

**RESOLUTION**  
**DESIGNATION OF APPLICANT'S AGENT**  
**North Carolina Division of Emergency Management**

Organization Name (hereafter named Organization): City of Winston-Salem	Disaster Number: N/A
Applicant's State Cognizant Agency for Single Audit purposes (If Cognizant Agency is not assigned, please indicate): North Carolina Department of Public Safety	
Applicant's Fiscal Year (FY) Start	Month: July                      Day: 1st
Applicant's Federal Employer's Identification Number: 56-6000241	
Applicant's Federal Information Processing Standards (FIPS) Number: 037067	

PRIMARY AGENT	SECONDARY AGENT
Agent's Name Gregory M. Turner	Agent's Name Keith D. Huff
Organization City of Winston-Salem	Organization City of Winston-Salem
Official Position Assistant City Manager/Public Works Director	Official Position Stormwater/Erosion Control Director
Mailing Address P.O. Box 2511 City, State, Zip Winston-Salem, NC 27102	Mailing Address P.O. Box 2511 City, State, Zip Winston-Salem, NC 27102
Daytime Telephone (336) 747-6866	Daytime Telephone (336) 747-6962
Facsimile Number (336) 748-3060	Facsimile Number (336) 747-6917
Pager or Cellular Number	Pager or Cellular Number (336) 406-3332

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 \_\_\_\_\_, 20\_\_.

GOVERNING BODY	CERTIFYING OFFICIAL
Name and Title City Council of the City of Winston-Salem	Name Robin M. Watson
Name and Title	Official Position Senior Administrative Assistant to the City Manager
Name and Title	Daytime Telephone (336) 747-6991

**CERTIFICATION**

I, Robin M. Watson (Name) duly appointed and Sr. Adm Asst to City Mgr (Title) of the Governing Body, do hereby certify that the above is a true and correct copy of a resolution passed and approved by the Governing Body of City of Winston-Salem (Organization) on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_