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DESIGNATION STATEMENT for the HAZARDOUS MATERIALS EMERGENCY PREPAREDNESS (HMEP) GRANT

Applicant: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Manager: \_\_\_\_\_ Phone #: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Financial Officer\*: \_\_\_\_\_ Phone #: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

\* FINANCIAL OFFICER CANNOT BE THE PROJECT MANAGER OR AUTHORIZED AGENT

AUTHORIZED AGENT CERTIFICATION

I certify that I have the legal authority to make a commitment to the project on behalf of the applicant and that the Project Manager indicated above has the responsibility for the daily implementation of the proposed project.

I certify that I am duly authorized to act on behalf of the Applicant, and the Applicant agrees with the requirements of the Assurances Certification, Terms and Conditions, Regulations, and Guidance associated with the HMEP Grant Program.

I certify that the Financial Manager indicated above has the responsibility for the fiscal management of the grant and has the legal authority to certify all financial status reports, invoices, and requests for payments that will be submitted.

I certify that the information in the attached application is correct and complete to the best of my knowledge. By submitting this application, I am making a commitment to the proposed project, budget, and scope of work.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Phone # \_\_\_\_\_ FAX # \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THE DESIGNATION STATEMENT

Field Name	Description of Information Required
Applicant	Full name of the public agency applying for the grant.
Project Title	A brief title of the proposed project.
Project Manager Contact Information	<p>The person responsible for the daily implementation of the project (may also be an Authorized Agent).</p> <p>If the Project Manager changes, immediate notification to the HMEP Grant Administrator and a new Designation Statement is required.</p>
Financial Officer Contact Information	<p>The person responsible for the fiscal management of the grant. This person must certify all financial status reports, invoices, and requests for payment submitted.</p> <p><b>The Financial Officer cannot be the Project Manager or Authorized Agent, and cannot sign Reimbursement Request forms.</b></p>
Authorized Agent Certification	<p>Contact Information and signature of the Authorized Agent - the person in the organization with the ultimate responsibility for the project and who has legal authority to commit funds on behalf of the applicant. Must also sign the Application Form, Grant Assurances, Reimbursement Request form, and Quarterly Performance Report.</p> <p>If more than one Authorized Agent is desired, a Designation Statement and Grant Assurances are required for each.</p> <p>If the Authorized Agent changes, immediate notification to the HMEP Grant Administrator and a new Designation Statement and Grant Assurances are required.</p>