

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

Organization Name (hereafter named Organization) Disaster Number:  
 City of High Point

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

Applicant's Fiscal Year (FY) Start  
 July 1 Month: July Day: 01

Applicant's Federal Employer's Identification Number  
 56 - 6000231

Applicant's Federal Information Processing Standards (FIPS) Number  
 3 - 7081 - 1

PRIMARY AGENT		SECONDARY AGENT	
Agent's Name	Tasha Logan Ford	Agent's Name	Greg Ferguson
Organization	City of High Point	Organization	City of High Point
Official Position	City Manager	Official Position	Deputy City Manager
Mailing Address	PO Box 230 <input type="checkbox"/>	Mailing Address	PO Box 230 <input type="checkbox"/>
City, State, Zip	High Point, NC 27261	City, State, Zip	High Point, NC 27261
Daytime Telephone	(336) 883-3283	Daytime Telephone	(336) 883-3283
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	City of High Point City Council	Name	Sandra Keeney
Name and Title		Official Position	City Clerk
Name and Title		Daytime Telephone	(336) 883-3536

**CERTIFICATION**

I, Sandra Keeney, (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 High Point (Organization) on the 18 day of March, 2024.

Date: March 19, 2024

Signature: Sandra Keeney

