

**FISCAL YEAR 2019
DESIGNATION OF EMPG GRANT OFFICIALS**

APPLICANT NAME (JURISDICTION):

EMERGENCY MANAGEMENT COORDINATOR*	
NAME	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. *If newly appointed, attach form TDEM-147
Official Mailing Address Please include ZIP + 4	
Daytime Phone Number	() Alternate Number ()
Fax Number	()
E-mail Address	

POINT OF CONTACT (RESPONSIBLE FOR APPLICATION)	
NAME	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
Title	
Official Mailing Address Please include ZIP + 4	
Daytime Phone Number	() Alternate Number ()
Fax Number	()
E-mail Address	

GRANT FINANCIAL OFFICER (CANNOT BE THE SAME AS EMC)	
NAME	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
Title	
Official Mailing Address Please include ZIP + 4	
Daytime Phone Number	()
Fax Number	()
E-mail Address	

AUTHORIZED OFFICIAL (MAYOR, COUNTY JUDGE, CITY MANAGER)	
NAME	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
Title	
Official Mailing Address Please include ZIP + 4	
Daytime Phone Number	()
Fax Number	()
E-mail Address	