommy Emerson, Chairman Sandra Sublett Name Name and Title Official Position Clerk to the Board of Commissioners Name and Title Daytime Telephone 919-542-8200 Name and Title CERTIFICATION , (Name) duly appointed and (lerk to the Board of the Governing Body, do hereby certify that the above is a true and correct copy of a resolution passed and (Organization) on the approved by the Governing Body of ______ April , 2003

Signature:

Date: 4-17-03