



# MEMORANDUM

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**To:** Mayor and Members of the City Council

**From:** Rich Olson, City Manager

**Date:** November 10, 2016

**Re:** Consideration – Adoption of Resolution to Designate Agent(s) for FEMA Assistance

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***BACKGROUND:***

In the hours before Hurricane Matthew brought severe storm conditions to North Carolina on October 8 – 9, 2016, President Obama declared a major disaster event in the State of North Carolina and ordered federal aid to supplement state and local recovery efforts in the areas affected by Hurricane Matthew. The President's disaster declaration, coupled with a similar declaration by Governor McCrory, made it possible for Pasquotank County to receive FEMA assistance for Hurricane Matthew recovery efforts.

***ANALYSIS:***

City staff has completed damage assessments associated with City properties and determined other expenses such as overtime pay for employees. On Friday, November 4, 2016, City staff and Emergency Management officials met with representatives of FEMA for preliminary talks regarding reimbursement of expenses. In order to apply for these funds, the City must designate an Applicant's Agent. FEMA has requested that this individual be someone who can respond directly to daily questions and gather all the necessary paperwork for a successful application. The City will be applying for reimbursement of eligible costs and must agree to comply with the Applicant Assurances as shown on the attached document.

City staff is requesting that Council designate City Manager Rich Olson as Primary Agent and Finance Director Sarah Blanchard as the Secondary Agent in preparing the City's application for FEMA funds related to Hurricane Matthew.

***FINANCIAL:***

The Finance Committee discussed this matter during their meeting of November 9, 2016. Upon motion made by Councilman Donnelly, seconded by Mayor Peel, the Committee recommended approval by the City Council.

**STAFF RECOMMENDATION:**

By motion, adopt the attached Resolution - Designation of Applicant's Agent (North Carolina Division of Emergency Management), as presented.

RCO/vdw

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

Organization Name (hereafter named Organization) City of Elizabeth City, NC Disaster Number: 4285 DR NC  
 Applicant's State Cognizant Agency for Single Audit purposes (If Cognizant Agency is not assigned, please indicate):  
North Carolina Emergency Management  
 Applicant's Fiscal Year (FY) Start Month: July Day: 01  
 Applicant's Federal Employer's Identification Number  
56-6000226  
 Applicant's Federal Information Processing Standards (FIPS) Number  
139-20580-00

PRIMARY AGENT	SECONDARY AGENT
Agent's Name <u>Richard C. Olson</u>	Agent's Name <u>Sarah Blanchard</u>
Organization <u>City of Elizabeth City</u>	Organization <u>City of Elizabeth City</u>
Official Position <u>City Manager</u>	Official Position <u>Finance Director</u>
Mailing Address <u>P.O. Box 347</u>	Mailing Address <u>P.O. Box 404</u>
City, State, Zip <u>Elizabeth City, NC 27907</u>	City, State, Zip <u>Elizabeth City, NC 27907</u>
Daytime Telephone <u>252-337-6864</u>	Daytime Telephone <u>252-337-6861</u>
Facsimile Number <u>252-335-2563</u>	Facsimile Number <u>252-338-8451</u>
Pager or Cellular Number <u>252-339-6526</u>	Pager or Cellular Number <u>252-384-3563</u>

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 14<sup>th</sup> day of November, 2016

GOVERNING BODY	CERTIFYING OFFICIAL
Name and Title <u>City Council of the City of Elizabeth City</u>	Name <u>Joseph W. Peel, Mayor</u>
Name and Title	Official Position
Name and Title	Daytime Telephone <u>252-337-6955</u>

**CERTIFICATION**

I, Vivian D. White, (Name) duly appointed and City Clerk (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 Elizabeth City (Organization) on the 14<sup>th</sup> day of November, 2016

Date: \_\_\_\_\_ Signature: \_\_\_\_\_