# Wayne County Auditor's Office

100 N Lafayette Street, P O Box 435, Corydon, Iowa 50060 Telephone # 641-872-2242 Fax # 641-872-2843

e-mail mdooley@waynecountyia.org

Tiena Lewis, Deputy

Michelle Dooley, Auditor

Abby Clark, Deputy

#### October 22, 2020

FEDERAL SERVICE DESK ATTN: SAM.GOV REGISTRATION PROCESSING 460 INDUSTRIAL BLVD LONDON, KY 40741-7285 UNITED STATES OF AMERICA

SUBJECT: Information Required to Activate SAM Entity Registration

### **Purpose of Letter**

The purpose of this letter is to formally appoint an Entity Administrator for the named Entity and to attest to the accuracy of the information contained in the entity registration.

### **Designation of Entity Administrator**

I, Abby Clark, Deputy Auditor, the below signed individual, hereby confirm that the appointed Entity Administrator is an authorized officer, agent, or representative of the Entity. This letter authorizes the appointed Entity Administrator to manage the Entity's registration record, its associated users, and their roles to the Entity, in the System for Award Management (SAM).

# **Entity Covered by this Letter**

**DUNS® Number: 10-096-3539** 

Legal Business Name: Wayne County

Physical Address: 100 N. LaFayette St. Corydon, Iowa 50060

# **Entity Administrator Contact Information**

Full Name: Abby Clark

Phone Number: 641-872-2242

Email Address: aclark@waynecountyia.org

\*The Entity Administrator must have an individual user account in SAM associated with

the email address listed.

## **Account Administration Preference (ONLY CHOOSE ONE)**

You must choose **ONE** of the two following statements by checking the applicable box. Remember, there is no cost to register in SAM -- it is free. However, if you choose to have a third-party agent administer your SAM registration, with or without an associated fee, you must check the Third-Party Agent Designation box below.

#### **⊠Self-Administration Confirmation**

For the purpose of registering with the United States Government through the online System for Award Management (SAM), I do not authorize any third party to act on behalf of the Entity listed above. I have checked the Self-Administration Confirmation box to indicate that the designated Entity Administrator is not a third-party agent.

# **□**Third-Party Agent Designation

For the purpose of registering with the United States Government through the online System for Award Management (SAM), I do hereby authorize [insert full name, phone number, address, and email address of the Third-Party Agent] (Designated Third-Party Agent) to act on behalf of the Entity listed above. This authorization permits the Designated Third-Party Agent to conduct all normal, common business functions within SAM while binding the signatory to all actions conducted and representations made as a result of authorization granted herein. I have checked the Third-Party Agent Designation box and completed the above information to indicate that the designated Entity Administrator is a third-party agent.

#### Attestation

I, the below-signed, attest to the following:

- All information contained in this letter is complete and accurate.
- The designated Entity Administrator listed above has an individual SAM User Account created with the email address provided in this letter.
- The banking information provided for Electronic Funds Transfer on the Financial Information Page in the SAM.gov registration for the Entity above is correct and accurate.

Respectfully,

Abby Clark Deputy Auditor

aclark@waynecountyia.org

Joby Clerk

Wayne County

100 N. LaFayette St, Corydon, Iowa 50060

# TO BE COMPLETED BY NOTARY

(in accordance with State notary requirements)

State of Lowa	
County of Wayne	
<u>2020</u> (year), by <u>Abby U</u>	ore me this 22 day of Ortober (month),  Nark (name of Voyage County, Towa
(name of entity).	
Personally Known Produced Identification	
(Seal)	Signature of Notary
MICHELLE DOOLEY Commission Number 813880 My Commission Expires November 20, 20	Name of Notary (Typed, Stamped or Printed)
	Notary Public, State of Towa

# Wayne County Auditor's Office

100 N Lafayette Street, P O Box 435, Corydon, Iowa 50060 

e-mail mdooley@waynecountyia.org

Tiena Lewis, Deputy

Michelle Dooley, Auditor

Abby Clark, Deputy

#### October 22, 2020

FEDERAL SERVICE DESK ATTN: SAM.GOV REGISTRATION PROCESSING 460 INDUSTRIAL BLVD LONDON, KY 40741-7285 UNITED STATES OF AMERICA

SUBJECT: Information Required to Activate SAM Entity Registration

### **Purpose of Letter**

The purpose of this letter is to formally appoint an Entity Administrator for the named Entity and to attest to the accuracy of the information contained in the entity registration.

### **Designation of Entity Administrator**

I, Abby Clark, Deputy Auditor, the below signed individual, hereby confirm that the appointed Entity Administrator is an authorized officer, agent, or representative of the Entity. This letter authorizes the appointed Entity Administrator to manage the Entity's registration record, its associated users, and their roles to the Entity, in the System for Award Management (SAM).

# **Entity Covered by this Letter**

**DUNS® Number: 00-627-4768** 

**Legal Business Name: Wayne County** 

Physical Address: 100 N. LaFayette St. Corydon, Iowa 50060

# **Entity Administrator Contact Information**

Full Name: Abby Clark

Phone Number: 641-872-2242

Email Address: aclark@waynecountyia.org

\*The Entity Administrator must have an individual user account in SAM associated with

the email address listed.

## **Account Administration Preference (ONLY CHOOSE ONE)**

You must choose **ONE** of the two following statements by checking the applicable box. Remember, there is no cost to register in SAM -- it is free. However, if you choose to have a third-party agent administer your SAM registration, with or without an associated fee, you must check the Third-Party Agent Designation box below.

#### **⊠Self-Administration Confirmation**

For the purpose of registering with the United States Government through the online System for Award Management (SAM), I do not authorize any third party to act on behalf of the Entity listed above. I have checked the Self-Administration Confirmation box to indicate that the designated Entity Administrator is not a third-party agent.

# ☐ Third-Party Agent Designation

For the purpose of registering with the United States Government through the online System for Award Management (SAM), I do hereby authorize [insert full name, phone number, address, and email address of the Third-Party Agent] (Designated Third-Party Agent) to act on behalf of the Entity listed above. This authorization permits the Designated Third-Party Agent to conduct all normal, common business functions within SAM while binding the signatory to all actions conducted and representations made as a result of authorization granted herein. I have checked the Third-Party Agent Designation box and completed the above information to indicate that the designated Entity Administrator is a third-party agent.

#### Attestation

I, the below-signed, attest to the following:

- All information contained in this letter is complete and accurate.
- The designated Entity Administrator listed above has an individual SAM User Account created with the email address provided in this letter.
- The banking information provided for Electronic Funds Transfer on the Financial Information Page in the SAM.gov registration for the Entity above is correct and accurate.

Respectfully,

Abby Clark Deputy Auditor

aclark@waynecountyia.org

Blom Clark

**Wayne County** 

100 N. LaFayette St, Corydon, Iowa 50060

#### TO BE COMPLETED BY NOTARY

(in accordance with State notary requirements)

State of Jowa County of Wayne This instrument was acknowledged before me this a day of (month),

2020 (year), by Abby Clark (name of officer or agent, title or officer or agent) of Wayne County, Towa (name of entity).

Personally Known

Produced Identification

(Seal)



Signature of Notary

michelle Dooley

Name of Notary

(Typed, Stamped or Printed)

Notary Public, State of Towa