



LANCASTER COUNTY BOARD OF COMMISSIONERS

Roma Amundson Jennifer Brinkman Deb Schorr Todd Wiltgen Bill Avery

August 2, 2018

Kerry Eagan, Chief Administrative Officer

Ann E. Ames, Deputy Chief Administrative Officer

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

SUBJECT: Information Required to Activate SAM Entity Registrations

Purpose of Letter

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 associated entity registration.

Designation of Entity Administrator

I, **Todd Wiltgen, Chair, Lancaster County Board of Commissioners**, the below signed individual, hereby confirm that the appointed Entity Administrators are authorized officers, agents, or representatives of the Entities. This letter authorizes the appointed Entity Administrators to manage the Entity registration records, associated users, and their roles to the Entities, in the System for Award Management (SAM).

Entities Covered by this Letter

Entity DUNS® Number	Entity Legal Business Name	Entity Physical Address
06-867-6535	Lancaster County of Nebraska	555 S. 10 th Street, Suite 110, Lincoln, NE 68508-2803

Entity Administrator Contact Information

Entity DUNS® Number	Entity Administrator Full Name	Entity Administrator Phone Number	Entity Administrator Email Address
06-867-6535	Rhonda G Ryan	402-441-8840	rgryan@lancaster.ne.gov

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 Entities listed above. I have checked the Self-Administration Confirmation box to indicate that the designated Entity Administrators are not third-party agents.

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 Entities 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 Administrators listed above all have individual SAM User Accounts created with the email addresses provided in this letter.
- The banking information provided for Electronic Funds Transfer on the Financial Information Page in the SAM.gov registration for the Entities above is correct and accurate.

Respectfully,

Todd Wiltgen
Chair, Lancaster County Board of Commissioners
twiltgen@lancaster.ne.gov
Lancaster County, Nebraska
555 S. 10th Street, Suite 110, Lincoln, NE 68508-2803

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

State of _____

County of _____

This instrument was acknowledged before me this ____ day of _____ (month),
____ (year), by _____ (name of
officer or agent, title or officer or agent) of _____
(name of entity).

____ Personally Known

____ Produced Identification

Type of ID and Number on ID _____

(Seal)

Signature of Notary

Name of Notary
(Typed, Stamped or Printed)

Notary Public, State of _____