

**FLOODPLAIN MANAGER FORM
For
HAZARD MITIGATION GRANT**

Date

Subgrantee: _____

Local Government or eligible Agency/Organization

Hazard Mitigation Grant Program (HMGP) Project Number: _____

Pre-Disaster Mitigation Program (PDM) Project Number: _____

The designated Floodplain Manager for this project application is as follows:

	Floodplain Manager
Name	
Organization	
Official Position	
Mailing Address	
City, State, Zip	
Daytime Phone	
Cell Number	
Fax Number	
Email	
	Certified Floodplain Manager (CFM) Information
CFM Certification Number	
If not a CFM – enter the date of attendance for:	
CFM - 1 Week Course	
Floodplain 101	
The designated Floodplain Manager is authorized by the below Certifying Official to represent and act for this organization in all dealings with the State of Texas matters pertaining to floodplain issues for this grant.	

Signature of Mayor, Judge, or Executive Director

Date

Printed Name of above Authorized Official