

## GRANT SUBAWARD FACE SHEET INSTRUCTIONS

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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.

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### 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 title of the Subrecipient.

#### 1a. Federal DUNS Number (Subrecipient)

Enter the full 9-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](http://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 9-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](http://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.

### 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/yy)

### 7. Indirect Cost Rate

Indicate whether you are using the 10% de minimis rate based on Modified Total Direct Costs (MTDC) or your cognizant agency approved indirect cost rate agreement. A copy of the approved ICR Negotiation 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. Block 12G 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, title, telephone number, and e-mail address 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.

### 16. Federal Employer ID Number

Enter the 9-digit Federal Employer Identification Number for the Agency.

**Provide an original 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.**

(Cal OES Use Only)

Cal OES#		FIPS#		VS #		Subaward #	
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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), makes a Grant Subaward of funds set forth to the following:

1. Subrecipient: \_\_\_\_\_ 1a. DUNS#: \_\_\_\_\_
2. Implementing Agency: \_\_\_\_\_ 2a. DUNS#: \_\_\_\_\_
3. Implementing Agency Address: \_\_\_\_\_
- Street City Zip+4
4. Location of Project: \_\_\_\_\_
- City County Zip+4
5. Disaster/Program Title: \_\_\_\_\_ 6. Performance Period: \_\_\_\_\_ to \_\_\_\_\_
7. Indirect Cost Rate: ☐ N/A; ☐ 10% de minimis; ☐ Federally Approved ICR \_\_\_\_\_ %

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
8.								
9.								
10.								
11.								
12.								
	<b>TOTALS</b>							12. G Total Project Cost:

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: \_\_\_\_\_ 16. Federal Employer ID Number: \_\_\_\_\_
- Name: \_\_\_\_\_ Title: \_\_\_\_\_
- Telephone: \_\_\_\_\_ (area code) FAX: \_\_\_\_\_ (area code) Email: \_\_\_\_\_
- Payment Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip+4: \_\_\_\_\_
- Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**[FOR Cal OES USE ONLY]**

I hereby certify upon my own 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