

**June 20, 2019**

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, **Roma Amundson, Chair, Lancaster County Board of County Commissioners**, 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 registration records, associated users, and their roles to the Entity, in the System for Award Management (SAM).

### **Entity Covered by this Letter**

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

### **Entity Administrator Contact Information**

<b>Entity DUNS® Number</b>	<b>Entity Administrator Full Name</b>	<b>Entity Administrator Phone Number</b>	<b>Entity Administrator Email Address</b>
<b>06-867-6535</b>	<b>Benjamin D Rogers</b>	<b>402-441-8840</b>	<b>brogers@lancaster.ne.gov</b>

### **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 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,

**Roma Amundson**  
**Chair, Lancaster County Board of County Commissioners**  
[ramundson@lancaster.ne.gov](mailto:ramundson@lancaster.ne.gov)  
**County of Lancaster, Nebraska**  
**555 S. 10<sup>th</sup> 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 \_\_\_\_\_