



HAWAI'I EMERGENCY MANAGEMENT AGENCY

Authorized Signers for State Hazard Mitigation Agreement

PROJECT NAME & NUMBER:	
DISASTER DECLARATION DATE:	
INCIDENT PERIOD:	
PERIOD OF PERFORMANCE:	
RECIPIENT'S NAME:	
ORGANIZATION UNIT:	
FEDERAL AWARD ID #:	
SUBRECIPIENT'S NAME:	
STREET/P.O. BOX:	
CITY/STATE/ZIP:	
AUTHORIZED ORGANIZATION REPRESENTATIVE:	
TITLE:	
PHONE & EMAIL:	

As the Authorized Organization Representative, I direct the following:

- Formal correspondence regarding this project shall be addressed to:

Name: _____ Title: _____

Phone: _____ E-mail: _____

- Informal correspondence regarding this project shall be addressed to:

Name: _____ Title: _____

Phone: _____ E-mail: _____

- Cancelled checks, invoices, and/or summary sheets shall be provided and/or signed by:

Name: _____ Title: _____

Phone: _____ E-mail: _____

- Checks shall be mailed to: Attention: _____

Address: _____

Signature of Authorized Organization Representative

Date: