



CITY OF DELRAY BEACH

OFFICE OF THE CITY MANAGER

100 N.W. 1ST AVENUE • DELRAY BEACH • FLORIDA 33444 • (561) 243-7015



July 14, 2026

SUBRECIPIENT: CITY OF DELRAY BEACH
SUBGRANT AGREEMENT NO: FY25

To Whom It May Concern:

The City of Delray Beach (the “Subrecipient”) and the State of Florida Division of Emergency Management (the “Division”) will enter into Federally Funded Subaward and Grant Agreement for FY25 (the “Subgrant Agreement”). The Division serves as the pass-through entity for a federal award and the Subrecipient serves as the recipient of a subaward. The Division requested Subrecipient provide a letter authorizing and designating an employee of Subrecipient to manage the Subgrant Agreement (the “Subgrant Manager”).

Subrecipient authorizes the following individual to act as the Subgrant Manager:

Name: **David Garcia, Assistant Chief** Email: **GarciaD@MyDelrayBeach.com** Telephone: **561-243-7444**

The Subrecipient authorizes the Subgrant Manager to oversee the day-to-day management of the Subgrant Agreement, including, but not limited to, the following activities related directly to the management of the grant:

- Prepare and submit required financial and programmatic reports.
- Establish and/or maintain equipment inventory purchased under the Subgrant Agreement.
- Provide any requested or required documentation to the Division to ensure all federal, state, and local terms and conditions of the Subgrant Agreement are met.

As the Authorized Organization Representative, I, Terrence R. Moore, ICMA-CM, certify that I have, or have been delegated, the legal authority to authorize the Subgrant Manager to execute the duties described herein. I certify that the Subgrant Manager identified herein is currently an employee of the Subrecipient as of the date of execution below and that the individual is authorized to contact the Division on behalf of the Subrecipient and assist the Subrecipient with the administration of the Subgrant Agreement.

I understand that the Subrecipient has a duty to immediately communicate to the Division any changes of the Subgrant Manager and will update the Subgrant Manager on an annual basis.

Authorized Organization Representative Signature

Date

Terrence R. Moore, ICMA-CM
Print Name

City Manager
Title/Officer

Moore@MyDelrayBeach.com
Email

561-243-7193
Telephone