PEMA-DAP -2

## **DESIGNATION OF AGENT RESOLUTION**

FOR:				
	(Enter Name of Disa	aster or Number)		
E IT RESOLVED BY		(Governing Body)		
	(Governing Body)		(Public Entity)	
HAT				
(Name of Applicant Agent)		T)	(Title)	
IS HEREB	Y AUTHORIZED TO EX	ECUTE FOR AND IN BEHA	LF OF	
	•		County,	
(Public Entity)		County,		
public entity established under the purpose of obtaining financial Public Law 93-288 as amended by	assistance under the Robert Public Law 100-707).	t T. Stafford Disaster Relief and	d Emergency Assistance A	
assed and approved this		day of	, 20	
(Name)	(Title)	(Signature)		
	······································			
(Name)	(Title)	(Signature)		
(Name)	(Title)	(Signature)		
(Name)	(Title)	(Signature)		
(Name)	(Title)	(Signature)		
(Name)	(Title)	(Signature)		
	CERTIFIC	CATION		
r				
(Name)	, duly appointed a	and(Title)		
of	do hereby certif	y that the above is a true and co	orrect copy of	
(Public Entity)	, do nereby certify	y that the above is a true and co	sirect copy of	
a resolution passed and approved	by the			
passed and approved	- ,	(Governing Body)		
of	on the	day of	20	
(Public Entity)				
(Signature)		(Official Position)	(Date)	