



Limited Power of Attorney

Purpose: By granting an individual Limited Power of Attorney, a HOPE program Applicant can designate a third party to obtain information about their program application status, make decisions on their behalf, and sign the grant agreement and other program documents or affidavits on their behalf. Completion of this form authorizes HOPE to accept decisions made by the Limited Power of Attorney designee on behalf of the Primary Applicant. Individuals with an existing general or durable POA do not need to complete this form. Instead, they should provide the HOPE Program with the executed Power of Attorney document.

Instructions: The Primary Applicant and Limited Power of Attorney designee should provide their full legal names and addresses. In order to be valid, this form must be signed and dated by the Primary Applicant and witnessed by a notary public.

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States government.

State of North Carolina, County of _____

I, _____, the undersigned, hereby appoint _____ (hereinafter referred to as "Agent") whose physical address is _____, to be my true and lawful attorney-in-fact, to do for me anything of any character which I might do if I were personally present and acting, with respect to the execution of any documents required by the State of North Carolina's Office of Recovery and Resiliency ("NCORR"), in connection with any funding awarded to me under the HOPE Program.

_____, County of _____, North Carolina.

The Agent's authority is restricted to the execution of documents required by NCORR in connection with the HOPE Program, but DOES NOT INCLUDE the transfer of checks payable to me as part of an award under the Program.

I grant the Agent the power to appoint someone else to act as my attorney-in-fact, subject to the limitations herein, and the power to revoke such appointment.

This Limited Power of Attorney is executed pursuant to the North Carolina Uniform Power of Attorney Act, Chapter 32C of the General Statutes. It is my intention that this Power of Attorney remain in effect, notwithstanding my subsequent incapacity or mental incompetence; and my attorney-in-fact shall keep full and accurate records of all transactions for me as my Agent. It is my intention that my attorney-in-fact not be required to render inventories or accounts to the Clerk of Superior Court or any other public official.

This Limited Power of Attorney is effective immediately and shall expire on _____, 20____.

Any person, including my Agent, may rely upon the validity of this Limited Power of Attorney or a copy of it unless that person knows it has terminated or is invalid.

The law of the State of North Carolina shall for all purposes determine the meaning and effect of this Limited Power of Attorney.

SIGNATURE AND ACKNOWLEDGMENT

Primary Applicant Signature

Date

Primary Applicant Printed Name

State of North Carolina, County of _____

I certify that _____ personally appeared before me this day, acknowledging to me that he or she signed the foregoing Limited Power of Attorney.

Notary Public Signature

Date

Notary Public Printed or Typed Name

My commission expires: _____

Notary Seal