## SYSTEMS ACCESS FORM (CONTACTS) FEMA/GRANTEE PUBLIC ASSISTANCE PROGRAM FLORIDA DIVISION OF EMERGENCY MANAGEMENT

Subrecipient: Levy County	
Box 1: Authorized Agent (Full Access)	Box 2: Primary Contact (Full Access)
Name Le <b>a</b> tha Keene	Name Mary-Ellen Harper
Signature Slatha Sline	Signature
Organization / Official Position Emergency Management, Director	Organization / Offici <mark>al Pel</mark> ettion B <b>ेबर्ग</b> of County Commissioners, County Manager
Mailing Address 7911 NE 90th Street	Mailing Address PO Box 310
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Daytime Telephone (352) 486-5213	Daytime Telephone (352) 486-5218
E-mail Address leathakeene@levydisaster.com	E-mail Address harper-mary-ellen@levycounty.org
Box 3: Alternate Contact (Full Access)	Box 4: Other-Finance/Point of Contact (Full Access)
Name Alicia Tretheway	Name Kay DeWitt
Signature Wicia Internal	Signature Kau R. Wist
Organization / Official Position  Board of County Commissioners, Procurement Coordinator	Organization / Official Position Clerk of Court, Senior Accountant
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Box 5: Other-Risk Mgmt-Insurance (Full Access)	Box 6: Other-Environmental-Historic (Full Access)
Name	Name
Signature	Signature
Organization / Official Position	Organization / Official Position
Mailing Address	Mailing Address
City, State, Zip	City, State, Zip
Daytime Telephone	Daytime Telephone
E-mail Address	E-mail Address
The above contacts may utilize the FDEM Grants Management System to perform the Subrecipient's responsibilities regarding the Public Assistance Grant according to their level of access. The Subrecipient is responsible for ensuring that all contacts are correct and up-to-date.	
Subrecipient Authorized Representative Signature	
Date	