

Texas Division of Emergency Management

Designation of Subrecipient Agent

Primary Contacts	
Subrecipient: FORT BEND COUNTY	
Disaster Number(s): DR 4269 AND DR 4272	Grant Program: HMGP
Primary Agent	
Serves as the primary point of contact for projects.	
Name: CAROLINE EGAN	Office Number: 281-342-6185
Position/Job Title: DISASTER RECOVERY MANAGER	Fax Number: 281-342-4798
Organization/employer: FBC EMERGENCY MANAGEMENT	Cell Number: 832-405-8229
Email* caroline.egan@fortbendcountytexas.gov	The Primary Agent will have full GMS access
Secondary Agent	
Serves as the secondary point of contact for projects.	
Name: JEFF WARD	Office Number: 703-777-7076
Position/Job Title: PRESIDENT	Fax Number: 866-635-6582
Organization/employer: JSWA, Inc.	Cell Number: 832-602-3008
Email* Jswa1@outlook.com	The Secondary Agent will have full GMS access
Primary Finance Agent	
Serves as the primary point of contact for financial matters.	
Name: ROBERT E. STURDIVANT	Office Number: 281-341-3760
Position/Job Title: COUNTY AUDITOR	Fax Number: 281-341-3774
Organization/employer: FORT BEND COUNTY	Cell Number:
Email* ed.sturdivant@fortbendcountytexas.gov	The Primary Finance Contact will have full GMS access
Certifying Official	
Serves as the official representative of the organization. Must possess the authority to obligate funds & enter into contracts for the organization.	
Name: KP GEORGE	Office Number: 281-341-8608
Position/Job Title: COUNTY JUDGE	Fax Number: 832-471-1858
Organization/employer: FORT BEND COUNTY	Cell Number:
Email* county.judge@fortbendcountytexas.gov	GMS Access (pick 1) Full <input type="checkbox"/> Read Only <input type="checkbox"/> None <input checked="" type="checkbox"/>
<i>The above Primary and Secondary Agents are hereby authorized to execute and file the application on behalf of this organization for the purpose of obtaining certain state and federal financial assistance under the Robert T. Stafford Disaster Relief & Emergency Assistance Act or the CARES Act. Primary Financial Agent and the Certifying Official are authorized to represent and act for this organization in all financial operations pertaining to this award with the State of Texas. The Primary Agent will have authority to add or remove users within the Texas Division of Emergency Management (TDEM) Grant Management System (GMS) for all funding.</i>	
*Note: All email addresses must be unique to user	

Signature of Certifying Official

(Must be a Mayor, Judge, or Executive Director with the authority to obligate funds & enter into contracts for the organization)

Print Name

Date

Texas Division of Emergency Management

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Alternate Contacts (Optional)

Subrecipient: FORT BEND COUNTY	
Disaster Number(s): DR 4269 AND DR 4272	Grant Program: HMGP

Alternate Contact List any additional contact here
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Name: KRISTEN THATCHER	Office Number: 703-777-7076
Position/Job Title: ASSOCIATE	Fax Number:
Organization/employer: JSWA, INC.	Cell Number: 540-668-6940
Email* kthatcher@rstarmail.com	GMS Access (pick 1) Full <input checked="" type="checkbox"/> Read Only <input type="checkbox"/> None <input type="checkbox"/>

If this contact replaces an existing contact, write their name below. Otherwise, leave blank or mark N/A
N/A

Alternate Contact List any additional contact here
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Name: RODNEY GRIMMER	Office Number: 281-342-6185
Position/Job Title: Emergency Mgmt Specialist III	Fax Number: 281-342-4798
Organization/employer: FBC Emergency Management	Cell Number: 832-473-7880
Email* rodney.grimmer@fortbendcountytexas.gov	GMS Access (pick 1) Full <input type="checkbox"/> Read Only <input checked="" type="checkbox"/> None <input type="checkbox"/>

If this contact replaces an existing contact, write their name below. Otherwise, leave blank or mark N/A
N/A

Alternate Contact List any additional contact here
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Name:	Office Number:
Position/Job Title:	Fax Number:
Organization/employer:	Cell Number:
Email*	GMS Access (pick 1) Full <input type="checkbox"/> Read Only <input type="checkbox"/> None <input type="checkbox"/>

If this contact replaces an existing contact, write their name below. Otherwise, leave blank or mark N/A

Alternate Contact List any additional contact here
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Name:	Office Number:
Position/Job Title:	Fax Number:
Organization/employer:	Cell Number:
Email*	GMS Access (pick 1) Full <input type="checkbox"/> Read Only <input type="checkbox"/> None <input type="checkbox"/>

If this contact replaces an existing contact, write their name below. Otherwise, leave blank or mark N/A

Additional Contacts are authorized to represent and act for this organization in all operations pertaining to this grant with the State of Texas.

***Note:** All email addresses must be unique to user

Signature of Certifying Official (Must be a Mayor, Judge, or Executive Director with the authority to obligate funds & enter into contracts for the organization)	Print Name	Date
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Instructions:

- The Designation of Subrecipient Agent (DSA) form is divided into two pages, the Primary Contacts page and the optional Alternate Contacts page. The second page is not required if there are no additional contacts to list.
- In the header of the document, list the name of the subrecipient (the organization applying for the grant), as well as the disaster numbers and grant program this DSA applies to (the disaster number is 4 digits long and assigned by FEMA. For example, Hurricane Harvey is 4332. The grant program is either PA for Public Assistance, SPA for State Public Assistance or HMGP for Hazard Mitigation Grant Program.)
- Multiple disasters may be listed on one DSA as long as specific disaster numbers are indicated.
- None of the positions on the primary contact page may be left blank. However, the same person may hold multiple positions. Contacts may be left blank on the additional contact page.
- If a third-party consultant/contractor is listed on the DSA, the agency that they are employed by should be listed in the Organization/Employer field.
- All contacts require a unique email address. Additionally, contacts on the DSA cannot share the same email address.
- All contacts must have a phone number listed.
- Granting a contact full Grants Management System (GMS) access will allow them to perform tasks such as submitting quarterly reports and requesting reimbursements, time extensions and scope/cost modifications within the State of Texas Grant Management System on behalf of the subrecipient. Granting a contact Read Only access will allow a contact to view information in GMS, but they will not be able to edit any existing information themselves.
- The Primary, Secondary, and Finance Agents will always be granted full GMS access for all grants within the program selected.
- The subrecipient can request that GMS access be added or revoked from a contact at any time if the need arises.
- The Certifying Official must be an individual who possesses the authority to obligate funds and enter into contracts on behalf of the subrecipient.
- Both pages, if applicable, of the DSA must be signed and dated by the certifying official.
- If a new DSA is submitted with a different person listed for a position on the primary contact sheet, the old contact holding that position will be removed. If a new contact is added on the additional contacts page, no old contacts will be removed unless they are specified in the field provided.