AUTHORIZING AGENT APPROVAL

For those entities applying for the Hazard Mitigation Grant Program (HMGP), assurance is needed to ensure that non-federal funds are, or will be, secured for the proposed action by the project start date. An Authorizing Agent's signature is needed to provide this. An Authorizing Agent is the chief elected official of a local government who has signature authority, such as a Chairperson of the Board of County Commissioners for a County, the Mayor of a municipality, or an elected Board Member for a private non-profit. Any entity may delegate this authority to a subordinate official by resolution of the governing body. If this is the case, Proof of Authorization must be provided as a separate attachment in Section VI of the relevant HMGP application in DEMES. This form must be fully completed, signed, and submitted into DEMES for an application to be received by FDEM. Applicants will be prompted for this form in the final step of the DEMES HMGP application. Ensure that the information provided here matches the relevant DEMES application. For questions, please email DEM_HazardMitigationGrantProgram@em.myflorida.com.

PROJECT INFORMATION

APPLICANT (ENTITY): County of Pinellas
COUNTY: Pinellas
FEMA DISASTER: DR-4828 (Helene)
PROJECT TITLE: Hardening of Logan Utilities Operations Center Building (Safe Room)
TOTAL PROJECT COST: $35,000,000
FEDERAL SHARE: $26,250,000
NON-FEDERAL SHARE: $8,750,000

AUTHORIZING AGENT

FIRSTNAME: Brian
LAST NAME: Scott
TITLE: Chair, Pinellas County Board of County Commissioners
ADDRESS: 315 Court Street
CITY: Clearwater
STATE: FL
ZIP CODE: 33756-5338
PHONE: 727-464-3000
EMAIL: grants@pinellas.gov

The undersigned assures fulfillment of all requirements of the Hazard Mitigation Grant Program, as contained in the program guidelines, and affirms that all information contained in this application is true and correct to the best of my knowledge. The governing body of the applicant duly authorized the document, and hereby applies for the assistance documented in this application.

AUTHORIZING AGENT SIGNATURE

Click or tap here to enter text.
DATE

☐ Proof of Authorization – Delegation of Authority attached in Section VI