

**Cal OES**GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

Pass Through Grant Subaward

1. PASS THROUGH GRANT SUBAWARD #: LI2022-020

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