

[RECIPIENT LETTERHEAD]

RECIPIENT LEGAL NAME: _____

FDEM SUBGRANT AGREEMENT NO: _____

To Whom It May Concern:

_____, hereinafter Recipient, has hired, contracted, or retained _____, (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 describe 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
Signature

Date

Print Name

Title / Officer

Telephone

Email