

# Designation of Subrecipient Agent

Texas Department of Public Safety - Texas Division of Emergency Management

|                         |
|-------------------------|
| <b>Primary Contacts</b> |
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|               |  |
|---------------|--|
| Subrecipient: |  |
|---------------|--|

|                     |                |
|---------------------|----------------|
| Disaster Number(s): | Grant Program: |
|---------------------|----------------|

|  |
|--|
| <b>Primary Agent</b><br>Serves as the primary point of contact for projects. |
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|                        |   |
|------------------------|---|
| Name:                  | Office Number:                              |
| Position/Job Title:    | Fax Number:                                 |
| Organization/employer: | Cell Number:                                |
| Email*                 | The Primary Agent will have full GMS access |

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| <b>Secondary Agent</b><br>Serves as the secondary point of contact for projects. |
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|                        |   |
|------------------------|---|
| Name:                  | Office Number:                                |
| Position/Job Title:    | Fax Number:                                   |
| Organization/employer: | Cell Number:                                  |
| Email*                 | The Secondary Agent will have full GMS access |

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|---|
| <b>Primary Finance Agent</b><br>Serves as the primary point of contact for financial matters. |
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|                        |   |
|------------------------|---|
| Name:                  | Office Number:  |
| Position/Job Title:    | Fax Number:   |
| Organization/employer: | Cell Number:  |
| Email*                 | The Primary Finance Contact will have full GMS access |

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|---|
| <b>Certifying Official</b><br>Serves as the official representative of the organization.<br>Must possess the authority to obligate funds & enter into contracts for the organization. |
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|                        |   |
|------------------------|---|
| Name:                  | Office Number:  |
| Position/Job Title:    | Fax Number:   |
| Organization/employer: | Cell Number:  |
| Email*                 | GMS Access (pick 1)    Full <input type="checkbox"/> Read Only <input type="checkbox"/> None <input type="checkbox"/> |

*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. The Primary Agent will have authority to add or remove users within the Texas Division of Emergency Management (TDEM) Grant Management System (GMS) for all grants.*

**\*Note: All email addresses must be unique to user**

|   |                   |             |
|---|-------------------|-------------|
| <b>Signature of Certifying Official</b><br>(Must be a Mayor, Judge, or Executive Director with the authority to obligate funds & enter into contracts for the organization) | <b>Print Name</b> | <b>Date</b> |
|---|-------------------|-------------|

# Designation of Subrecipient Agent

Texas Department of Public Safety - Texas Division of Emergency Management

|                                      |
|--------------------------------------|
| <b>Alternate Contacts (Optional)</b> |
|--------------------------------------|

|               |  |
|---------------|--|
| Subrecipient: |  |
|---------------|--|

|                     |                |
|---------------------|----------------|
| Disaster Number(s): | Grant Program: |
|---------------------|----------------|

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|--|
| <b>Alternate Contact</b><br>List any additional contact here |
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|                        |   |
|------------------------|---|
| Name:                  | Office Number:  |
| Position/Job Title:    | Fax Number:   |
| Organization/employer: | Cell Number:  |
| Email*                 | GMS Access (pick 1)    Full <input type="checkbox"/> Read Only <input type="checkbox"/> None <input type="checkbox"/> |

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

|  |
|--|
| <b>Alternate Contact</b><br>List any additional contact here |
|--|

|                        |   |
|------------------------|---|
| Name:                  | Office Number:  |
| Position/Job Title:    | Fax Number:   |
| Organization/employer: | Cell Number:  |
| Email*                 | GMS Access (pick 1)    Full <input type="checkbox"/> Read Only <input type="checkbox"/> None <input type="checkbox"/> |

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

|  |
|--|
| <b>Alternate Contact</b><br>List any additional contact here |
|--|

|                        |   |
|------------------------|---|
| Name:                  | Office Number:  |
| Position/Job Title:    | Fax Number:   |
| Organization/employer: | Cell Number:  |
| Email*                 | GMS Access (pick 1)    Full <input type="checkbox"/> Read Only <input type="checkbox"/> None <input type="checkbox"/> |

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

|  |
|--|
| <b>Alternate Contact</b><br>List any additional contact here |
|--|

|                        |   |
|------------------------|---|
| Name:                  | Office Number:  |
| Position/Job Title:    | Fax Number:   |
| Organization/employer: | Cell Number:  |
| Email*                 | GMS Access (pick 1)    Full <input type="checkbox"/> Read Only <input type="checkbox"/> None <input type="checkbox"/> |

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

|   |            |      |
|---|------------|------|
| <b>Signature of Certifying Official</b><br>(Must be a Mayor, Judge, or Executive Director with the authority to obligate funds & enter into contracts for the organization) | Print Name | Date |
|---|------------|------|

## Instructions:

- The Designation of Subrecipient Agent (DSA) form is divided into two pages, the Primary Contacts page and the optional Alternate Contacts page. The second page is not required if there are no additional contacts to list.
- In the header of the document, list the name of the subrecipient (the organization applying for the grant), as well as the disaster numbers and grant program this DSA applies to (the disaster number is 4 digits long and assigned by FEMA. For example, Hurricane Harvey is 4332. The grant program is either PA for Public Assistance or HMGP for Hazard Mitigation Grant Program.)
- Multiple disasters may be listed on one DSA as long as specific disaster numbers are indicated.
- None of the positions on the primary contact page may be left blank. However, the same person may hold multiple positions. Contacts may be left blank on the additional contact page.
- If a third party consultant/contractor is listed on the DSA, the agency that they are employed by should be listed in the Organization/Employer field.
- All contacts require a unique email address. Additionally, contacts on the DSA cannot share the same email address.
- All contacts must have a phone number listed.
- Granting a contact full Grants Management System (GMS) access will allow them to perform tasks such as submitting quarterly reports and requesting reimbursements, time extensions and scope/cost modifications within the State of Texas Grant Management System on behalf of the subrecipient. Granting a contact Read Only access will allow a contact to view information in GMS, but they will not be able to edit any existing information themselves.
- The Primary, Secondary, and Finance Agents will always be granted full GMS access for all grants within the program selected.
- The subrecipient can request that GMS access be added or revoked from a contact at any time if the need arises.
- The Certifying Official must be an individual who possesses the authority to obligate funds and enter into contracts on behalf of the subrecipient.
- Both pages, if applicable, of the DSA must be signed and dated by the certifying official.
- If a new DSA is submitted with a different person listed for a position on the primary contact sheet, 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 unless they are specified in the field provided.