

## Nebraska Emergency Management Agency

### Recovery Section Authorized Representative Designation

<b>Applicant's Name</b> (City, County, Government Agency, Tribe, Township, Village, NRD, PNP, PPD, FRF, SID, etc.)			
<b>Disaster/Grant #</b>	<b>Assistance Listing (AL) #</b>	<b>UEI # (from SAM.gov)</b>	<b>Tax ID #</b>
<b>Applicant's Fiscal Year Start</b>			
Month		Year	
<b>Chief Elected Official</b>	<b>Authorized Representative</b>	<b>Fiscal Officer</b>	
Name	Name	Name	
Official Position	Official Position	Official Position	
Mailing Address	Mailing Address	Mailing Address	
City, County, State, Zip Code	City, County, State, Zip Code	City, County, State, Zip Code	
Daytime Telephone	Daytime Telephone	Daytime Telephone	
Fax Number	Fax Number	Fax Number	
Cell Phone Number (if applicable)	Cell Phone Number (if applicable)	Cell Phone Number (if applicable)	
Email Address	Email Address	Email Address	

The above Authorized Representative is hereby authorized to execute and file any project application on behalf of this organization for the purpose of obtaining state and/or federal financial assistance under the Robert T. Stafford Disaster Relief and Emergency Assistance Act or otherwise available. The designated Authorized Representative is authorized by the below Chief Elected Official to represent and act for this organization in all dealings with the State of Nebraska for all matters pertaining to this grant and will serve as the single point of contact.

\_\_\_\_\_  
Signature of Chief Elected Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Chief Elected Official

\_\_\_\_\_  
Printed Title of Chief Elected Official