

FLOODPLAIN MANAGER AUTHORIZATION FORM

Please provide the following information for the designated Floodplain Manager for the project listed below.

Date: 05/28/19

Sub-Applicant: Hidalgo County

Disaster Declaration: **FEMA 4377-DR-TX**

Project Title: Central Hidalgo County Precinct 1 Drainage Improvements

Project Number (if known): _____

Floodplain Manager Contact Information:

Name: Raul E. Segin, PE, CFM Title: _____

Organization: Hidalgo County Drainage District No. 1

Address: 902 N. Doolittle Road

City: Edinburg State: TX Zip: 78542

Email: raul.segin@hcdd1.org Office Phone: (956) 292-7080 Cell: (956) 522-8095

Floodplain Manager Certification Information:

CFM Certification Number: _____

If not a CFM, please enter the date of attendance for:

CFM - 1 Week Course: _____

Floodplain 101 Course: _____

Certification:

By signing below, the above Floodplain Manager is authorized to represent and act on behalf of the sub-applicant in all floodplain matters related to the project and grant listed above

Signature of Authorized Official/Project Officer

05/28/19
Date

Raul E. Segin, PE, CFM
Printed Name

General Manager
Title

Please submit completed form(s) with the application email as an attachment.