



# MEMORANDUM

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

**From:** Rich Olson, City Manager

**Date:** November 8, 2019

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

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***BACKGROUND:***

In the hours before Hurricane Dorian brought severe storm conditions to North Carolina on September 1 – 9, 2019, President Trump 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 Dorian. The President's disaster declaration, coupled with a similar declaration by Governor Cooper, made it possible for Pasquotank County to receive FEMA assistance for Hurricane Dorian recovery efforts.

***ANALYSIS:***

City staff has completed damage assessments associated with City properties and determined other expenses such as overtime pay for employees. On October 30, 2019, City staff and Emergency Management officials met with representatives of North Carolina Division of Emergency Management (NCEM) for preliminary talks regarding reimbursement of expenses. In order to apply for these funds, the City must designate an Applicant's Agent. NCEM 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 Suzanne Tungate as the Secondary Agent in preparing the City's application for NCEM funds related to Hurricane Dorian.

***FINANCIAL:***

The Finance Committee discussed this matter during their November 8, 2019 meeting. Upon motion made Councilwoman Young, seconded by Councilman Caudle, the Committee unanimously 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.

**RESOLUTION  
DESIGNATION OF APPLICANT'S AGENT**

North Carolina Division of Emergency Management

Organization Name (hereafter named Organization) Disaster Number: FEMA-4465-DR-NC

Applicant's State Cognizant Agency for Single Audit purposes (If Cognizant Agency is not assigned, please indicate):

Applicant's Fiscal Year (FY) Start

Month:                      Day:

Applicant's Federal Employer's Identification Number

Applicant's Federal Information Processing Standards (FIPS) Number

**PRIMARY AGENT**

**SECONDARY AGENT**

*Agent's Name*

Agent's Name

Organization

Organization

Official Position

Official Position

Mailing Address

Mailing Address

City, State, Zip

City, State, Zip

Daytime Telephone

Daytime Telephone

Facsimile Number

Facsimile Number

Pager or Cellular Number

Pager or Cellular Number

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

Name

Name and Title

Official Position

Name and Title

Daytime Telephone

**CERTIFICATION**

I, \_\_\_\_\_, (Name) duly appointed and \_\_\_\_\_ (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 \_\_\_\_\_ (Organization) on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

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