Date:

Burke Honzel, Preparedness Branch Bureau Chief

Montana Disaster and Emergency Services (DES)

P.O. Box 4789

Fort Harrison, MT 59636-4789

RE: Emergency Management Performance Grant (EMPG) Applicant Agent Designation Letter

Mr. Honzel:

This letter is to confirm that       County / Tribe, is authorizing the identified person below to apply for FFY 2022-23 EMPG on behalf of       County / Tribe.

Name of authorized individual:

It is understood that       County / Tribe is prepared to satisfy their joint match by either cash or well-documented, fully eligible “in kind” contributions. The value of local contributions may exceed the minimum (50%) match amount requirement but may not be less than 50% of total costs at any time during the grant performance period. We understand that we may be reimbursed only up to 50% of total costs incurred.

      County / Tribe will collect, retain and provide, as requested, detailed documentation to verify cash, “in kind” and/other applicable match expenditures associated with this project.

Sincerely,

Authorizing Official’s Signature

Type Name:

Authorizing Official’s Title:

*\*Please note Commissioner or Tribal Chairman must sign*