

# Applicant Registration

The purpose of this form is to register applicants who wish to become an applicant of the Federal Emergency Management Agency's Public Assistance Program. The completed form must be signed by the authorized Applicant Agent and returned to the Tennessee Emergency Management Agency Public Assistance Section via: email to [Kelly.Jo.Dyer@tn.gov](mailto:Kelly.Jo.Dyer@tn.gov), mail to TEMA Public Assistance, 3041 Sidco Drive, Nashville, TN 37204.

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 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.

## Section One: Applicant Information

Applicant Name: \_\_\_\_\_ County: \_\_\_\_\_ EIN Number: \_\_\_\_\_  
 Physical Mailing Address: \_\_\_\_\_ UEI Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Edison Supplier Number: \_\_\_\_\_ Edison Supplier Address: \_\_\_\_\_

**Does your organization have access to the Federal Emergency Management Agency's Grants Portal?** Yes No  
 If yes, skip to Section Two.

Organization Type:	State Government	Independent School District
	County Government	Regional Government Organization Status
	City or Township Government	Nonprofit with 501C, D, or E IRS
	Special District Government	Nonprofit without 501C, D, or E IRS

**Provide the following facility information if you are a private non-profit organization:**

Facility Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 Primary Purpose: \_\_\_\_\_  
 Is this a critical facility? Yes No Is there a facility fee? Yes No Is it in use? Yes No  
 Does the Applicant own the facility? Yes No Is the facility insured? Yes No  
 Does the Applicant have legal responsibility of the facility? Yes No  
 Additional Comments: \_\_\_\_\_

*Must attach a copy of the bylaws/charter and tax exemption certification*

## Section Two: Contact Information

**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: \_\_\_\_\_ Email: \_\_\_\_\_  
 Office #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**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: \_\_\_\_\_ Email: \_\_\_\_\_

Office #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**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: \_\_\_\_\_ Email: \_\_\_\_\_

Office #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**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: \_\_\_\_\_ Email: \_\_\_\_\_

Office #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**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*

*Thank you*