

(Cal OES Use Only)

Cal OES #	FIPS #	071-00000	VS#	Subaward #	2022-0005
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**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
GRANT SUBAWARD FACE SHEET**

The California Governor's Office of Emergency Services (Cal OES) hereby makes a Grant Subaward of funds to the following:

1. **Subrecipient:** San Bernardino County **1a. UEI:** 073590812
2. **Implementing Agency:** Office of Emergency Services **2a. UEI:** _____
3. **Implementing Agency Address:** 1743 Miro Way Rialto 92376-8630
(Street) (City) (Zip+4)
4. **Location of Project:** Rialto (and various) San Bernardino 92376-8630
(City) (County) (Zip+4)
5. **Disaster/Program Title:** Emergency Management Performance Grant **6. Performance / Budget Period:** July 1, 2022 **to** June 30, 2024
(Start Date) (End Date)
7. **Indirect Cost Rate:** N/A **Federally Approved ICR (if applicable):** N/A %

Item Number	Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Cost
8.	2022	EMPG		\$685,313	\$685,313	\$685,313		\$685,313	\$1,370,626
9.									
10.									
11.									
12.									
Total	Project	Cost		\$685,313	\$685,313	\$685,313		\$685,313	\$1,370,626

13. Certification - This Grant Subaward consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications. I hereby certify I am vested with the authority to enter into this Grant Subaward, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or other Approving Body. The Subrecipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Subaward. The Subrecipient accepts this Grant Subaward and agrees to administer the grant project in accordance with the Grant Subaward as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal OES policy and program guidance. The Subrecipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.

14. CA Public Records Act - Grant applications are subject to the California Public Records Act, Government Code section 6250 et seq. Do not put any personally identifiable information or private information on this application. If you believe that any of the information you are putting on this application is exempt from the Public Records Act, please attach a statement that indicates what portions of the application and the basis for the exemption. Your statement that the information is not subject to the Public Records Act will not guarantee that the information will not be disclosed.

15. Official Authorized to Sign for Subrecipient:

Name: Daniel Munoz Title: Deputy Executive Officer

Payment Mailing Address: 1743 Miro Way City: Rialto Zip Code+4: 92376-8630

Signature: _____ Date: _____

16. Federal Employer ID Number:

(FOR Cal OES USE ONLY)

I hereby certify upon my personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.

(Cal OES Fiscal Officer) (Date) (Cal OES Director or Designee) (Date)

WORKBOOK INSTRUCTIONS

This worksheet provides instructions on how to complete the FY 2022 Financial Management Forms Workbook (FMFW), EMPG v.22. It is divided into sections that correspond to each of the worksheets within this workbook. The first section describes the macros used in this workbook and can be ignored if you are using the non-macro version of this FMFW. For further guidance, contact your Program Representative.

Section 1: MACROS

Below is a table with instructions on how to enable macros in Microsoft Excel, depending on the version.

Note: Some computers may not run Macros correctly even when enabled in Excel. A Non-Macro version of the workbook is available under such circumstances.

Version	Instructions
Excel 2003	<ol style="list-style-type: none"> 1) From the menu bar, click on TOOLS > MACRO > SECURITY. 2) From SECURITY LEVEL tab, select the MEDIUM. 3) Save, Close, and Re-open the workbook. <p>NOTE: The MEDIUM setting will prompt you to enable or disable macros each time the file is opened. This will prevent potentially unsafe macros from running. The LOW setting will enable macros without a prompt.</p>
Excel 2007	<ol style="list-style-type: none"> 1) Click the round "Office" button in upper left corner of the window. 2) Click "Excel Options" button near lower-right corner. 3) From "Excel Options" window, select "Trust Center" on left pane. 4) Click on the "Trust Center Settings" button on the right pane, which will open a new "Trust Center" window. 5) From the new "Trust Center" window, pick "Macro Settings" on left pane. 6) Choose "Disable all macros with notification" radio button on the right pane, then click OK. <p>NOTE: Each time a workbook with macros is opened, a security alert will appear. This alert may be a pop-up window or a banner across the top of the window. You must choose to enable for macros to function.</p>
Excel 2010/2013/2016/2019/365	<ol style="list-style-type: none"> 1) Click on the File tab, then choose Options, which will then open a new "Excel Options" window. 2) From the new window, click "Trust Center" on the left pane. 3) Click "Trust Center Settings..." button on the right pane, which will then open a new "Trust Center" window. 4) From the "Trust Center" window, pick "Macro Settings" on left pane. 5) Choose "Disable all macros with notification" radio button on the right pane, then click OK. 6) Save, Close, and Re-open the workbook. <p>NOTE: Each time a workbook with macros is opened, a security alert will appear. This alert may be a pop-up window or a banner across the top of the window. You must choose to enable for macros to function.</p>

Below is a table of the macro buttons available on many of the worksheets in this workbook.

Button	Function
Sort (A-Z)	Sorts table by project letter, from A to Z.
Spellcheck	Spellchecks the worksheet.
Clear Filters	Clears all filters applied to any of the tables.
Calculate M&A	Calculates maximum allowable M&A based on total cost of all non-M&A projects.
Black Font	Selects the entire row(s) of the selected cell(s) and changes the font color to black. Any strikethroughs will be removed.
Red Strikethrough	Selects the entire row(s) of the selected cell(s) and changes the font color to red. A red strikethrough will be added.
Blue Font	Selects the entire row(s) of the selected cell(s) and changes the font color to blue. Any strikethroughs will be removed.
Add Row	Adds row below the selected cell.
Delete Row	Deletes entire row(s) of selected cell(s). Selection must be contiguous if multiple cells are selected.
Validate Worksheet	Restores formulas and formatting to default values in the appropriate cells. This macro does not erase data.
New Request	Duplicates the active worksheet for reimbursement and modification requests, placing it immediately after the original worksheet. An input box will appear to name the new worksheet. Remember to use the most recent version of the worksheet when creating a new request.
New Mod Item	Copies the selected line and inserts it immediately below. The font color of the selected row will change to red with a red strikethrough indicating that the line item has been changed. The duplicated line will have blue font color, without a strikethrough, indicating the modified line item.
Initial Application	Populates the Ledger Type field with "Initial Application" and the Date field with today's date.
Reimbursement Request	Populates the Ledger Type field with "Reimbursement Request" and the Date field with today's date. A new "Request #" field will appear.
Modification	Populates the Ledger Type field with "Modification" and the Date field with today's date. A new "Request #" field will appear.

