

**RESOLUTION NO. 2023-14**

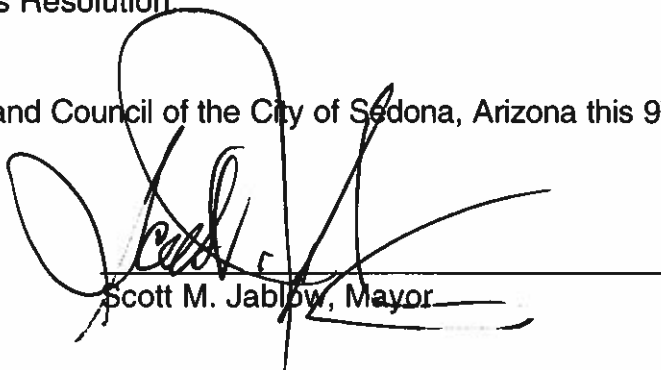
**A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF SEDONA, ARIZONA, APPROVING THE DESIGNATION OF THE CITY'S AUTHORIZED REPRESENTATIVE AND ALTERNATE AUTHORIZED REPRESENTATIVE FORMS SUBMISSION TO THE ARIZONA DEPARTMENT OF EMERGENCY AND MILITARY AFFAIRS, WHICH DESIGNATES THE CITY'S REPRESENTATIVES 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 SEDONA.**

**NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND THE COUNCIL OF THE CITY OF SEDONA, ARIZONA, that:**

**Section 1.** The Designation of Authorized Representative's form to the Arizona Department of Emergency and Military Affairs, which designates JOANNE COOK, the CITY CLERK of the City of Sedona, and CHERIE WHITE, the DIRECTOR OF FINANCIAL SERVICES, as Authorized Representative and Alternate Authorized Representative, respectively, to execute applications on behalf of the City of SEDONA for the purpose of obtaining financial assistance under the Disaster Relief Act, is hereby approved in the form attached hereto.

**Section 2.** JOANNE COOK, the CITY CLERK, and CHERIE WHITE, the DIRECTOR OF FINANCIAL SERVICES, 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 Sedona, Arizona this 9<sup>th</sup> day of May, 2023.



\_\_\_\_\_

Scott M. Jablow, Mayor


ATTEST:



\_\_\_\_\_

JoAnne Cook, CMC, City Clerk

APPROVED AS TO FORM:



\_\_\_\_\_

Kurt W. Christianson, 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 SEDONA

**CERTIFICATION**

I, JOANNE COOK, duly appointed and CITY CLERK of  
(Authorizing Official's Name) (Title)

CITY OF SEDONA, 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 SEDONA on the 9TH day of MAY, 2023.  
(Applicant) (day) (month) (year)

JOANNE COOK has been designated as the Applicant's Authorized Representative  
(Name of Designated Applicant's Authorized Representative)

to act on behalf of CITY OF SEDONA.  
(Applicant)

\_\_\_\_\_  
(Authorizing Official's Signature) CITY CLERK (Title) MAY 9, 2023 (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 JOANNE COOK

Title/Official Position CITY CLERK

Full Mailing Address 102 ROADRUNNER DRIVE, SEDONA, AZ 86336

Email Address JCOOK@SEDONAAZ.GOV

Daytime Telephone Number 928-203-3113 Cell \_\_\_\_\_  
(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 SEDONA

**CERTIFICATION**

I, CHERIE WHITE, duly appointed and DIRECTOR OF FINANCIAL SERVICES of  
(Authorizing Official's Name) (Title)

CITY OF SEDONA, 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 SEDONA on the 9TH day of MAY, 2023.  
(Applicant) (day) (month) (year)

CHERIE WHITE 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 SEDONA.  
(Applicant)

\_\_\_\_\_  
(Authorizing Official's Signature) DIRECTOR OF FINANCIAL SERVICES May 9, 2023  
(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 CHERIE WHITE

Title/Official Position DIRECTOR OF FINANCIAL SERVICES

Full Mailing Address 102 ROADRUNNER DRIVE, SEDONA, AZ 86336

Email Address CWHITE@SEDONAAZ.GOV

Daytime Telephone Number 928-203- Cell \_\_\_\_\_  
(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