



Designation of Account Approval (DAA) Form

Form Instructions

The following must be completed for access approval for subrecipient accounts in the Texas Division of Emergency Management (TDEM)'s Grants Management System (GMS).

- A) The Designation of Account Approval (DAA) form is used to assign an approver for a jurisdiction. The default approver for access to a jurisdiction is the Certifying Official.
- B) For the contacts:
 - ❖ Both the *Primary Approver* and the *Secondary Approver* will have **Full Access** to their jurisdiction's GMS account and will be responsible for the permissions, access levels, and approvals. They will also be responsible for providing updates if a user leaves the organization or changes roles.
 - ❖ None of the positions on the page may be left blank. The same person cannot hold the Primary Approver and the Secondary Approver.
 - ❖ The *Primary Approver* is the person at the organization that is responsible for approving requests for access to GMS.
 - ❖ The *Secondary Approver* is the Primary Approver's designated alternate.
 - ❖ A *Certifying Official* must be an individual who possesses the authority to obligate funds and enter into contracts on behalf of the subrecipient.
 - ❖ A third-party consultant/contractor cannot be listed as the Primary Approver or Certifying Official.
 - ❖ All contacts require a unique email address.
- C) User Access Levels
 - ❖ **Full Access** to the Grants Management System (GMS) will allow a user to perform tasks such as submitting quarterly reports and requesting reimbursements, time extensions and scope/cost modifications within the State of Texas Grants Management System on behalf of the subrecipient.
 - ❖ **Contributor Access** will allow a user to upload and update documentation and enter notes. The user will not have the ability to advance workflows.
 - ❖ **Read Only Access** will allow a user to view information in GMS but will not grant them the ability to edit any existing information themselves.



Designation of Account Approval (DAA) Form

Subrecipient:	Galveston County		
Tax ID:	74-60000908	UEI:	DRP9KU1PVJN4
Grant Program (PA/HM)	<input checked="" type="checkbox"/>	Mutual Aid	<input type="checkbox"/>

Primary Approver

Serves as the primary point of contact to approve access requests for your GMS account.
Cannot be a contractor.

Name:	Miriam Moran	Office Number:	409-795-2111
Position/Title:	Director of Grants Administration	Cell Number:	
Email:	miriam.moran@galvestoncountytx.gov	Fax Number:	n/a
Organization:	Galveston County, TX		

The Primary Approver will have full access to GMS.

Secondary Approver

Serves as the secondary point of contact to approve access requests for your GMS account.

Name:	Faisel Nofal	Office Number:	409-770-2497
Position/Title:	Grant Coordinator	Cell Number:	
Email:	faisel.nofal@galvestoncountytx.gov	Fax Number:	
Organization:	Galveston County, TX		

The Secondary Approver will have full access to GMS.

Certifying Official

Serves as the official representative of the organization.

Must possess the authority to obligate funds and enter into contracts for the organization.

Name:	Mark Henry	Office Number:	409-766-2244
Position/Title:	County Judge	Cell Number:	
Email:	mark.henry@co.galveston.tx.us	Fax Number:	
Organization:	Galveston County, TX		
GMS Access (pick 1):	Full <input checked="" type="checkbox"/>	Contributor <input type="checkbox"/>	Read-Only <input type="checkbox"/>

Signature of Certifying Official

Mark Henry

Print Name

12.22.2025

Date

(Must be a Mayor, Judge, or Executive Director with the authority to obligate funds & enter into contracts for the organization)

Texas Division of Emergency Management

Designation of Subrecipient Agent

Primary Contacts

Subrecipient: Galveston County, Texas

Disaster Number(s): DR-1791, DR-4332, DR-4485, DR-4572, DR-4586, DR-4798, DR-4781, DR-4136

Grant Program: FEMA-PA/HMGP

Primary Agent

Serves as the primary point of contact for projects.

Name: Miriam Moran	Office Number: 409-770-5550
Position/Job Title: Director of Grants Administration	Fax Number: NA
Organization/employer: Galveston County, TX	Cell Number: NA
Email* Miriam.Moran@galvestoncountytexas.gov	The Primary Agent will have full GMS access

Secondary Agent

Serves as the secondary point of contact for projects.

Name: Faisel Nofal	Office Number: 409-770-2497
Position/Job Title: Grant Coordinator	Fax Number: NA
Organization/employer: Galveston County, TX	Cell Number: NA
Email* Faisel.Nofal@galvestoncountytexas.gov	The Secondary Agent will have full GMS access

Primary Finance Agent

Serves as the primary point of contact for financial matters.

Name: Sergio Cruz	Office Number: 409-770-5398
Position/Job Title: County Auditor	Fax Number: NA
Organization/employer: Galveston County	Cell Number: NA
Email* sergio.cruz@galvestoncountytexas.gov	The Primary Finance Contact will have full GMS access

Certifying Official

Serves as the official representative of the organization.

Must possess the authority to obligate funds & enter into contracts for the organization.

Name: Mark Henry	Office Number: 409-766-2244
Position/Job Title: County Judge	Fax Number: NA
Organization/employer: Galveston County	Cell Number: NA
Email* mark.henry@co.galveston.tx.us	GMS Access (pick 1) <input checked="" type="checkbox"/> Full <input type="checkbox"/> Read Only <input type="checkbox"/> None <input type="checkbox"/>

The above Primary and Secondary Agents are hereby authorized to execute and file the application on behalf of this organization for the purpose of obtaining certain state and federal financial assistance under the Robert T. Stafford Disaster Relief & Emergency Assistance Act, (Public Law 93-288 as amended) or otherwise available. Primary Financial Agent and the Certifying Official are authorized to represent and act for this organization in all financial operations pertaining to this grant with the State of Texas. The Primary Agent will have authority to add or remove users within the Texas Division of Emergency Management (TDEM) Grant Management System (GMS) for all grants.