Below is a table that lists macros that can be activated by using a keyboard shortcut. A shortcut requires the user to press 2 keys simultaneously: the control button and a letter.

Keyboard Shortcut	Function
Ctrl + Shift + G	Creates a new worksheet with a pivot table that aggregates Budgeted Costs by Solution Area. Only works on the Project Ledger tab.

Ctrl + Shift + I	Resets information on top of each tab to reflect name, FIPS, subaward number, POP dates from Face Sheet
Ctrl + Shift + L	Breaks all links to external sources.
Ctrl + Shift + Y	Duplicates the active sheet, then deletes the red lines and changes blue font to black font.

Section 2: GRANT SUBAWARD FACE SHEET

Use the Grant Subaward Face Sheet to apply for grant programs. Each grant program requires its own separate Grant Subaward Face Sheet. Please convert the Grant Subaward Face Sheet to PDF in portrait format and provide a digital signature from the authorized official. **The use of white out, tape, or digital redaction is prohibited and will invalidate the signature on the Grant Subaward Face Sheet.**

Cal OES Section: The top portion of the form contains blocks for four (4) important numbers. Please do not fill in these blocks. These numbers will be entered by Cal OES.

Form Field	Instructions
1. Subrecipient	The Subrecipient is the unit of government or community based organization (CBO) that will have legal responsibility for these grant funds (e.g. County of Alameda, City of Fresno or Women's Place of Merced). Enter the legal name of the Subrecipient that is registered with the Internal Revenue Service (IRS). PLEASE NOTE: All CBOs must be registered, active, and current with the IRS, Department of Justice (DOJ), and Secretary of State (SOS) websites. Failure to be current will result in funds being withheld by Cal OES.
1a. Unique Entity Identifier (UEI)	Effective April 4, 2022, the Federal Government transitioned from using the Data Universal Numbering System or DUNS number, to a new, non-proprietary identifier known as a Unique Entity Identifier or UEI. For entities that have an active registration in the System for Award Management (SAM) prior to this date, the UEI has automatically been assigned and no action is necessary. For all entities filing a new registration in SAM.gov on or after April 4, 2022, the UEI will be assigned to that entity as part of the SAM.gov registration process. UEI registration information is available on GSA.gov at: Unique Entity Identifier Update GSA .
2. Implementing Agency	Enter the complete name of the agency responsible for the day-to-day operation of the grant (e.g. Sheriff, Police Department, or Department of Public Works). If the Implementing Agency is the same as the Subrecipient, enter the same title again.
2a. Unique Entity Identifier (UEI)	Effective April 4, 2022, the Federal Government transitioned from using the Data Universal Numbering System or DUNS number, to a new, non-proprietary identifier known as a Unique Entity Identifier or UEI. For entities that have an active registration in the System for Award Management (SAM) prior to this date, the UEI has automatically been assigned and no action is necessary. For all entities filing a new registration in SAM.gov on or after April 4, 2022, the UEI will be assigned to that entity as part of the SAM.gov registration process. UEI registration information is available on GSA.gov at: Unique Entity Identifier Update GSA .
3. Implementing Agency Address	Enter the address of the Implementing Agency. Provide the complete nine digit zip code (Zip+4).
4. Location of Project	Enter the City and County/Operational Area where the project is located. Provide the complete nine digit zip code (Zip+4).
5. Disaster/Program Title	Enter the name of the Disaster or Program providing the funds for this Grant Subaward. A disaster may be referred by the federal declaration number. Program titles should be complete without the use of acronyms.
6. Performance Period	Enter beginning and ending dates of the performance period for the Grant Subaward. (mm/dd/yyyy)
7. Indirect Cost Rate	Indicate whether you are using the 10% de Minimis rate based on Modified Total Direct Costs (MTDC) or your current cognizant agency approved indirect cost rate agreement. A copy of the approved negotiated indirect cost rate agreement must be enclosed with your application. Indicate N/A if you will not be claiming indirect costs under the award. Indirect costs may or may not be allowable under all Federal fund sources.
8-12. Fund Allocations and Total Project Cost	For each fund source used in the program, select the correct grant year and acronym from the drop down lists, the amount of state or federal funds requested, the amount of cash and/or in-kind match contributed and the resulting totals. Please do not enter both state and federal on the same line. The Total Project Cost row should correspond to the total project cost specified in the budget.
13. Certification Paragraph	Please review the Certification Paragraph.
14. CA Public Records Act	Please review, and if applicable, provide the necessary documentation.
15. Official Authorized to sign for the Subrecipient	Enter the name and title of the official authorized to enter into the Grant Subaward for the Subrecipient as stated in Block 1 of the Grant Subaward Face Sheet (Cal OES 2-101). Enter the Payment Mailing Address where grant funds should be sent. Provide the complete nine digit zip code (Zip+4).
16. Federal Employer ID Number	Enter the nine digit Federal Employer Identification Number for the Implementing Agency.

Section 3: AUTHORIZED AGENT CONTACT INFORMATION

Provide the contact information of any additional Authorized Agents (AA) or staff related to grant activities. It is recommended that more than one person be designated as an AA, so that if one AA is not available, a second AA can sign the requests for reimbursements and modifications.

