

## Designated Agent's Delegation of Project Management Duties

**Instructions: Please use this form to designate authority of grant management duties.**

Routine grants management is hereby delegated as noted to the following personnel:

Richard H. Atkins  
*Name*  
Emergency Management Coordinator  
*Title*  
ratkins@adcogov.org  
*Email*

☒ Request for Reimbursement  
☒ Quarterly Financial Status Reports  
☒ Quarterly Project Performance Reports  
☒ Monitoring Documents  
☒ Certified Payroll  
☒ Record of Environmental Compliance  
☐ Other \_\_\_\_\_

Signature of  
 Authorized Individual Richard H Atkins Date 10/3/2017

_____ <i>Name</i>  _____ <i>Title</i>  _____ <i>Email</i>	<table border="0"> <tr><td><input type="checkbox"/></td><td>Request for Reimbursement</td></tr> <tr><td><input type="checkbox"/></td><td>Quarterly Financial Status Reports</td></tr> <tr><td><input type="checkbox"/></td><td>Quarterly Project Performance Reports</td></tr> <tr><td><input type="checkbox"/></td><td>Monitoring Documents</td></tr> <tr><td><input type="checkbox"/></td><td>Certified Payroll</td></tr> <tr><td><input type="checkbox"/></td><td>Record of Environmental Compliance</td></tr> <tr><td><input type="checkbox"/></td><td>Other _____</td></tr> </table>	<input type="checkbox"/>	Request for Reimbursement	<input type="checkbox"/>	Quarterly Financial Status Reports	<input type="checkbox"/>	Quarterly Project Performance Reports	<input type="checkbox"/>	Monitoring Documents	<input type="checkbox"/>	Certified Payroll	<input type="checkbox"/>	Record of Environmental Compliance	<input type="checkbox"/>	Other _____
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<input type="checkbox"/>	Record of Environmental Compliance														
<input type="checkbox"/>	Other _____														
Signature of Authorized Individual _____ Date _____															

The above authorization will commence on the date of this statement, as attested to below, and will apply for the duration of the following:

Organization	Adams County
Project Name	Adams County Hazard Mitigation Plan Update
Contract Number	

Attested to by:

  
Signature of Designated Agent

Chair, Adams County BoCC  
Title

10/12/2017  
Date of Commencement