To Whom It May Concern:

[RECIPIENT LETTERHEAD]

RECIPIENT LEGAL NAME: __________________________________________

FDEM SUBGRANT AGREEMENT NO: ___________________________________

[RECIPIENT LEGAL NAME], hereinafter Recipient, has hired, contracted, or retained  
[RECIPIENT LEGAL NAME], (employee or Subcontractor Entity Name) to assist Recipient with the  
administration of the subgrant agreement for the Recipient. The Recipient authorizes the following  
individual(s) to manage the subgrant agreement (hereinafter, “Subgrant Manager”) on behalf of the Recipient:

Name: __________________________________________________________

Name: __________________________________________________________

The Recipient authorizes the Subgrant Manager(s) to oversee day-to-day Management and Administration  
(M&A) of the above referenced Nonprofit Security Grant. M&A activities are those related directly to the  
administration of the grant and includes:

- Prepare and submit required financial and programmatic reports.
- Establish and/or maintain equipment inventory purchased under the grant.
- Correspond between the Florida Division of Emergency Management (“Division”) and the  
Recipient to ensure federal, state, and local terms and conditions of the NSGP grant award are  
met.

If utilizing a third-party consultant:

The following individuals are employed by the Subcontractor and are authorized to assist the Subgrant Manager with administering this subgrant agreement:

Name: ___________________________ Title: ___________________________

Name: ___________________________ Title: ___________________________

Name: ___________________________ Title: ___________________________
As the Authorized Organization Representative, I ______________________, certify that I have, or have been delegated, the legal authority to authorize the Subcontractor to execute the duties described herein. I certify that the names of the individual subcontractors identified herein are current as of the date of execution below and that these individuals are authorized to contact the Division on behalf of the Recipient and assist the Recipient with the administration of this subgrant agreement.

I understand that the Recipient has a duty to immediately communicate to the Division any changes in the list of subcontractors(s) and will update this list at least on an annual basis.

________________________________________   ______________________________
Authorized Organization Representative  Date
Signature

________________________________________   __________________________________
Print Name  Title / Officer

________________________________________   __________________________________
Telephone  Email