



## 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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<b>Subrecipient:</b>			
<b>Public Assistance</b>	<input type="checkbox"/>	<b>Hazard Mitigation</b>	<input type="checkbox"/>
<b>Mutual Aid</b>	<input type="checkbox"/>	<b>Other</b>	<input type="checkbox"/>
<b>Other:</b>	<b>Disaster Number(s):</b>		

\*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 <b>full</b> 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 <b>full</b> 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 <b>full</b> 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 <input type="checkbox"/>	Contributor <input type="checkbox"/>	Read-Only <input type="checkbox"/>

\_\_\_\_\_  
**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)*



## Designation of Subrecipient Agent (DSA) Form

Alternate Contact			
Name:		Office Number:	
Position/Title:		Cell Number:	
Email:		Fax Number:	
Organization:			
GMS Access (pick 1):	Full <input type="checkbox"/>	Contributor <input type="checkbox"/>	Read-Only <input type="checkbox"/>

Alternate Contact			
Name:		Office Number:	
Position/Title:		Cell Number:	
Email:		Fax Number:	
Organization:			
GMS Access (pick 1):	Full <input type="checkbox"/>	Contributor <input type="checkbox"/>	Read-Only <input type="checkbox"/>

Alternate Contact			
Name:		Office Number:	
Position/Title:		Cell Number:	
Email:		Fax Number:	
Organization:			
GMS Access (pick 1):	Full <input type="checkbox"/>	Contributor <input type="checkbox"/>	Read-Only <input type="checkbox"/>

Alternate Contact			
Name:		Office Number:	
Position/Title:		Cell Number:	
Email:		Fax Number:	
Organization:			
GMS Access (pick 1):	Full <input type="checkbox"/>	Contributor <input type="checkbox"/>	Read-Only <input type="checkbox"/>

Alternate Contact			
Name:		Office Number:	
Position/Title:		Cell Number:	
Email:		Fax Number:	
Organization:			
GMS Access (pick 1):	Full <input type="checkbox"/>	Contributor <input type="checkbox"/>	Read-Only <input type="checkbox"/>

\_\_\_\_\_  
**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)*