Section 4: PROJECT LEDGER

Use this ledger to submit funding information for projects, as well as submitting Cash Requests and Modifications.

Ledger Column Name	Instructions
Request Type	Using the Macro buttons, specify what type of ledger is being completed (Application, Advance, Reimbursement, or Modification). Enter the request number.
State Goals	Select the State Goals from the drop-down list.
Direct/Subaward	Use the drop-down list to identify if the Project is Direct or Subaward
Project	Enter the project letter from the drop-down list.
Project Title	Enter a short, but descriptive name for the project.
Project Description	Enter the project description, citing specific and measurable objectives.
Solution Area	Select a Solution Area from the drop-down list.
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list. This list is dependent on a selection from the Solution Area Category drop-down list. The Solution Area Sub-Category will not display the drop-down list unless a Solution Area Category is selected.
Core Capabilities	Select a Core Capabilities from the drop-down list.
Capability Building	Select Capability Building from the drop-down list.
Deployable/Shareable	Select from the drop down list.
Total Budgeted Cost	Enter the total amount obligated for the project.

Previously Approved Amount	This field auto-populates with the cumulative expenditures of all reimbursement requests prior to the current request. This value does not include any match amounts.
Amount This Request	This field is for Cash Requests only: Enter the requested dollar amount for the line item.
Total Approved	This field auto-populates with the cumulative amount expended for the line item. This value does not include any match amounts.
Expenditures To Date	This field auto-populates with the total expenditures to date for the line item. This value includes match amounts.
Remaining Balance	This field auto-populates with the remaining balance allowed for the line item. This value does not include any match amounts.
Percent Expended	This field auto-populates with the amount expended, to-date, as a percentage of the budgeted amount. This value does not include any match amounts.

Section 5: PLANNING

Ledger Column Name	Instructions
Project	Select the project letter from the drop-down list that corresponds with the Project Ledger.
Direct/Subaward	Use the drop down list to identify if the project is Direct or Subaward.
Planning Activity	Enter the planning activity.
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list that corresponds with the Project Ledger.
Expenditure Category	Select an Expenditure Category from the drop-down list. This list is dependent on a selection from the Solution Area Sub-Category drop-down list. The Expenditure Category will not display the drop-down list unless a Solution Area Sub-Category is selected.
Final Product	Enter a description of the final product for this Planning activity. This must be a tangible item such as a manual, procedure, etc. Please contact your Program Representative for further examples of final products.
Noncompetitive Procurement over 250k	Select YES or NO from the drop-down list.
Hold Trigger	If project is subject to a Hold, select the Hold type from drop-down list.
Approval Date	If applicable, enter date when hold was released/approved.
Budgeted Cost	Enter the total amount of grant funding budgeted for the line item.
Previously Approved Amount	This field auto-populates with the cumulative expenditures as of all reimbursement requests prior to the current request. This value does not include any match amounts.
Amount This Request	This field is for Cash Requests only: Enter the requested dollar amount for the line item.
Total Approved	This field auto-populates with the total expenditures to-date for the line item. This value does not include any match amounts.
Remaining Balance	This field auto-populates with the remaining balance allowed for the line item. This value does not include any match amounts.

Section 6: ORGANIZATION

Ledger Column Name	Instructions
Project	Select the project letter from the drop-down list that corresponds with the Project Ledger.
Direct/Subaward	Use the drop down list to identify if the project is Direct or Subaward.
Organization	Enter the name of the organization.
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list that corresponds with the Project Ledger.
Expenditure Category	Select an Expenditure Category from the drop-down list. This list is dependent on a selection from the Solution Area Sub-Category drop-down list. The Expenditure Category will not display the drop-down list unless a Solution Area Sub-Category is selected.
Detail	Select a Detail option from the drop-down list.
Budgeted Cost	Enter the total amount of grant funding budgeted for the line item.
Previously Approved Amount	This field auto-populates with the cumulative expenditures as of all reimbursement requests prior to the current request. This value does not include any match amounts.
Amount This Request	This field is for Cash Requests only: Enter the requested dollar amount for the line item.
Total Approved	This field auto-populates with the total expenditures to-date for the line item. This value does not include any match amounts.
Remaining Balance	This field auto-populates with the remaining balance allowed for the line item. This value does not include any match amounts.

Section 7: EQUIPMENT

Ledger Column Name	Instructions
Project	Select the project letter from the drop-down list that corresponds with the Project Ledger.
Equipment Description	Provide a description of equipment and quantity. If Item is Mobile or Portable identify as such.
AEL Number & Title	Place the AEL Number and Title in these columns. The AEL Number and Title can be obtained from the following link: Authorized Equipment List
SAFECOM Compliance	Select YES, NO, or N/A from the drop-down list.
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list that corresponds with the Project Ledger.
Invoice Number	Enter the Invoice Number for the equipment.

Vendor	Enter the name of vendor from whom the equipment was purchased.
ID Tag Number	Enter the ID Tag Number used to identify this equipment with. Subrecipient may use a product's serial number, or their own internal numbering format to tag equipment. ID Tag Number must be available during monitoring visits.
% of Federal Funds Used in the Purchase	Select 50% or 100% from the drop-down list, or enter the appropriate percentage.
Condition and Disposition	Enter the condition of equipment by selecting the appropriate drop-down item. If the equipment is not in use, please use the "Deployed Location" column to explain current status.
Deployed Location	Enter the equipment's current location.
Acquisition Date	Enter the date that this equipment was acquired from vendor.
Noncompetitive Procurement over 250k	Select YES or NO from the drop-down list.
Hold Trigger	If project is subject to a Hold, select the Hold type from drop-down list.
Approval Date	If applicable, enter date when hold was released/approved.
Budgeted Cost	Enter the total amount of grant funding budgeted for the line item.
Previously Approved Amount	This field auto-populates with the cumulative expenditures as of all reimbursement requests prior to the current request. This value does not include any match amounts.
Amount This Request	This field is for Cash Requests only: Enter the requested dollar amount for the line item.
Total Approved	This field auto-populates with the total expenditures to-date for the line item. This value does not include any match amounts.
Remaining Balance	This field auto-populates with the remaining balance allowed for the line item. This value does not include any match amounts.

