

**DESIGNATION OF APPLICANT'S AGENT
TEXAS DIVISION OF EMERGENCY MANAGEMENT**

FEMA Grant:

Organization Name (hereafter named Organization)

Primary Agent	Secondary Agent
First Name	First Name Last Name
Organization	Organization
Official Position	Official Position
Mailing Address	Mailing Address
City State Zip	City State Zip
Work Phone Fax Number	Work Phone Fax Number
E-Mail Address	E-Mail Address
Cellular Phone	Cellular Phone

The above Primary and Secondary Agents are hereby authorized to execute and file Application for Public Assistance on behalf of the 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. This agent is authorized to represent and act for the Organization in all dealings with the State of Texas for all matters pertaining to such disaster assistance required by the agreements and assurances printed on the reverse side hereof.

Chief Financial Officer	Certifying Official
First Name Last Name	First Name Last Name
Organization	Organization
Official Position	Official Position
Mailing Address	Mailing Address
City State Zip	City State Zip
Work Phone Fax Number	Work Phone Fax Number
E-Mail Address	E-Mail Address
Cellular Phone	Cellular Phone

Applicant's State Cognizant Agency for Single Audit purposes (If a Cognizant Agency is not assigned, please indicate):

Applicant's Fiscal Year (FY) End Month
 Applicant's Federal Employer's Identification Number
 Applicant's State Payee Identification Number

Certifying Official's Signature

Date