FISCAL YEAR 2020
DESIGNATION OF EMPG GRANT OFFICIALS

APPLICANT NAME (JURISDICTION): _____

EMERGENCY MANAGEMENT COORDINATOR*		
NAME	■ Mr. ☐ 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	☐ Mr. ☐ 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	☐ Mr. ☐ 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	☐ Mr. ☐ Ms.
Title	
Official Mailing Address Please include ZIP + 4	
Daytime Phone Number	( )
Fax Number	( )
E-mail Address	