Section 8: TRAINING

Ledger Column Name	Instructions
Project	Select the project letter from the drop-down list that corresponds with the Project Ledger.
Direct/Subaward	Use the drop down list to identify if the project is Direct or Subaward.
Course Name	Enter course name.
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list that corresponds with the Project Ledger.
Expenditure Category	Select an Expenditure Category from the drop-down list. This list is dependent on a selection from the Solution Area Sub-Category drop-down list. The Expenditure Category will not display the drop-down list unless a Solution Area Sub-Category is selected.
Feedback Number	Enter the Feedback Number for the Training activity. To request a training Feedback Number, contact CSTI and submit the form from the following link: CSTI Tracking Number Request Form
Training Activity	Please identify your training activity from the drop-down list.
Total # Trainee(s)	Enter the total number of trainee(s).
Identified Host	If you are not the host, please identify who is the host. For further guidance, please refer to your Program Representative.
Noncompetitive Procurement over \$250k	Select YES or NO from the drop-down list.
Hold Trigger	If project is subject to a Hold, select the Hold type from drop-down list.
Approval Date	If applicable, enter date when hold was released/approved.
Budgeted Cost	Enter the total amount of grant funding budgeted for the line item.
Previously Approved Amount	This field auto-populates with the cumulative expenditures as of all reimbursement requests prior to the current request. This value does not include any match amounts.
Amount This Request	This field is for Cash Requests only: Enter the requested dollar amount for the line item.
Total Approved	This field auto-populates with the total expenditures to-date for the line item. This value does not include any match amounts.
Remaining Balance	This field auto-populates with the remaining balance allowed for the line item. This value does not include any match amounts.

Section 9: EXERCISE

Ledger Column Name	Instructions
Project	Select the project letter from the drop-down list that corresponds with the Project Ledger.
Direct/Subaward	Use the drop down list to identify if the project is Direct or Subaward.
Exercise Title	Enter the title of the exercise activity.
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list that corresponds with the Project Ledger.
Expenditure Category	Select an Expenditure Category from the drop-down list. This list is dependent on a selection from the Solution Area Sub-Category drop-down list. The Expenditure Category will not display the drop-down list unless a Solution Area Sub-Category is selected.
Exercise Activity	Please select your exercise activity from the drop-down list.
Identified Host	If you are not the host, please identify who is the host. For further guidance, please refer to your Program Representative.
Date of Exercise	Enter the date of when this exercise was conducted.
Date of AAR/IP E-mailed into HSEEP	Enter the date that the After Action Report (AAR) / Improvement Plan (IP) was e-mailed to hseep@fema.dhs.gov .
Noncompetitive Procurement over \$250k	Select YES or NO from the drop-down list.
Hold Trigger	If project is subject to a Hold, select the Hold type from drop-down list.
Approval Date	If applicable, enter date when hold was released/approved.
Budgeted Cost	Enter the total amount of grant funding budgeted for the line item.
Previously Approved Amount	This field auto-populates with the cumulative expenditures as of all cash request requests prior to the current request. This value does not include any match amounts.
Amount This Request	This field is for Cash Requests only: Enter the requested dollar amount for the line item.
Total Approved	This field auto-populates with the total expenditures to-date for the line item. This value does not include any match amounts.

Remaining Balance	This field auto-populates with the remaining balance allowed for the line item. This value does not include any match amounts.
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Section 10: M&A

Ledger Column Name	Instructions
Project	Select the project letter from the drop-down list that corresponds with the Project Ledger.
Activity	Provide detailed information on M&A activity.
Solution Area Sub-Category	Select "Grant Administration" from the drop-down list.
Expenditure Category	Select an Expenditure Category from the drop-down list. This list is dependent on a selection from the Solution Area Sub-Category drop-down list. The Expenditure Category will not display the drop-down list unless a Solution Area Sub-Category is selected.
Detail	Select a Detail option from the drop-down list.
Budgeted Cost	Enter the total amount of grant funding budgeted for the line item.
Previously Approved Amount	This field auto-populates with the cumulative expenditures as of all reimbursement requests prior to the current request. This value does not include any match amounts.
Amount This Request	This field is for Cash Requests only: Enter the requested dollar amount for the line item.
Total Approved	This field auto-populates with the total expenditures to-date for the line item. This value does not include any match amounts.
Remaining Balance	This field auto-populates with the remaining balance allowed for the line item. This value does not include any match amounts.

Section 11: INDIRECT COST

If claiming indirect costs under the award, provide detailed information on the total estimated indirect costs and the indirect cost rate at which you will be claiming. If you have a federally-approved rate, provide information on the direct cost base on which, the rate is calculated, e.g., Salary and Wages (S/W), Salary, Wages and Benefits (SW&B), Total Direct Costs (TDC), Modified Total Direct Costs (MTDC), the De Minimis Rate of 10% of MTDC (10% MTDC), or another base (Other).

Ledger Column Name	Instructions
Project	Select the project letter from the drop-down list that corresponds with the Project Ledger.
Activity	Provide detailed information on Indirect Cost activity.
Solution Area Sub-Category	Select "Facilities & Administration " from the drop-down list.
ICR Base	Select an ICR Base from the drop-down list.
Rate	Enter the Percentage Rate.
Budgeted Cost	Enter the total amount of grant funding budgeted for the line item.
Previously Approved Amount	This field auto-populates with the cumulative expenditures as of all reimbursement requests prior to the current request. This value does not include any match amounts.
Amount This Request	This field is for Cash Requests only: Enter the requested dollar amount for the line item.
Total Approved	This field auto-populates with the total expenditures to-date for the line item. This value does not include any match amounts.
Remaining Balance	This field auto-populates with the remaining balance allowed for the line item. This value does not include any match amounts.

