



Grant Subaward Contact Information

Information and Instructions

Key personnel are the official points of contact for the Grant Subaward, including the individuals identified on this form (per Subrecipient Handbook (SRH) Section 3.005).

Complete all sections of this form using the instructions below. Each individual must have a unique email address specific to them.

This form must be submitted as part of the Grant Subaward Application and with a Grant Subaward Modification (Cal OES Form 2-223) if changes are requested during the Grant Subaward performance period.

1. Provide the name, title, address (including **9-digit** Zip Code), telephone number, and e-mail address for the **Grant Subaward Director** (per SRH Section 3.010).
2. Provide the name, title, address (including **9-digit** Zip Code), telephone number, and e-mail address for the **Financial Officer** (per SRH Section 3.020).
3. Provide the name, title, address (including **9-digit** Zip Code), telephone number, and e-mail address for the **Programmatic Point of Contact** (per SRH Section 3.015).
4. Provide the name, title, address (including **9-digit** Zip Code), telephone number, and e-mail address for the **Financial Point of Contact** (per SRH Section 3.025).
5. Provide the name, title, address (including **9-digit** Zip Code), telephone number, and e-mail address for the **Executive Director** of a Non-Governmental Organization or the **Chief Executive Officer** (e.g. chief of police, superintendent of schools) for the Implementing Agency (per SRH Section 1.020).
6. Provide the name, title, address (including **9-digit** Zip Code), telephone number, and e-mail address for the **Official Designee** (per SRH Section 3.030) as stated in Section 15 of the Grant Subaward Face Sheet (Cal OES Form 2-101).
7. Provide the name, title, address (including **9-digit** Zip Code), telephone number, and e-mail address for the **Chair** of the **Governing Body** of the Subrecipient, if applicable. This must be direct contact information.



Grant Subaward Contact Information

Grant Subaward #: _____

Subrecipient: _____

1. **Grant Subaward Director:**

Name: _____ Title: _____

Telephone #: _____ Email Address: _____

Address/City/ Zip Code (9-digit): _____

2. **Financial Officer:**

Name: _____ Title: _____

Telephone #: _____ Email Address: _____

Address/City/ Zip Code (9-digit): _____

3. **Programmatic Point of Contact:**

Name: _____ Title: _____

Telephone #: _____ Email Address: _____

Address/City/ Zip Code (9-digit): _____

4. **Financial Point of Contact:**

Name: _____ Title: _____

Telephone #: _____ Email Address: _____

Address/City/ Zip Code (9-digit): _____

5. **Executive Director** of a Non-Governmental Organization or the **Chief Executive Officer** (i.e., chief of police, superintendent of schools) of the implementing agency:

Name: _____ Title: _____

Telephone #: _____ Email Address: _____

Address/City/ Zip Code (9-digit): _____

6. **Official Designee**, as stated in Section 15 of the Grant Subaward Face Sheet:

Name: _____ Title: _____

Telephone #: _____ Email Address: _____

Address/City/ Zip Code (9-digit): _____

7. **Chair** of the **Governing Body** of the Subrecipient:

Name: _____ Title: _____

Telephone #: _____ Email Address: _____

Address/City/ Zip Code (9-digit): _____