



Douglas A. Ducey
GOVERNOR

STATE OF ARIZONA
DEPARTMENT OF EMERGENCY AND MILITARY AFFAIRS



Major General Michael T. McGuire
THE ADJUTANT GENERAL

REQUEST FOR eGRANT ACCESS
For PDM and FMA grants

Submit to: tom.jones@azdema.gov

Name: _____ Email: _____

Title: _____ ID #: _____ Office Phone: _____

Government Entity: _____ Office Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature of Individual Requesting eGrant Role(s) *Date Signed*

DESCRIPTION OF ROLES

- **View/Print:** This role is for review purposes only. This will usually include persons who do not need the authority to physically create or edit an application, nor the right to act as Applicant Agent and sign or submit the application.
- **Create/Edit:** This role allows an individual to create or edit applications. This person does not necessarily need to be intimately involved with the activity's development, but one able to function adequately on a computer. In addition, this individual would not normally act as Applicant Agent and sign or submit the application.
- **Sign/Submit:** This role is for the Applicant Agent or someone that has been given the authority to act in his/her stead. This role only allows for the signing of assurances, commitment of funds, and project submittal to the State

View/Print	Create/Edit	Sign/Submit
------------	-------------	-------------

ROLES REQUESTED

AUTHORIZATION

The undersigned assures the above listed individual is authorized for the role(s) selected under above listed mitigation grant programs.

Typed Name of Authorized Representative/Applicant Agent *Title* *Telephone Number*

Signature of Authorized Representative/Applicant Agency *Date Signed*