

Public Assistance Designation of Applicant Agent Form

The purpose of this form is to establish the Applicant Agent and other programmatic points-of-contact for your community or private non-profit agency. The completed form must be signed by the authorized Applicant Agent and returned to: **Public Assistance, Tennessee Emergency Management Agency, 3041 Sidco Drive, Nashville, TN 37204-1502.**

Applicants must use FEMA's Grants Portal in uploading documentation, keeping abreast of information requests, and project awareness both in the development and approval stages. The Applicant Agent and Primary Point-of-Contact will automatically be given access to the portal once the completed and signed Applicant Agent form is provided to TEMA's Public Assistance Division. These two individuals will also be given full authority to manage additional persons needing access to the account. Please choose below whether to provide access to the Grants Portal to your county's Emergency Management Agency Director.

Provide my County's EMA Director viewing rights to this entity's account _____

Do not provide my County's EMA Director viewing rights to this entity's account. *Applicant Agent Initials*

Entity: (i.e., City of Hazardville, Hazard County, Hazardville Utility, etc.)

EIN Number:

County:

DUNS Number:

Applicant Agent:

The Applicant Agent must be the chief executive officer, mayor, etc. This person has the authority to sign contracts, authorize funding allocations or payments, etc.

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office #: _____ Cell #: _____ Email: _____

Primary Contact:

The Primary Contact is the person responsible for coordinating the implementation awarded projects. This is also the person the State will contact regarding the status of work, quarterly reports, pay requests, supporting documentation for expenditures, etc.

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office #: _____ Cell #: _____ Email: _____

Alternate Contact:

The Alternate Contact is the person that can address questions or concerns in the Primary Point of Contact's absence.

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office #: _____ Cell #: _____ Email: _____

Financial Contact:

The Financial Contact is the person to be contacted for questions/clarification of financial concerns, i.e., banking account, Edison automatic deposits, etc.

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office #: _____ Cell #: _____ Email: _____

Certification

The signature below certifies authorization to execute for and on behalf of the named entity, a public entity established under the laws of the State of Tennessee. The persons noted above are designated contacts for the Federal financial assistance provided under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288).

Signature of Applicant Agent

Title

Date