

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
LOCAL GOVERNMENT RESOLUTION - COLLATERAL SECURITY

OMB Control Number: 1660-0083
Expiration: 11/30/2018

RESOLUTION

BE IT RESOLVED BY _____ **OF** _____
(Governing Body) *(Public Entity)*

THAT we pledge the following listed collateral security to the Federal Emergency Management Agency (FEMA) on the Promissory Note for a Community Disaster Loan for \$ _____ executed on _____, 20____ pursuant to Section 417 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended, and FEMA Regulation, 44 CFR 206, Subpart K. We further understand that failure to repay any outstanding principal and related interest on those portions of the loan which do not qualify for loan cancellation as determined by FEMA or any successor agency will result in forfeiture of as much as the listed collateral security as is necessary to collect such outstanding principal and interest. (List the collateral security below. Use additional sheets if needed.)

Passed and approved this _____ day of _____, 20____.

(Name and Title)

(Name and Title)

(Name and Title)

CERTIFICATION

I, _____, duly appointed and _____ of _____
(Title)

, do hereby certify that the above is a true and correct copy of a resolution passed and approved by the _____ of _____
(Governing Body) *(Public Entity)*

on the _____ day of _____, 20____.

DATED: _____

(Official Position)

(Signature)

[SEAL]

RECORDED

I, _____, _____, a responsible and
(Name) *(Title)*

authorized official of _____, do hereby attest that the
(Public Entity)

Collateral Security Resolution which accompanies this form has been duly recorded at _____

(Indicate where Recorded)

The Collateral Security Resolution was recorded on the _____ day of _____, 20 ____.

DATED: _____

(Official Position)

(Signature)

[SEAL]

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 10 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0083). **NOTE: Do not send your completed form to the above address.**