



CHANGE OF APPLICANT'S AGENT

Applicant Information

Applicant's Name: _____

Street Address: _____

City, State, Zip Code: _____

Federal Declaration No. _____ Public Assistance ID Number: _____

Current Applicant's Agent

Agent's Name: _____

Agent's Organization: _____

Street Address: _____

City, State, Zip Code (Zip+4): _____

Designation of New Applicant's Agent

Agent's Name and Title: _____

Agent's Organization: _____

Street Address: _____

City, State, Zip Code (Zip+4): _____

Work Telephone No.: _____ Fax Telephone No.: _____

Cell Telephone No.: _____ E-Mail Address: _____

Certification

I request the Illinois Emergency Management Agency to change the Applicant's Agent as designated above.

Applicant's Authorized Representative:

Signature

Title

Date

For IEMA Use Only

Reviewed By: _____ Date: _____

Instructions for completing the IEMA Change of Applicant's Agent Form

<i>Purpose</i>	The purpose of this form is to change the designation of an Applicant's Agent.
<i>Applicant's Agent</i>	In accordance with State and local law, the chief executive officer (CEO) for the Applicant must designate an Applicant's Agent to act as the Applicant's representative for transactions involving Public Assistance projects and funds.
<i>General</i>	All items on the form must be completed by the Applicant and returned to the Illinois Emergency Management Agency (IEMA). Incomplete forms will be returned to the Applicant.

Applicant Information

Applicant's Name	Enter the name of the Applicant organization or jurisdiction.
Street Address	Enter the Applicant organization or jurisdiction street mailing address. This address should include any P.O. Box numbers necessary.
City, State, Zip Code	Enter the City, State and nine-digit Zip Code for the Applicant organization or jurisdiction.
Federal Declaration No.	Enter the four-digit Federal Declaration Number. This number is assigned by FEMA once the disaster or emergency has been declared by the President. This number is included on the Declaration Fact Sheet.
Public Assistance ID No.	Enter the Applicant's Public Assistance ID Number. This number was provided to the applicant on the application forms and will be in the XXX-YYYYY-ZZ format.

Current Applicant's Agent

Agent's Name	Enter the full name of the current Applicant's Agent.
Agent's Organization	Enter the full name of the current Applicant's Agent's organization or jurisdiction.
Street Address	Enter the street mailing address for the current Applicant's Agent. This address should include any apartment or P.O. Box numbers necessary.
City, State, Zip Code	Enter the City, State and nine-digit Zip Code for the current Applicant's Agent.

Designation of New Applicant's Agent

Agent's Name and Title	Enter the full name and title of the new Applicant's Agent.
Agent's Organization	Enter the full name of the Agent's organization or jurisdiction.
Street Address	Enter the street mailing address for the new Applicant's Agent. This address should include any apartment or P.O. Box numbers necessary.
City, State, Zip Code	Enter the City, State and Zip Code for the new Applicant's Agent.
Work Telephone No.	Enter the work telephone number of the new Applicant's Agent, including the area code.
Fax Telephone No.	Enter the fax telephone number for the new Applicant's Agent, including the area code.
Cell Telephone No.	Enter the cell telephone number for the new Applicant's Agent, including the area code.
E-Mail Address	Enter the e-mail address for the new Applicant's Agent.

Certification

Applicant's Authorized Representative	The Applicant's Authorized Representative must sign and date the form. The Applicant's Authorized Representative is the chief executive officer (CEO) for the Applicant. This person is typically the county board chairman, township supervisor, mayor, village president, superintendent, etc. that has the authority by State and/or local law to designate the Applicant's Agent for the subgrant.
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