



Grant Subaward Face Sheet Instructions

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. Please print the Grant Subaward Face Sheet in portrait format.

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: that 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 from Cal OES.
- 1a. Federal DUNS Number (Subrecipient)
Enter the full nine digit Federal Data Universal Numbering System (DUNS) ID number for the Subrecipient. If the Subrecipient does not yet have a DUNS number assigned, one may be obtained by contacting Dun & Bradstreet at 866-705-5711 or at www.dnb.com. This requirement applies to federally funded grants only. Your DUNS # must be current and active in the System for Award Management (SAM) at the time of your Award.
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. Federal DUNS Number (Implementing Agency)
Enter the full nine digit Federal Data Universal Numbering System (DUNS) ID number for the Implementing Agency. If the Implementing Agency does not yet have a DUNS number assigned, one may be obtained by contacting Dun & Bradstreet at 866-705-5711 or at www.dnb.com. This applies to federally funded grants only. Your DUNS # must be current and active in the System for Award Management at the time of your Award.
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/ Budget Period
Enter beginning and ending dates of the performance and expenditure 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 ICR Negotiating 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 .
- 8A. - 12G. 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
Provide the name and title of the person who is the Official Authorized to enter into the Grant Subaward for the Subrecipient, listed on #1 of the Grant Subaward Face Sheet (Cal OES 2-101). Enter the Payment Mailing Address where grant reimbursements will be mailed and provide the complete nine digit zip code (Zip+4).
16. Federal Employer ID Number
Enter the nine digit Federal Employer Identification Number (no hyphen) for the Implementing Agency.

Provide the signature of the authorized official. The use of white out or tape is prohibited and will invalidate the signature on the Grant Subaward Face Sheet.

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

7. Indirect Cost Rate:	N/A	Federally Approved ICR (if applicable):	%
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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	PSC1	\$60,000						\$60,000
9.	Select	Select							
10.	Select	Select							
11.	Select	Select							
12.	Select	Select							
Total	Project	Cost	\$60,000		\$60,000				\$60,000

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:

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

Signature: _____ Date: 03/01/22

16.Federal Employer ID Number: 956002748

(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) _____