

Designation of Authorized Agent

DIVISION OF HOMELAND SECURITY AND EMERGENCY MANAGEMENT

Program	HMGP	Type	DR	Disaster Number	4533 20 Alaska COVID 19 Pandemic			
All or individual projects in dropdown box >>								
1st Project			2nd Project					
3rd Project			4th Project					
5th Project			6th Project					
7th Project			8th Project					
Organization:				FIPS Codes:				
UEI Number:				Federal Tax #/EIN:				
Project Manager				Asst. Project Manager				
Name:				Name:				
Title:				Title:				
Mailing Address:				Mailing Address:				
City, State, Zip:				City, State, Zip:				
Phone Number:				Phone Number:				
Fax Number:				Fax Number:				
Email:				Email:				
If Applicable, Present Term Ending Date:				If Applicable, Present Term Ending Date:				
Does the named representative above have signatory rights for any document requiring signature? If limited, attach limitations or check				Does the named representative above have signatory rights for any document requiring signature? If limited, attach limitations or check				
Yes: All		No: All		Limited (below)		<input type="checkbox"/>		
Application	QR	COR	SOW-C	Application	QR	COR	SOW-C	
Req Reimb.	POP-Ext	Closeout	Other	Req Reimb.	POP-Ext	Closeout	Other	
Chief Financial Officer				Chief Elected/Appointed/Signatory Official				
Name:				Name:				
Title:				Title:				
Mailing Address:				Mailing Address:				
City, State, Zip:				City, State, Zip:				
Phone Number:				Phone Number:				
Fax Number:				Fax Number:				
Email:				Email:				
If Applicable, Present Term Ending Date:				If Applicable, Present Term Ending Date:				
Does the named representative above have signatory rights for any document requiring signature? If limited, attach limitations or check				Certified Signatory Official's Signature:			Date:	
Yes: All		No: All		Limited (below)				
Application	QR	COR	SOW-C					
Req Reimb.	POP-Ext	Closeout	Other					
If any of the representatives listed are expected to or unexpectedly change based on position/ employment status or an election, please notify us as soon as possible to update our records.								

The Signatory Official, Board, Council, etc can give each representative signatory rights for all signed items (Yes: All) No signed items (No: All) or limited to specific areas of the process. If Other, please attach limitation on a separate sheet

QR	Quarterly Repot
COR	Cost Overrun
SOW-C	Scope of Work -Change
Req Reimb	Request for Reimbursement
POP-Ext	Period of Performance - Extension

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