



Designation of Subrecipient Agent (DSA) Form

Form Instructions

The following **must** be completed for access to subrecipient accounts in the Texas Division of Emergency Management (TDEM)'s Grants Management System (GMS).

A) The Designation of Subrecipient Agent (DSA) form is divided into two pages:

- ❖ Page 1: the *Primary Contacts* page
- ❖ Page 2: the **optional** *Alternate Contacts* page
 - The *Alternate Contacts* page is not required if there are no additional contacts to list.
 - As many *Alternate Contacts* pages as needed may be submitted.
- ❖ If applicable, both pages must be signed and dated by the Certifying Official.

B) In the header of the document:

- ❖ List the name of the subrecipient (the organization/jurisdiction applying for the grant).
- ❖ Check if the DSA Form is for Public Assistance grants, Hazard Mitigation Grants or Mutual Aid reimbursement.
- ❖ If the DSA is for another type of grant, please specify that in Other.
- ❖ For Public Assistance and Hazard Mitigation grants, include the applicable disaster numbers.
 - The disaster number is 4 digits long and assigned by FEMA. (For example, Hurricane Harvey is 4332.)
- ❖ Multiple disasters may be listed on one DSA as long as each disaster number is listed.

C) For the contacts:

- ❖ None of the positions on the primary contact page may be left blank. However, the same person may hold multiple positions.
- ❖ A third-party consultant/contractor cannot be listed as the Primary Contact or Certifying Official.
- ❖ The Certifying Official must be an individual who possesses the authority to obligate funds and enter into contracts on behalf of the subrecipient.
- ❖ All contacts require a unique email address.



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D) User Access Levels

- ❖ **Full Access** to the Grants Management System (GMS) will allow a user to perform tasks such as submitting quarterly reports and requesting reimbursements, time extensions and scope/cost modifications within the State of Texas Grants Management System on behalf of the subrecipient.
- ❖ **Contributor Access** will allow a user to upload and update documentation and enter notes. The user will not have the ability to advance workflows.
- ❖ **Read Only Access** will allow a user to view information in GMS but will not grant them the ability to edit any existing information themselves.
- ❖ The Primary, Secondary, and Finance contacts will always be granted Full Access.

E) Updating User Access:

- ❖ The subrecipient can request that GMS access be added or revoked from a contact at any time if the need arises, however an updated DSA must be submitted.
- ❖ If a new DSA is submitted with a different person listed for a position on the Primary Contacts page, the old contact holding that position will be removed. If a new contact is added on the additional contacts page, no old contacts will be removed.



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Subrecipient:			
Public Assistance ☐	Hazard Mitigation ☐	Mutual Aid ☐	Other ☐
Other:	Disaster Number(s):		

*Leave Disaster Number(s) blank if only selecting Mutual Aid

Primary Agent			
Serves as the primary point of contact for projects. <i>Cannot be a contractor.</i>			
Name:		Office Number:	
Position/Title:		Cell Number:	
Email:		Fax Number:	
Organization:			
The Primary Agent will have full access to GMS.			

Secondary Agent			
Serves as the secondary point of contact for projects.			
Name:		Office Number:	
Position/Title:		Cell Number:	
Email:		Fax Number:	
Organization:			
The Secondary Agent will have full access to GMS.			

Primary Finance Agent			
Serves as the primary point of contact for financial matters			
Name:		Office Number:	
Position/Title:		Cell Number:	
Email:		Fax Number:	
Organization:			
The Primary Finance Agent will have full access to GMS.			

Certifying Official			
Serves as the official representative of the organization. <i>Must possess the authority to obligate funds and enter into contracts for the organization.</i>			
Name:		Office Number:	
Position/Title:		Cell Number:	
Email:		Fax Number:	
Organization:			
GMS Access (pick 1):	Full ☐	Contributor ☐	Read-Only ☐

Signature of Certifying Official

Print Name

Date

(Must be a Mayor, Judge, or Executive Director with the authority to obligate funds & enter into contracts for the organization)



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Alternate Contact			
Name:		Office Number:	
Position/Title:		Cell Number:	
Email:		Fax Number:	
Organization:			
GMS Access (pick 1):	Full ☐	Contributor ☐	Read-Only ☐

Alternate Contact			
Name:		Office Number:	
Position/Title:		Cell Number:	
Email:		Fax Number:	
Organization:			
GMS Access (pick 1):	Full ☐	Contributor ☐	Read-Only ☐

Alternate Contact			
Name:		Office Number:	
Position/Title:		Cell Number:	
Email:		Fax Number:	
Organization:			
GMS Access (pick 1):	Full ☐	Contributor ☐	Read-Only ☐

Alternate Contact			
Name:		Office Number:	
Position/Title:		Cell Number:	
Email:		Fax Number:	
Organization:			
GMS Access (pick 1):	Full ☐	Contributor ☐	Read-Only ☐

Alternate Contact			
Name:		Office Number:	
Position/Title:		Cell Number:	
Email:		Fax Number:	
Organization:			
GMS Access (pick 1):	Full ☐	Contributor ☐	Read-Only ☐

Signature of Certifying Official

Print Name

Date

(Must be a Mayor, Judge, or Executive Director with the authority to obligate funds & enter into contracts for the organization)