Section 12: CONSULTANT / CONTRACTOR

Ledger Column Name	Instructions
Project	Select the project letter from the drop-down list that corresponds with the Project Ledger.
Consulting Firm / Consultant Name	Provide the name of the Consulting Firm and Consultant Name.
Project & Description of Services	Provide detailed information on the project and description of services. If your consultant/contractor invoiced you for their services using a fee for each deliverable, then describe the product in the Deliverable column. (e.g.: \$10,000 for a reverse 911/telephone emergency notification system)
Deliverable	If your consultant/contractor invoiced you for their services using a fee for each deliverable, then describe the product in the Deliverable column. (e.g.: \$10,000 for a reverse 911/telephone emergency notification system)
Solution Area	Select a Solution Area from the drop-down list.
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list that corresponds with the Project Ledger. This list is dependent on a selection from the Solution Area Category drop-down list. The Solution Area Sub-Category will not display the drop-down list unless a Solution Area Category is selected.
Expenditure Category	Select an Expenditure Category from the drop-down list. This list is dependent on a selection from the Solution Area Sub-Category drop-down list. The Expenditure Category will not display the drop-down list unless a Solution Area Sub-Category is selected.
Noncompetitive Procurement over \$250k	Select YES or NO from the drop-down list.
Hold Trigger	If project is subject to a Hold, select the Hold type from drop-down list.
Approval Date	If applicable, enter date when hold was released/approved.
Period of Expenditure	Enter the Period of Expenditure in this column.
Fee for Deliverable	If your consultant/contractor invoiced you for their services using a fee for each deliverable, then fill in the cost for the product in the Fee for Deliverable column. (e.g.: \$10,000 for a reverse 911/telephone emergency notification system)
Total Cost Charged to this Grant	Enter the Total Cost Charged to the Grant in this column.

Section 13: PERSONNEL

Ledger Column Name	Instructions
Project/Deliverable	Select the project letter from the drop-down list that corresponds with the Project Ledger.
Employee Name	Provide the name of the employee.
Project/Deliverable	Provide detailed information on the project and description of services.
Funding Source	Select the appropriate funding source used for this project. Funds from one funding source cannot be moved to another funding source.
Solution Area	Select a Solution Area from the drop-down list.
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list. This list is dependent on a selection from the Solution Area Category drop-down list. The Solution Area Sub-Category will not display the drop-down list unless a Solution Area Category is selected.
Dates of Payroll Period	Provide the Dates of the Payroll Period.

Total Salary and Benefits Charged for this Reporting Period	Provide the Total Salary and Benefits Charged for the Reporting Period.
Total Project Hours	Enter the Total Project Hours in this column.
Total Cost Charged to this Grant	Enter the Total Cost Charged to the Grant in this column.

Section 14: MATCH

Ledger Column Name	Instructions
Project	Select the project letter from the drop-down list that corresponds with the Project Ledger.
Direct/Subaward	Use the drop-down list to identify if the Project is Direct or Subaward
Project Title	Enter the name of the project.
Match Description	Enter the description of the Match activity.
Solution Area	Select a Solution Area from the drop-down list that aligns to the activities/costs used to meet the EMPG Match Requirement.
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list that aligns to the activities/costs used to meet the EMPG Match Requirement. This list is dependent on a selection from the Solution Area Category drop-down list. The Solution Area Sub-Category will not display the drop-down list unless a Solution Area Category is selected.
Type of Match	Select the Type of Match: Cash or In-Kind
Total Budgeted Match	Enter the total budgeted match amount for this project in this column.
Previously Approved Amount	This field auto-populates with the cumulative match expenditures as of the reimbursement request prior to the current request.
Current Match	This field is for Cash Requests only: Enter the match amount for the line item.
Total Match Expended	This field auto-populates with the total match expenditures to-date for the line item.
Remaining Balance	This field auto-populates with the remaining match balance for the line item.
Percentage Expended	This field auto-populates with the match amount expended, to-date, as a percentage of the budgeted match amount.

Section 15: AUTHORIZED AGENT

The Authorized Agent sheet must accompany ALL Reimbursement Requests, Modifications, and the Initial Application.

Form Field	Instructions
Request Type	Enter the type of request that is being made. Use one of the following types: INITIAL APPLICATION, REIMBURSEMENT REQUEST, FINAL REIMBURSEMENT REQUEST and MODIFICATION
Performance Period	This field is auto-populated with the grant Performance Period as described on the Face Sheet Tab
Request #	Enter the "Cash Request" or "Modification" number associated with this request.
Amount This Request	This field is for Cash Requests only: Enter the requested dollar amount for this request.
Authorized Agent	Enter the Name and Title of Authorized Agent. Sign and date.

Section 16: ICR SUMMARY

Ledger Column Name	Instructions
Period	Enter the time period for which the indirect cost rate is valid. Use the format: Month/Year through Month/Year.
Indirect Cost Rate for Period	Enter the indirect cost rate for period
ICR Base	Select ICR Base from the drop-down
Total Costs	Enter Total Costs.
Less Distorting Costs	Enter Less Distorting Costs.
Costs Applicable to ICR	This field auto-populates.
Total Direct Costs	This field auto-populates.
Total Allowable Indirect Costs	This field auto-populates.
Total Budgeted Indirect Costs	Enter Total Indirect Costs Budgeted; this value should be not be greater than the Total Allowable Indirect Costs.

