



**Mississippi Department of Public Safety
Office of Homeland Security**



**Designation of Subgrantee Grant Administrator (SGA) STATE
HOMELAND SECURITY PROGRAM**

The following person is officially appointed to represent your jurisdiction as the *Subgrantee* Grant Administrator (SGA) and is hereby duly authorized to fulfill the terms of this Cooperative Agreement during the performance period on behalf of the *Subgrantee*.

Name: _____ Title: _____
(Subgrantee Grant Administrator)

Organization Name: _____

Mailing Address: _____

City: _____ Zip Code _____

Phone Number: () _____

Fax Number: () _____

Cell Number: () _____

Email Address: _____

Appointed by: _____ Date: _____
(Print Subgrantee Official's Name)

Signed: _____ Title: _____
(Signature)