

DESIGNATION OF APPLICANT'S AGENT

RESOLUTION

BE IT RESOLVED BY Commissioners OF Clay County
(Governing Body) (Public Entity)

THAT PAMELIA WARD, County Administrator
(Name of Incumbent) (Official Position)

OR

_____, Governor's Authorized Representative,
is hereby authorized to execute for and in behalf of Clay County Board of Commissioners
_____, a public entity established under the laws of the State of

Georgia, 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 Clay County, a public entity established under the laws of the State of Georgia, 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 12th day of MARCH, 19-2007.

(Name and Title)

(Name and Title)

(Name and Title)

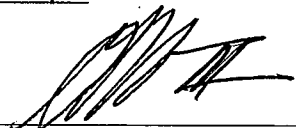
CERTIFICATION

I, TERESA SMITH, duly appointed and County Clerk of
(Title)

Clay County, Ga., do hereby certify that the above is a true and correct copy of a resolution passed and approved by the Clay Co. Board of Comm Clay County
(Governing Body) (Public Entity)

on the 21st day of MAR, 19-2007.

Date: 3.21.07
County Clerk
(Official Position)



(Signature)

* Name of incumbent need not be provided in those cases where the governing body of the public entity desires to authorize any incumbent of the designated official position to represent it.