



## Pass Through Grant Subaward Information and Instructions

- 1. GRANT SUBAWARD NUMBER:** This section will be completed by Cal OES.
- 2. 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).
- 3. 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.
- 4. PAYMENT ADDRESS:** Enter the address payment should be mailed to, including nine-digit zip code.
- 5. GRANT SUBAWARD PERFORMANCE PERIOD** Enter beginning and ending dates of the performance period for the Grant Subaward. (mm/dd/yyyy)
- 6. PURPOSE:** This section will be completed by Cal OES.
- 7. FUND ALLOCATION, AUTHORITY, AND GRANT SUBAWARD TOTAL:** This section will be completed by Cal OES.
- 8. CERTIFICATION:** This section will be completed by Cal OES.
- 9. CA PUBLIC RECORDS ACT REQUEST:** This section will be completed by Cal OES.
- 10. AUTHORIZED SIGNER:** Provide the name, title, and signature of the person who is vested with the authority to enter into this Grant Subaward, and has the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or other Approving Body.



## Pass Through Grant Subaward

**1. PASS THROUGH GRANT SUBAWARD #:** LI2023-011

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

**2. SUBRECIPIENT:** \_\_\_\_\_

**3. IMPLEMENTING AGENCY:** \_\_\_\_\_

**4. PAYMENT MAILING ADDRESS:** \_\_\_\_\_  
(Street) (City) (Zip+4)

**5. GRANT SUBAWARD PERFORMANCE PERIOD:** \_\_\_\_\_

**6. PURPOSE:**

7. FUND ALLOCATION, AUTHORITY, AND GRANT SUBAWARD TOTAL:							
Enactment Year	Fund Source	Authorizing Legislation	Chapter	Statutes	Item Number	Provision	Total Award

**8. CERTIFICATION:** 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/for activities specified in the purpose section above in the Grant Subaward. The Subrecipient agrees to administer the Grant Subaward in accordance with all applicable state and federal laws.

**9. CA PUBLIC RECORD ACT REQUEST:** Grant Subaward applications/awards 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.

**10. AUTHORIZED SIGNER:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(FOR CAL OES USE ONLY)**

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

\_\_\_\_\_  
**Cal OES Fiscal Officer** **Date**

\_\_\_\_\_  
**Cal OES Director or Designee** **Date**