

RESOLUTION NO. 2020-1171

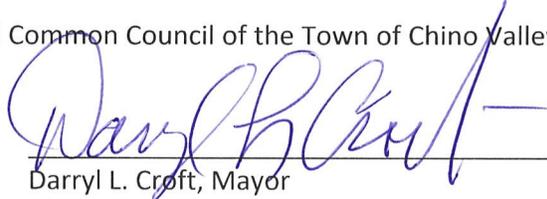
**A RESOLUTION OF THE MAYOR AND COMMON COUNCIL OF THE TOWN OF CHINO VALLEY, ARIZONA, APPROVING THE DESIGNATION OF APPLICANT'S AGENT FORM SUBMISSION TO THE ARIZONA DEPARTMENT OF EMERGENCY AND MILITARY AFFAIRS, WHICH DESIGNATES THE TOWN'S FINANCE DIRECTOR AS THE TOWN'S AGENT FOR APPLYING FOR CERTAIN PUBLIC ASSISTANCE; AND AUTHORIZING THE MAYOR TO EXECUTE AND DELIVER SAID APPLICATION ON BEHALF OF THE TOWN OF CHINO VALLEY, ARIZONA.**

**BE IT RESOLVED** by the Mayor and Common Council of the Town of Chino Valley, Arizona, as follows:

SECTION 1. The designation of applicant's agent to the Arizona Department of Emergency and Military Affairs, which designates the Town's Finance Director as the Town of Chino Valley's agent to execute applications on behalf of the Town of Chino Valley for the purpose of obtaining financial assistance under the Disaster Relief Act, is hereby approved in the form attached hereto as Exhibit A and incorporated herein by reference.

SECTION 2. The Mayor, the Town Manager, the Town Clerk and the Town Attorney are hereby authorized and directed to take all steps necessary to carry out the purpose and intent of this Resolution.

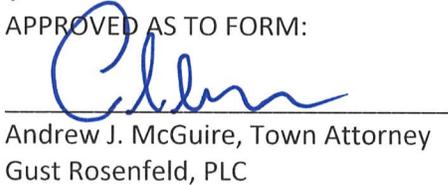
**PASSED AND ADOPTED** by the Mayor and Common Council of the Town of Chino Valley, Arizona this 9th day of June, 2020.

  
\_\_\_\_\_  
Darryl L. Croft, Mayor

ATTEST:

  
\_\_\_\_\_  
Jami C. Lewis, Town Clerk

APPROVED AS TO FORM:

  
\_\_\_\_\_  
Andrew J. McGuire, Town Attorney  
Gust Rosenfeld, PLC

I hereby certify the above foregoing Resolution No. 2020-1171 was duly passed by the Council of the Town of Chino Valley, Arizona, at a special meeting held on June 9, 2020, and that quorum was present thereat and that the vote thereon was 6 ayes and 0 nays and 0 abstentions. 1 Council members were absent or excused.

**EXHIBIT A  
TO  
RESOLUTION NO. 2020-1171**

[Application]

See following page.

**ARIZONA DEPARTMENT OF EMERGENCY AND MILITARY AFFAIRS  
DESIGNATION OF APPLICANT'S AGENT FORM**

The intent of this **DESIGNATION** is to appoint an **APPLICANT'S AGENT** for the following:

Select program(s)  Public Assistance  HMA Mitigation Program  SEC Mitigation

Select duration  Until further notice  Only Event \_\_\_\_\_  From \_\_\_\_\_ to \_\_\_\_\_

Applicant: \_\_\_\_\_

**CERTIFICATION**

I, \_\_\_\_\_, duly appointed and \_\_\_\_\_ of  
(Authorizing Official's Name) (Title)

\_\_\_\_\_, do hereby certify that the information below is true and correct,  
(Applicant)

based on a resolution passed and approved (**attached**) by the \_\_\_\_\_  
(Governing Body)

of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_,  
(Applicant) (day) (month) (year)

\_\_\_\_\_ has been designated as the Applicant's Agent  
(Name of Designated Applicant's Agent)

to act on behalf of \_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Authorizing Official's Signature) (Title) (Date)

*This document MUST be accompanied by a copy of the Resolution or Meeting Minutes by your governing board which designated the Applicant's Agent.*

**Designated Applicant's Agent**

Name \_\_\_\_\_

Title/Official Position \_\_\_\_\_

Full Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ Cell \_\_\_\_\_  
(Please include area code and extension if not a direct number)

**For DEMA Use Only**

Received By: \_\_\_\_\_  
(Initials & Date)

March 2020

Form #AZ PA 204-4