Designation of Subrecipient Agent – Primary Contacts

Texas Department of Public Safety - Texas Division of Emergency Management

Subrecipient: Burnet County	
Disaster Number(s): DR-4572 and DR-4586	Grant Program: HMGP

Primary Agent

Serves as the primary point of contact for projects.

Name: Jana Teague	Office Number: (512) 715-5229
Position/Job Title: Grant Administrator	Fax Number:
Organization/employer: Burnet County	Cell Number:
Email* jteague@burnetcountytexas.org	The Primary Agent will have full GMS access

Secondary Agent

Serves as the secondary point of contact for projects.

Name: Herb Darling	Office Number: (512) 756-5437
Position/Job Title: Environmental Services Director	Fax Number:
Organization/employer: Burnet County	Cell Number:
Email* hdarling@burnetcountytexas.org	The Secondary Agent will have full GMS access

Primary Finance Agent

Serves as the primary point of contact for financial matters.

Name: Karin Smith	Office Number: (512) 756-5466
Position/Job Title: County Auditor	Fax Number:
Organization/employer: Burnet County	Cell Number:
Email* ksmith@burnetcountytexas.org	The Primary Finance Contact will have full GMS access

Certifying Official

Serves as the official representative of the organization.
Must possess the authority to obligate funds & enter into contracts for the organization.

Name: James Oakley	Office Number: (512) 756-5400
Position/Job Title: County Judge	Fax Number:
Organization/employer: Burnet County	Cell Number:
Email* countyjudge@burnetcountytexas.org	GMS Access (pick 1) Full ■ Read Only ☐ None ☐

The above Primary and Secondary Agents are hereby authorized to execute and file the application on behalf of this organization for the purpose of obtaining certain state and federal financial assistance under the Robert T. Stafford Disaster Relief & Emergency Assistance Act, (Public Law 93-288 as amended) or otherwise available. Primary Financial Agent and the Certifying Official are authorized to represent and act for this organization in all financial operations pertaining to this grant with the State of Texas.

*Note: All email addresses must be unique to user

Signature of Certifying Official	James Oakley Print Name	10/26/21 Date

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

Designation of Subrecipient Agent – Additional Contacts (Optional)

Texas Department of Public Safety - Texas Division of Emergency Management

Subrecipient: Burnet County	
Disaster Number(s): DR-4572 and DR-4586	Grant Program: HMGP

Additional Contact

List any additional contact here

Name: Wendy Kirby	Office Number: (512) 953-8403
Position/Job Title: Sr. Associate VP of FEMA Disaster Recovery	Fax Number: (800) 407-5532
Organization/employer: GrantWorks, Inc.	Cell Number: (512) 745-5846
Email* wendy@grantworks.net	GMS Access (pick 1) Full ■ Read Only ☐ None ☐

If this contact replaces an existing contact, write their name below. Otherwise, leave blank or mark N/A

Additional Contact

List any additional contact here

Name: Carolina Castro	Office Number: (512) 953-8403
Position/Job Title: Hazard Mitigation Project Manager	Fax Number:
Organization/employer: GrantWorks, Inc.	Cell Number:
Email* carolina@grantworks.net	GMS Access (pick 1) Full ☐ Read Only ☐ None ☐

If this contact replaces an existing contact, write their name below. Otherwise, leave blank or mark N/A

Additional Contact

List any additional contact here

Name: Cynthia Nolasco	Office Number:
Position/Job Title: Hazard Mitigation Planner	Fax Number:
Organization/employer: GrantWorks, Inc.	Cell Number: (512) 677-9719
Email* cynthia.nolasco@grantworks.net	GMS Access (pick 1) Full ☐ Read Only ☐ None ☐

If this contact replaces an existing contact, write their name below. Otherwise, leave blank or mark N/A

Additional Contact

List any additional contact here

Name: Caroline Bailey	Office Number:
Position/Job Title: Hazard Mitigation Planner	Fax Number:
Organization/employer: GrantWorks, Inc.	Cell Number: (512) 420-7888
Email* caroline@grantworks.net	GMS Access (pick 1) Full ☐ Read Only ☐ None ☐

If this contact replaces an existing contact, write their name below. Otherwise, leave blank or mark N/A

Additional Contacts are authorized to represent and act for this organization in all operations pertaining to this grant with the State of Texas.

*Note: All email addresses must be unique to user

J. Oakley	James Oakley	10/24/21
Signature of Certifying Official (Must be a Mayor, Judge, or Executive Director with the authority to obligate funds & enter into contracts for the organization)	Print Name	Date