

DESIGNATION OF APPLICANT'S AGENT

RESOLUTION

BE IT RESOLVED BY THE Fiscal Court OF Marshall County
(Governing Body) (Public Entity)

THAT Darlene Lynn, Marshall County EM Admin. Specialist II
(Name of Incumbent) (Official Position)

is hereby authorized to execute for and in behalf of Marshall County Fiscal Court

, a public entity established under the laws of the Commonwealth of Kentucky, this application and to file it in the appropriate State office for the purpose of obtaining certain Federal financial assistance under the Disaster Relief Act (Public Law 288, 93rd Congress) or otherwise available from the President's Disaster Relief Fund.

THAT Marshall County Fiscal Court, a public entity established under the laws of the Commonwealth of Kentucky, hereby authorizes its agent to provide to the State and to the Federal Emergency Management Agency (FEMA) for all matters pertaining to such Federal disaster assistance the assurances and agreements printed on the reverse side hereof.

Passed and approved this _____ day of _____, 20_____.

(Name and Title)

(Name and Title)

(Name and Title)

CERTIFICATION

I, _____, duly appointed and _____ of _____ (Title)

do hereby certify that the above is a true and correct copy of a resolution passed and approved by the _____ of _____ (Governing Body) (Public Entity)

on the _____ day of _____, 20_____.

Date: _____

(Official Position)

(Signature)