*Note: All email addresses must be unique to user

Mark Henry

12.22.2025


Signature of Certifying Official

Print Name

Date

(Must be a Mayor, Judge, or Executive Director with the authority to obligate funds & enter into contracts for the organization)

Texas Division of Emergency Management

Designation of Subrecipient Agent

Alternate Contacts (Optional)

Subrecipient: Galveston County

Disaster Number(s): DR-1791, DR-4332, DR-4485, DR-4572, DR-4586, DR-4798, DR-4781, DR-4136

Grant Program: FEMA-PA/HMGP

Alternate Contact

List any additional contact here

Name: Diana Hualipa	Office Number: 409-770-5442
Position/Job Title: Chief Financial Officer	Fax Number: NA
Organization/employer: Galveston County	Cell Number: NA
Email* diana.huallpa@galvestoncountytexas.gov	GMS Access (pick 1) <input checked="" type="checkbox"/> Full <input type="checkbox"/> Read Only <input type="checkbox"/> None <input type="checkbox"/>

If this contact replaces an existing contact, write their name below. Otherwise, leave blank or mark N/A

Alternate Contact

List any additional contact here

Name: Kenna Pruitt	Office Number: 409-770-5575
Position/Job Title: Manager - Grant Accounting / Reporting	Fax Number: N/A
Organization/employer: Galveston County, TX	Cell Number: N/A
Email* Kenna.Pruitt@galvestoncountytexas.gov	GMS Access (pick 1) <input checked="" type="checkbox"/> Full <input type="checkbox"/> Read Only <input type="checkbox"/> None <input type="checkbox"/>

If this contact replaces an existing contact, write their name below. Otherwise, leave blank or mark N/A

Alternate Contact

List any additional contact here

Name: Christie J Motogbe	Office Number: 409-770-5337
Position/Job Title: First Assistant County Auditor/WD System Administrator	Fax Number: N/A
Organization/employer: Galveston County, TX	Cell Number: N/A
Email* ChristieJ.Motogbe@galvestoncountytexas.gov	GMS Access (pick 1) <input checked="" type="checkbox"/> Full <input type="checkbox"/> Read Only <input type="checkbox"/> None <input type="checkbox"/>

If this contact replaces an existing contact, write their name below. Otherwise, leave blank or mark N/A

Alternate Contact

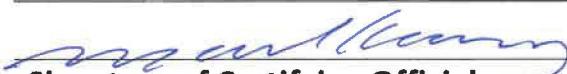
List any additional contact here

Name:	Office Number:
Position/Job Title:	Fax Number:
Organization/employer:	Cell Number:
Email*	GMS Access (pick 1) <input type="checkbox"/> Full <input type="checkbox"/> Read Only <input type="checkbox"/> None <input type="checkbox"/>

If this contact replaces an existing contact, write their name below. Otherwise, leave blank or mark N/A

Additional Contacts are authorized to represent and act for this organization in all operations pertaining to this grant with the State of Texas.

***Note:** All email addresses must be unique to user


Signature of Certifying Official

(Must be a Mayor, Judge, or Executive Director with the authority
to obligate funds & enter into contracts for the organization)

Mark Henry

12.22.2025

Print Name

Date

Instructions:

- The Designation of Subrecipient Agent (DSA) form is divided into two pages, the Primary Contacts page and the optional Alternate Contacts page. The second page is not required if there are no additional contacts to list.
- In the header of the document, list the name of the subrecipient (the organization applying for the grant), as well as the disaster numbers and grant program this DSA applies to (the disaster number is 4 digits long and assigned by FEMA. For example, Hurricane Harvey is 4332. The grant program is either PA for Public Assistance or HMGP for Hazard Mitigation Grant Program.)
- Multiple disasters may be listed on one DSA as long as specific disaster numbers are indicated.
- None of the positions on the primary contact page may be left blank. However, the same person may hold multiple positions. Contacts may be left blank on the additional contact page.
- If a third party consultant/contractor is listed on the DSA, the agency that they are employed by should be listed in the Organization/Employer field.
- All contacts require a unique email address. Additionally, contacts on the DSA cannot share the same email address.
- All contacts must have a phone number listed.
- Granting a contact full Grants Management System (GMS) access will allow them to perform tasks such as submitting quarterly reports and requesting reimbursements, time extensions and scope/cost modifications within the State of Texas Grant Management System on behalf of the subrecipient. Granting a contact Read Only access will allow a contact to view information in GMS, but they will not be able to edit any existing information themselves.
- The Primary, Secondary, and Finance Agents will always be granted full GMS access for all grants within the program selected.
- The subrecipient can request that GMS access be added or revoked from a contact at any time if the need arises.
- The Certifying Official must be an individual who possesses the authority to obligate funds and enter into contracts on behalf of the subrecipient.
- Both pages, if applicable, of the DSA must be signed and dated by the certifying official.
- If a new DSA is submitted with a different person listed for a position on the primary contact sheet, the old contact holding that position will be removed. If a new contact is added on the additional contacts page, no old contacts will be removed unless they are specified in the field provided.