

**DESIGNATION OF SUBRECIPIENT AGENT  
TEXAS DIVISION OF EMERGENCY MANAGEMENT**

**FEMA Grant:**

Organization Name (hereafter named Organization)

Primary Agent			Secondary Agent		
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		

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	Printed Name	Date
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