

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

*the email address listed.*

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

Email Address: rbarlow@copiahcountymtms.gov

Phone Number: 601-894-1858

Full Name: Ronnie Barlow

**Entity Administrator Contact Information**

Physical Address: 100 Caldwell Dr., Hazlehurst, MS 39083

Legal Business Name: Copiah County Board of Supervisors

DUNS@ Number: 008187965

**Entity Covered by this Letter**

System for Award Management (SAM).

I, Ronnie Barlow, County Administrator, 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

**Designation of Entity Administrator**

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

**Purpose of Letter**

SUBJECT: Information Required to Activate SAM Entity Registration

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

June 23, 2018

DARYL McMILLIAN, SR.  
District 1  
TERRY CHANNELL  
District 2  
PERRY V. HOOD  
District 3  
KENNETH R. POWELL  
District 4

**BOARD OF SUPERVISORS**  
COPIAH COUNTY  
P. O. BOX 551  
HAZLEHURST, MISSISSIPPI 39083  
Telephone (601) 894-1858  
Fax (601) 894-1908

JIMMY PHILLIPS  
District 5  
STEVE AMOS  
Clerk of Board  
ELISE B. MUNN  
Attorney for Board  
RONNIE BARLOW  
County Administrator

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 box to the left of this paragraph 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 Daphne Foster, 601-954-7783, 201 Downing Street, Hazlehurst, MS. 39083, dgfoster31@yahoo.com (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 box to the left 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,



Ronnie Barlow

County Administrator

rbarlow@copiahcountymms.gov

Copiah County Board of Supervisors

100 Caldwell Dr.

Hazlehurst, Ms. 39083

TO BE COMPLETED BY NOTARY  
(in accordance with State notary requirements)

State of \_\_\_\_\_ Mississippi  
County of \_\_\_\_\_ Copiah

This instrument was acknowledged before me this 23<sup>rd</sup> day of June, 2018, by Ronnie Barlow, County Administrator of Copiah County.

XX \_\_\_\_\_ Personally Known

\_\_\_\_\_ Produced Identification

\_\_\_\_\_ Type of ID and Number on ID



*[Handwritten Signature]*  
Signature of Notary

Sandra S Sullivan

Name of Notary

(Typed, Stamped or Printed)

Notary Public, State of Mississippi