

Idaho Office of Emergency Management

Disaster Number: FM-____-ID

Designation of Applicant's Agent

Organization (Applicant) Name	
Applicant's Tax Identification Number	Applicant's DUNS Number
Primary Agent	Secondary Agent
Primary Agent's Name	Secondary Agent's Name
Organization Name (If different than applicant organization)	Organization Name (If different than applicant organization)
Official Position	Official Position
Mailing Address	Mailing Address
City, State, Zip	City, State, Zip
Daytime Telephone	Daytime Telephone
Cellular Number	Cellular Number
Email Address	Email Address
<p>The above Primary and Secondary Agents are hereby authorized to execute and file Application for Disaster Assistance on behalf of the Organization for the purpose of obtaining certain state and federal financial assistance under the Robert T. Stafford Disaster Relief & Emergency Assistance Act, (Public Law 93-288 as amended) or otherwise available. The agent(s) is (are) authorized to represent and act for the Organization in all dealings with the State of Idaho Office of Emergency Management for all matters pertaining to such disaster assistance.</p>	
Certifying Official	Office Manager / Clerical Point of Contact
Organization Name (If different than applicant)	Organization Name (If different than applicant)
Official Position	Official Position
Mailing Address	Mailing Address
City, State, Zip	City, State, Zip
Daytime Telephone	Daytime Telephone
Cellular Number	Facsimile Number
Email Address	Email Address
Certifying Official's Signature	Date