

**DESIGNATION OF APPLICANT'S AGENT**PUBLIC ASSISTANCE  
State Emergency Management

Organization Name (hereafter named Organization)

<b>Primary Agent</b>	<b>Secondary Agent</b>
Agent's Name	Agent's Name
Organization	Organization
Official Position	Official Position
Mailing Address	Mailing Address
City ,State, Zip	City ,State, Zip
Daytime Telephone	Daytime Telephone
Facsimile Number	Facsimile Number
Pager or Cellular Number	Pager or Cellular Number

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 \_\_\_\_\_ for all matters pertaining to such disaster assistance required by the agreements and assurances printed on the reverse side

<b>Chief Financial Officer</b>	<b>Certifying Official</b>
Name	Official's Name
Organization	Organization
Official Position	Official Position
Mailing Address	Mailing Address
City ,State, Zip	City ,State, Zip
Daytime Telephone	Daytime Telephone
Facsimile Number	Facsimile Number
Pager or Cellular Number	Pager or Cellular Number

Applicant's State Cognizant Agency for Single Audit purposes (If a Cognizant Agency is not assigned, please indicate):

Applicant's Fiscal Year (FY) Start

**Month:****Day:**

Applicant's Federal Employer's Identification Number

Applicant's State Payee Identification Number

**Certifying Official's Signature**