PROJECT LEDGER

San Bernardino County
071-00000
2022-0005

Approved	Total MHA	Total MHA Exp
\$685,313		

Request Type	Request Number	POP Start Date	POP End Date	Cal QES Approval	Requesting Agency	Year-end Estimated
		1/28/22	11/30/2024			

Goal #	Direct Subaward	Project	Project Title	Project Description	Location Area	Student Area Sub-Category	Core Support	Cooperating Building	Estimated / Approved	Requester Cost	Program Approval	Amount Requested	Total Approved (w/ MHA)	Requesting Agency	Year-end Estimated
Goal #5	Subaward	A	City of Redlands - Emergency Operations Specialist	EOC Updates/Upgrades, Assist with training and exercises of the city staff and community, Manage the CERT program, Update required plans.	Planning	Develop and Enhance Plans, Protocols, Programs, and Systems	Planning	Station		22,159					22,159
Goal #5	Subaward	B	Emergency Management Coordinator	Organization/Planning (Goal 5: enhance community preparedness)	Planning	Develop and Enhance Plans, Protocols, Programs, and Systems	Planning	Station		35,652					35,652
Goal #5	Subaward	C	City of Fontana - Emergency Services Coordinator	Emergency preparedness and CERT training for the community, staff and volunteers, and Home Fire Safety Coordinator	Organization	Staffing	Planning	Station		19,876					19,876
Goal #5	Subaward	D	City of Rancho Cucamonga - Management Analyst E.M. Specialist	EMFG Staffing	Organization	Day to Day Activities / Operations Supporting Emergency Management	Planning	Station		35,016					35,016
Goal #5	Subaward	E	City of Chino Hills - Emergency Services Coordinator	Administer and coordinate the emergency preparedness program for the City, preparation and maintenance of emergency and mitigation plans and standard operating guides/procedures, Provide training and exercises for City staff, residents, and the	Organization	Day to Day Activities / Operations Supporting Emergency Management	Operational Coordination	Station		22,838					22,838
Goal #2	Subaward	F	Town of Apple Valley - Emergency Services Assistant	All hazard emergency management operations, staffing, and other day to day activities in support of emergency management, Attending the CVACC meetings and managing the Town's Disaster Council year's focus will concentrate on the Town's EOC, purchase of video camera for communication capabilities.	Organization	Staffing	Operational Coordination	Station		22,543					22,543
Goal #4	Subaward	G	City of Montclair - Video camera	Wireless conferencing for meeting room, part of the Technology Road (1) : 4 input USB Switcher with Emulation, control panel for the Technology Rack (1)	Equipment	04 - Information Technology	Public Information and Warning	Build		2,696					2,696
Goal #4	Subaward	G	City of Montclair - cyber security enhancement	Digital Signal Processing Unit (1); HDR Network AV Encoder/Decoders	Equipment	05 - Cybersecurity Enhancement Equipment	Public Information and Warning	Build		2,705					2,705
Goal #4	Subaward	G	City of Montclair - bridge, audio teleconferencing	EOC laptops and purchase of Interactive whiteboard	Equipment	04 - Information Technology	Operational Coordination	Build		24,609					24,609
Goal #4	Subaward	H	City of Chino - purchase of video camera	purchase of 8 mobile radios	Equipment	04 - Information Technology	Operational Coordination	Build		25,744					25,744
Goal #4	Subaward	I	City of Fontana - purchase of mobile communications	EOC activation center cabinet and container bins	Equipment	21 - Other Authorized Equipment	Operational Coordination	Build		2,900					2,900
Goal #4	Subaward	J	City of Grand Terrace - purchase of emergency reference materials and	purchase of handheld emergency radios	Equipment	21 - Other Authorized Equipment	Operational Coordination	Build		2,900					2,900
Goal #5	Subaward	J	City of Grand Terrace - purchase of emergency reference materials and	purchase of customized emergency guides and emergency backpacks	Equipment	21 - Other Authorized Equipment	Public Information and Warning	Build		5,800					5,800
Goal #5	Subaward	J	City of Grand Terrace - purchase of emergency reference materials and	Report small EOC/CERT portable trailer - for community outreach and/or emergencies	Equipment	21 - Other Authorized Equipment	Operational Coordination	Station		2,900					2,900
Goal #4	Subaward	K	Town of Yuca Valley - purchase of	purchase of 12 computers to strengthen communications abilities	Equipment	04 - Information Technology	Operational Coordination	Build		15,752					15,752
Goal #5	Subaward	L	City of Fontana (CES) - purchase of supplier/uninterruptible power source	purchase of battery packs with solar recharging panels	Equipment	10 - Power Equipment	Operational Coordination	Build		40,866					40,866
Goal #5	Direct	M	City of Fontana (CES) - cooling and shelter systems	Unitek 34C1800 Indoor/Outdoor KOOLZONE Mobile Spot Cooler (2) ; Emergency Items (2)	Equipment	14 - Physical Security Enhancement Equipment	Physical Protective Measures	Build		2,060					2,060
Goal #7	Direct	M	City of Fontana (CES) - equipment	Mini flat bed size to be used for CERT training and community outreach and events. (15)	Equipment	21 - Other Authorized Equipment	Operational Coordination	Build		1,123					1,123
Goal #7	Direct	M	City of Fontana (CES) - improve medical and health capabilities	Stop the Bleed Kits to be used for CERT Trainings. (7) ; Mass Casualty Kits to be used for CERT Trainings. (3)	Equipment	21 - Other Authorized Equipment	Operational Coordination	Build		3,765					3,765
Goal #5	Direct	M	City of Fontana (CES) - community preparation kits and tools	Massage kits and other practice items used for CERT Trainings. (3) ; 4x1 Tools for que & worker shut off to be used for CERT Trainings. (102); Strong Connectors to be used for CERT Trainings. (100); Tourniquets to be used for	Equipment	21 - Other Authorized Equipment	Public Health, Healthcare, and Emergency Services	Build		4,323					4,323

