

Third Party Authorization

Date: _____

HMGP Sub-grantee lcr r nlecpv: _____

Hazard Mitigation Grant Program (HMGP) Project Number: _____

In order to be more efficient in assisting our sub-grantee lcr r nlecpv" with their HMGP applications and projects, the State is asking for the contact information below to be filled out for any contacts in addition to the primary and secondary project officers, who will be authorized for involvement in the grant application or project identified above. This would include cm'outside consultants'y j lej "ecp"dg"f guki pcvgf "lpf kxf wcm{ "qt"d{ "eqpuwmpj "ht o 0

Name:
Organization:
Official Position:
Mailing Address:
City, State, Zip:
Daytime Phone:
Fax Number:
Email:

The above individual has been given permission to communicate with the Texas Division of Emergency Management, Mitigation section, by the sub-grantee concerning their Hazard Mitigation Grant Program applications and projects.

Signature of Authorized Agent/Project Officer

Date

Printed Name & Title