

# DESIGNATION OF AGENT RESOLUTION

**FOR:** \_\_\_\_\_  
(Enter Name of Disaster or Number)

**BE IT RESOLVED BY** \_\_\_\_\_ **OF** \_\_\_\_\_  
(Governing Body) (Public Entity)

**THAT** \_\_\_\_\_,  
(Name of Applicant Agent) (Title)

**IS HEREBY AUTHORIZED TO EXECUTE FOR AND IN BEHALF OF**

\_\_\_\_\_, \_\_\_\_\_ County,  
(Public Entity) (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\_\_\_\_\_.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Name) (Title) (Signature)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Name) (Title) (Signature)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Name) (Title) (Signature)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Name) (Title) (Signature)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Name) (Title) (Signature)

## CERTIFICATION

I, \_\_\_\_\_, duly appointed and \_\_\_\_\_  
(Name) (Title)

of \_\_\_\_\_, do hereby certify that the above is a true and correct copy of  
(Public Entity)

a resolution passed and approved by the \_\_\_\_\_  
(Governing Body)

of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(Public Entity)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Signature) (Official Position) (Date)