

Texas Division of Emergency Management

Designation of Subrecipient Agent

Alternate Contacts (Optional)	
Subrecipient: Fort Bend County	
Disaster Number(s): DR-4485	Grant Program: 4485
Alternate Contact	
List any additional contact here	
Name: Amy Hartman	Office Number: 281-341-3768
Position/Job Title: First Asst. County Auditor	Fax Number: 281-341-3774
Organization/employer: Fort Bend County	Cell Number:
Email* amy.hartman@fortbendcountytexas.gov	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	
Alternate Contact	
List any additional contact here	
Name: Shelley Hughes	Office Number: 281-341-8621
Position/Job Title: Accountant	Fax Number:
Organization/employer: Fort Bend County	Cell Number:
Email* shelley.hughes@fortbendcountytexas.gov	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	
Alternate Contact	
List any additional contact here	
Name: Yvonne Mager	Office Number: 281-238-2297
Position/Job Title: Grants Supervisor	Fax Number:
Organization/employer: Fort Bend County	Cell Number:
Email* Yvonne.Mager@fortbendcountytexas.gov	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	
Alternate Contact	
List any additional contact here	
Name: Rodney Grimmer	Office Number: 281-238-3417
Position/Job Title: Deputy EMC	Fax Number:
Organization/employer: Fort Bend County	Cell Number: 832-473-7880
Email* rodney.grimmer@fortbendcountytexas.gov	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	
<i>Additional Contacts are authorized to represent and act for this organization in all operations pertaining to this grant with the State of Texas.</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