PROJECT LEDGER

San Bernardino County

071-00000
2022-0005

Amount	Total P&A	Total P&A YTD
\$885,313	\$885,313	\$885,313

Request Type	Request Number	Request Start Date	Request End Date	Request Approved	Request Approved (Date)	Request Approved (Amount)	Request Approved (Date)	Request Approved (Amount)

Goal #	Direct / Indirect	Project	Project Description	Location Area	Section Area	Category	Operational	Department	Total P&A	Total P&A YTD	Request Type	Request Number	Request Start Date	Request End Date	Request Approved	Request Approved (Date)	Request Approved (Amount)	Request Approved (Date)	Request Approved (Amount)
Goal #8	Direct	City of Fontana (OES) - kits for CERT training	Spill clean up kits for CERT training	Equipment	21 - Other Authorized Equipment	Public Health, Hygiene and Emergency	Build	414											
Goal #2	Direct	City of Fontana (OES) - critical infrastructure	purchase of vehicle fire extinguishers	Equipment	21 - Other Authorized Equipment	Fire Management and Suppression	Build	2,500											
Goal #4	Direct	City of Fontana (OES) - communications	purchase of Intercom system, mobile CB radios, and portable FR3 two way radios	Equipment	06 - Interoperable Communications	Operational Communications	Build	11,278											
Goal #8	Direct	City of Fontana (OES) - personal safety	purchase of ballistic shields for entry	Equipment	14 - Physical Security Enhancement	Physical Protective Measures	Build	4,000											
Goal #2	Direct	City of Fontana (OES) - purchase of power	purchase of mobile generators	Equipment	10 - Power Equipment	Operational Coordination	Build	2,000											
Goal #5	Direct	City of Fontana (OES) - purchase of community preparedness equipment	purchase of emergency backpacks, ward pack emergency kits, and family emergency backpacks	Equipment	21 - Other Authorized Equipment	Community Resilience	Build	8,390											
Goal #7	Direct	City of Upland (OES) - purchase of equipment for health and health	purchase of EZ up tent with cooling for indoor outdoor purchase of stop the bleed kits and mass casualty kits for CERT training	Equipment	21 - Other Authorized Equipment	Community Resilience	Build	7,893											
Goal #8	Direct	City of Upland (OES) - physical security	purchase of ballistic helmet system	Equipment	14 - Physical Security Enhancement	Operational Coordination	Build	2,780											
Goal #7	Direct	City of Upland (OES) - fire suppression	purchase of vehicle fire extinguishers	Equipment	21 - Other Authorized Equipment	Fire Management and Suppression	Build	1,998											
Goal #5	Direct	City of Upland (OES) - purchase of power	purchase of mobile generators	Equipment	10 - Power Equipment	Operational Coordination	Build	1,876											
Goal #4	Direct	City of Upland (OES) - purchase of mobile radios	purchase of mobile CB radios, portable FR3 two way radios and bluetooth radios	Equipment	06 - Interoperable Communications	Operational Coordination	Build	8,439											
Goal #5	Direct	City of Upland (OES) - reference materials	purchase of various Rockwell Rules books for earthquake, fire, flood and sense of safety booklets and activity guides	Equipment	11 - CIRMNE Reference Materials	Planning	Build	119,310											
Goal #4	Direct	City of Upland (OES) - communications	purchase of amateur communications radios, handheld and mobile, as well as a repeater	Equipment	06 - Interoperable Communications	Operational Communications	Build	58,378											
Goal #4	Direct	City of Upland (OES) - power supply	purchase of radio power supply	Equipment	10 - Power Equipment	Operational Coordination	Build	7,700											
Goal #9	Direct	City of Upland (OES) - logistical support equipment	purchase of mesh ready to eat, purchase of emergency potable drinking water	Equipment	19 - CIRMNE Logistical Support Equipment	Mass Care Services	Build	105,489											
	Direct	City of Upland (OES) - M&A	Grant Management and Administration	M&A	Grant Administration	Operational Coordination	Sustain	34,266											

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES (COESES)

EQUIPMENT

an Bernardino County
71-00000
222-0005

Requester Type	Request Number	July 1, 2022
Request Start Date	Request End Date	June 30, 2024
COESES Approval		

