

RESOLUTION NO. 23-48

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF MARICOPA, ARIZONA, APPROVING THE DESIGNATION OF APPLICANT'S AUTHORIZED REPRESENTATIVE AND ALTERNATE AUTHORIZED REPRESENTATIVE FORMS SUBMISSION TO THE ARIZONA DEPARTMENT OF EMERGENCY AND MILITARY AFFAIRS, WHICH DESIGNATES THE CITY'S REPRESENTATIVES FOR APPLYING FOR CERTAIN PUBLIC ASSISTANCE; AND AUTHORIZING THE APPLICANT'S AUTHORIZED REPRESENTATIVES TO EXECUTE AND DELIVER SAID APPLICATION ON BEHALF OF THE CITY OF MARICOPA.

WHEREAS, eligible actions taken by the City of Maricopa such as debris removal, emergency response and protective measures, and damages to public infrastructure, may qualify to receive financial assistance under the Disaster Relief Act; and

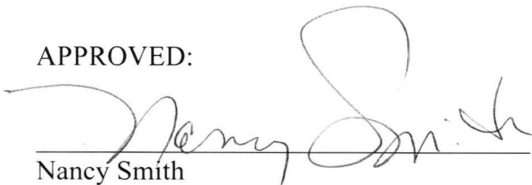
WHEREAS, it is necessary to eliminate threat to life, public health and safety, or, eliminate or reduce immediate threat of significant damage to improved property; and

WHEREAS, the Arizona Department of Emergency and Military Affairs (DEMA) requires the City of Maricopa to designate an agent for the purpose of requesting assistance under the Public Assistance program.

NOW, THEREFORE, BE IT RESOLVED by the Mayor and City Council of the City of Maricopa, Arizona, that the City of Maricopa designates George Burger, Emergency Manager, and Matt Kozlowski, the Chief Financial Officer, as Authorized Representative and Alternate Authorized Representative, respectively, to execute applications on behalf of the City of Maricopa for the purpose of obtaining financial assistance under the Disaster Relief Act and 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 Council of the City of Maricopa, Arizona, this 19th day of September 2023.

APPROVED:



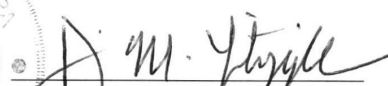
Nancy Smith
Mayor

ATTEST:



Vanessa Bueras, MMC
City Clerk

APPROVED AS TO FORM:



Denis M. Fitzgibbons
City Attorney



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

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

Select program(s) Public Assistance HMA Mitigation Program SEC Mitigation
Select duration Until further notice Only Event _____ From _____ to _____

Applicant: City of Maricopa

CERTIFICATION

I, Nancy Smith, duly appointed and Mayor of
(Authorizing Official's Name) (Title)

City of Maricopa, do hereby certify that the information below is true and correct,
(Applicant)

based on a resolution passed and approved (**attached**) by the City Council
(Governing Body)

of City of Maricopa on the _____ day of _____, _____
(Applicant) (day) (month) (year)

George Burger has been designated as the Applicant's Authorized Representative
(Name of Designated Applicant's Authorized Representative)

to act on behalf of City of Maricopa
(Applicant)

Nancy Smith Mayor 9/19/2023
(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 Authorized Representative.

Designated Applicant's Authorized Representative

Name George Burger

Title/Official Position Emergency Manager

Full Mailing Address 39700 W Civic Center Plaza, Maricopa, AZ 85138

Email Address george.burger@maricopa-az.gov

Daytime Telephone Number 520-316-6816 Cell 520-840-1520
(Please include area code and extension if not a direct number)

For DEMA Use Only

Received By: _____
(Initials & Date)

January 2023

Form #AZ PA 204-4

**ARIZONA DEPARTMENT OF EMERGENCY AND MILITARY AFFAIRS
DESIGNATION OF ALTERNATE APPLICANT'S AUTHORIZED REPRESENTATIVE FORM**

The intent of this DESIGNATION is to appoint an ALTERNATE APPLICANT'S AUTHORIZED REPRESENTATIVE for the following:

Select program(s) Public Assistance HMA Mitigation Program SEC Mitigation
Select duration Until further notice Only Event _____ From _____ to _____

Applicant: City of Maricopa

CERTIFICATION

I, Nancy Smith, duly appointed and Mayor of
(Authorizing Official's Name) (Title)

City of Maricopa, do hereby certify that the information below is true and correct,
(Applicant)

based on a resolution passed and approved (attached) by the City Council
(Governing Body)

of City of Maricopa on the _____ day of _____, _____
(Applicant) (day) (month) (year)

Matt Kozlowski has been designated as the Alternate Applicant's Authorized
(Name of Designated Alternate Applicant's Authorized Representative)

Representative to act on behalf of City of Maricopa.
(Applicant)

Nancy Smith Mayor 9/19/2023
(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 Alternate Applicant's Authorized Representative.

Designated Alternate Applicant's Authorized Representative

Name Matt Kozlowski

Title/Official Position Deputy City Manager & Chief Financial Officer

Full Mailing Address 39700 W Civic Center Plaza, Maricopa, AZ 85138

Email Address matt.kozlowski@maricopa-az.gov

Daytime Telephone Number 520-316-6993 Cell 520-840-0093
(Please include area code and extension if not a direct number)

For DEMA Use Only

Received By: _____
(Initials & Date)

January 2023

Form #AZ PA 204-4