



# TEMA Applicant Registration for State Grant Contract

THIS FORM DOES NOT ENROLL YOUR ENTITY IN A DISASTER. This form is a State requirement to provide applicants with a grant contract to receive eligible reimbursement of the Federal Emergency Management Agency's Public Assistance Program. The completed form must be signed by the authorized Applicant Agent and returned to the Tennessee Emergency Management Agency Public Assistance Section via: email to Melissa Mirone - Melissa.M.Mirone@tn.gov or mail to TEMA Public Assistance, 3041 Sidco Drive, Nashville, TN 37204.

Applicants must submit a REQUEST FOR PUBLIC ASSISTANCE (RPA) in FEMA's Grants Portal <https://grantee.fema.gov> to become an Applicant in a disaster. FEMA'S Grants Portal must be used in uploading documentation, keeping abreast of information requests, and project awareness both in the development and approval stages. The Applicant Agent and Primary Point-of-Contact will automatically be given access to the portal once the completed and signed TEMA Applicant Registration form is provided to TEMA's Public Assistance Division. These two individuals will be given full authority to manage additional persons needing access to the account.

Please indicate below whether to provide information to your Local Emergency Management Director:

YES

NO

Applicant Name: \_\_\_\_\_ County: \_\_\_\_\_ EIN Number: \_\_\_\_\_

Physical Mailing Address: \_\_\_\_\_ UEI Number: \_\_\_\_\_

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

Edison Supplier Number: \_\_\_\_\_ Edison Supplier Address: \_\_\_\_\_

**Does your organization have access to the Federal Emergency Management Agency's Grants Portal?** Yes No

- |                    |                             |   |
|--------------------|-----------------------------|---|
| Organization Type: | State Government            | Independent School District             |
|                    | County Government           | Regional Government Organization Status |
|                    | City or Township Government | Nonprofit with 501C, D, or E IRS        |
|                    | Special District Government | Nonprofit without 501C, D, or E IRS     |

**Provide the following facility information if you are a private non-profit organization:**

Facility Name: \_\_\_\_\_ Location: \_\_\_\_\_

Primary Purpose: \_\_\_\_\_

Is this a critical facility? Yes No Is there a facility fee? Yes No Is it in use? Yes No

Does the Applicant own the facility? Yes No Is the facility insured? Yes No

Does the Applicant have legal responsibility of the facility? Yes No

Additional Comments: \_\_\_\_\_

*Must attach a copy of the bylaws/charter and tax exemption certification*

## Section Two: Contact Information

**Applicant Agent:** The Applicant Agent must be the chief executive officer, mayor, etc. This person has the authority to sign contracts, authorize funding allocations or payments, etc. for the above named entity.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Office #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Two individuals cannot use the same email address in FEMA's Grants Portal. Make sure all provided contacts have a unique email address.**

**Primary Contact:** The Primary Contact is the person responsible for coordinating the implementation awarded projects. This is also the person the State will contact regarding the status of work, quarterly reports, pay requests, supporting documentation for expenditures, etc.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Office #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Alternate Contact:** The Alternate Contact is the person that can address questions or concerns in the Primary Point of Contact's absence.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Office #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Financial Contact:** The Financial Contact is the person to be contacted for questions/clarification of financial concerns, i.e., banking account, Edison automatic deposits, etc.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Office #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Certification**

The signature below certifies authorization to execute for and on behalf of the named entity, a public entity established under the laws of the State of Tennessee. The persons noted above are designated contacts for the Federal financial assistance provided under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288).

\_\_\_\_\_  
*Signature of Applicant Agent*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

*Thank you*