Project	Equipment Description (Include Qty.)	AE#	AE Title	SAFECOM Compliance	Station Area Sub-Category	Invoice Number	Vendor	ID Tag Number	% of Federal Funds Used in this Purchase	Condition & Disposition	Deployed Location	Acquisition Date	Incompatibility Procurement over \$50K	Hold Tag#	Approval Date	Budgeted Cost	Remaining Amount	Amount Requested	Total Approved	Remaining Balance
G	Video Camera (2)	04MD-001-VICAM	Camera, Video		04 - Information Technology											2,696	2,696			2,696
G	Wireless conferencing for meeting rooms (part of the Technology Rock) (1)	06PM-00-PCCH	System Policy/Config/roll out		05 - Cybersecurity Enhancement											1,940	1,940			1,940
G	4 input USB switcher with breakout, control port (part of the Technology Rock) (1)	06PM-00-PCCH	System Policy/Config/roll out		05 - Cybersecurity Enhancement											765	765			765
G	Digital Signal Processing Unit (1)	06CP-05-BRAC	Bridge, Audio Teleconferencing		04 - Interoperable Communications											3,090	3,090			3,090
G	HDR Network AV Encoder/Decoder (part of the Streaming Media) (4)	06CP-05-BRAC	Bridge, Audio Teleconferencing		04 - Interoperable Communications											5,205	5,205			5,205
G	HDR Network AV Decoder (part of the Streaming Media) (2)	06CP-05-BRAC	Bridge, Audio Teleconferencing		04 - Interoperable Communications											2,040	2,040			2,040
G	HDR Network AV Encoder (part of the Streaming Media) (2)	06CP-05-BRAC	Bridge, Audio Teleconferencing		04 - Interoperable Communications											2,040	2,040			2,040
H	EOC Laptops (10)	04HM-01-INHW	Hardware, Computer		04 - Information Technology											13,200	13,200			13,200
H	Interactive Whiteboard (1)	04HM-01-INHW	Hardware, Computer		04 - Information Technology											11,409	11,409			11,409
I	Rodas, Mobile (6)	06CP-01-MOBL	Mobile Radio Equipment		04 - Interoperable Communications											19,383	19,383			19,383
I	Rodas, Mobile (2)	06CP-01-MOBL	Mobile Radio Equipment		04 - Interoperable Communications											6,361	6,361			6,361
J	EOC Activation Center cabinet and control (part of the Technology Rock) (3)	19HM-00-COBI	Centrals, Storage		04 - Information Technology											2,900	2,900			2,900
J	Handheld emergency radios (24)	06CP-01-PORT	Radio, portable		04 - Interoperable Communications											2,900	2,900			2,900
J	Emergency backpack (50)	19GN-00-IGPK	bag, packs		21 - Other Authorized Equipment											2,900	2,900			2,900
J	Report email EOC/CEM protocols (part of community outreach) (part of the Technology Rock) (1)	21GN-00-MAN	Sign, and design		21 - Other Authorized Equipment											2,900	2,900			2,900
K	Computers (12)	04HM-01-INHW	Hardware, Computer		04 - Interoperable Communications											15,752	15,752			15,752
L	Battery pack with solar recharging panels	10PE-00-UPS	UPS, uninterruptible		10 - Power Equipment											40,866	40,866			40,866
M	Uniden SMC1800 Indoor/Outdoor NOAA-ZONE Mobile Sport Color (2)	16OH-00-FAN	Fan, cooling/heating/ventilator		14 - Physical Security Enhancement Equipment											739	739			739
M	Emergency tents (2)	19S5-00-SHEL	System, Shelter, Rapid Deployment		14 - Physical Security Enhancement Equipment											1,321	1,321			1,321
M	Meal kit and table to be used for CERT training and community outreach and events (119)	21OH-00-CESB	Equipment, Clean		21 - Other Authorized Equipment											1,123	1,123			1,123
M	Stop the bleed kits to be used for CERT Trainings (7)	21OH-00-CESB	Equipment, Clean		21 - Other Authorized Equipment											2,265	2,265			2,265
M	Message kits and other portable items used for CERT Trainings (3)	21GN-00-CESB	Equipment, Clean		21 - Other Authorized Equipment											1,650	1,650			1,650
M	4-in-1 Tools for gas & water shut off to be used for CERT Trainings (102)	21GN-00-CESB	Equipment, Clean		21 - Other Authorized Equipment											1,713	1,713			1,713
M	Mess Casserole kits to be used for CERT Trainings (9)	21OH-00-CESB	Equipment, Clean		21 - Other Authorized Equipment											1,500	1,500			1,500
M	Shraps Containers to be used for CERT Trainings (100)	21OH-00-CESB	Equipment, Clean		21 - Other Authorized Equipment											225	225			225
M	SP3 generator kit to be used for CERT Trainings (35)	21GN-00-CESB	Equipment, Clean		21 - Other Authorized Equipment											414	414			414
M	Tournequets to be used for CERT Trainings (30)	21OH-00-CESB	Equipment, Clean		21 - Other Authorized Equipment											735	735			735
M	Vehicle fire extinguisher (50)	14S19-01-EXTN	System, Fire Extinguisher/Warning		14 - Physical Security Enhancement Equipment											2,500	2,500			2,500
M	Intercom System (2)	06CP-03-COM	Intercom		21 - Other Authorized Equipment											5,600	5,600			5,600
M	Mobile CB radios (40)	06CP-01-MOBL	Radio, mobile		04 - Interoperable Communications											5,198	5,198			5,198

EQUIPMENT

San Bernardino County
 71-00000
 122-0005

														Ledger Type						
														Request Number	July 1, 2022					
														POP Start Date	June 30, 2024					
														POP End Date						
														CGL OES Approval						
Project	Equipment Description (include Qty)	Alt#	Alt# Title	SAFECOM Compliance	Solution Area Sub-Category	Invoice Number	Vendor	ID Tag Number	% of Federal Funds Used in the Purchase	Condition & Disposition	Deployed Location	Acquisition Date	Incompletable Procurement (Y/N) (2/20)	Hold Flag	Approval Date	Budgeted Cost	Previously Approved Amount	Amount This Request	Total Approved	Remaining Balance
M	Portable FR3 Two-Way radios (24 - 4 packs of 6)	06CP-01-PORT	Radios, portable		06 - Interoperable Communications											\$480		\$480	\$480	480
M	Ballistic Shields for Entry (2)	01LE01-ARMR	Armor		14 - Physical Security Equipment											\$4,000		\$4,000	\$4,000	4,000

AUTHORIZED AGENT
NOTE: Unauthorized alterations will delay the approval of this request.

ALN

EMPG 97.042

San Bernardino County

071-00000

2022-0005

Supporting Information for Application, Modification, or Request for Federal Funds

This claim is for costs incurred within the grant performance period.

This request is for a/an:

Application

July 1, 2022

through

June 30, 2024

(Beginning Performance Period Date)

(Ending Performance Period Date)

(Request #)

(Amount This Request)

Under Penalty of Perjury, I certify that:

I am the duly authorized officer of the claimant herein. This claim is true, correct, and all expenditures were made in accordance with applicable laws, rules, regulations, and grant conditions and assurances.

Statement of Certification - Authorized Agent

By signing this report, I certify, to the best of my knowledge and belief, that the report is true, complete, and accurate, and that the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Daniel Munoz

Printed Name of Authorized Agent

Deputy Executive Officer

Title of Authorized Agent

January 31, 2023

Signature of Authorized Agent

Date