



FFATA FINANCIAL DISCLOSURE

OES-FPD-011 (Rev. 10-2022)

Cal OES ID No.: _____

UEI Number: _____

Previous Fiscal Year End Date: _____

FFATA Financial Disclosure

The Federal Funding Accountability and Transparency Act (FFATA) requires information on federal awards be made available to the public and is submitted by the California Governor's Office of Emergency Services (Cal OES) to www.frs.gov. This is done in order that the government be held accountable for each spending decision. As a subrecipient of federal funds, you will be unable to draw down funds until this signed form is returned to Cal OES.

The Total Compensation and Names of the top five executives must be reported in the table on this form if your business or organization meets **both** of the following criteria:

- a) 80% or more of annual gross revenues are from Federal awards (contracts, sub-contracts, and Federal financial assistance), and \$25,000,000 or more in annual gross revenues from Federal awards; *and*,
- b) Compensation information is not already available through reporting to the Securities and Exchange Commission.

*If your business or organization does **NOT** meet **BOTH** criteria, check the box below, sign, and return to Cal OES Financial Processing Unit.*

Not subject to FFATA Financial Disclosure.

Executive Name	Title	Annual Salary	Annual Dollar Value of Benefits	Total Compensation

I, _____, do hereby certify, as the authorized agent of
 Printed Name of Authorized Agent

_____, the information contained in this document is true
 Entity Name

and correct.

Title of Authorized Agent

Signature of Authorized Agent

Date



Disaster No: _____
 Cal OES ID No: _____
 UEI No: _____

PROJECT ASSURANCES FOR FEDERAL ASSISTANCE

SUBRECIPIENT'S NAME: _____
 (Name of Organization)

PRIMARY MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX NUMBER: _____

CA ASSEMBLY DIST: _____ CA SENATE DIST: _____ U.S. CONGRESSIONAL DIST: _____

Visit sos.ca.gov/elections/who-are-my-representatives to find your district number.

AUTHORIZED AGENT: _____

TITLE: _____

EMAIL ADDRESS: _____

ASSURANCES – CONSTRUCTION PROGRAMS

Note: Certain of these assurances may not be applicable to all your projects. If you have questions, please contact the California Governor's Office of Emergency Services. Further, certain federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the subrecipient named above:

1. Has the legal authority to apply for federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-federal share of project costs) to ensure proper planning, management, and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, Federal Office of Inspector General 2 CFR 200.336, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.



3. Will not dispose of, modify the use of, or change the terms of the real property title, or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the federal interest in the title of real property in accordance with awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with federal assistance funds to assure nondiscrimination during the useful life of the project.
4. Will comply with the requirements of the assistance-awarding agency with regard to the drafting, review and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progress reports and such other information as may be required by the assistance awarding agency or state.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gains.
8. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.), which prohibits the use of lead-based paint in construction or rehabilitation of residential structures.
9. Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683 and 1685-1686) which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794) which prohibit discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107) which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 93-255) as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616) as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd- 3 and 290 ee-3) as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of



- 1968 (42 U.S.C. § 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental, or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for federal assistance is being made, and (j) the requirements on any other non-discrimination statute(s) which may apply to the application.
10. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provides for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal and federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of federal participation in purchases.
 11. Will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$5,000 or more.
 12. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.O. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§ 1451 et seq.); (f) conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. § 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.O. 93-205).
 13. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
 14. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and preservation of historic properties), and the Archeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).



15. Will comply with Standardized Emergency Management (SEMS) requirements as stated in the California Emergency Services Act, Government Code, Chapter 7 of Division 1 of Title 2, Section 8607.1(e) and CCR Title 19, Sections 2445, 2446, 2447, and 2448.
16. Subrecipients expending \$750,000 or more in federal grant funds annually are required to secure an audit pursuant to OMB Uniform Guidance 2 CFR Part 200, Subpart F. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984 and the Single Audit Act Amendments of 1996.
17. Will disclose in writing any potential conflict of interest to the Federal awarding agency or pass-through entity in accordance with §200.112.
18. Will comply with all applicable requirements of all other federal laws, Executive Orders, regulations and policies governing this program.
19. Has requested through the State of California, federal financial assistance to be used to perform eligible work approved in the subrecipient application for federal assistance. Will, after the receipt of federal financial assistance, through the State of California, agree to the following:
 - a. The state warrant covering federal financial assistance will be deposited in a special and separate account and will be used to pay only eligible costs for projects described above.
 - b. To return to the State of California such part of the funds so reimbursed pursuant to the above numbered application, which are excess to the approved actual expenditures as accepted by final audit of the federal or state government.
 - c. In the event the approved amount of the above numbered project application is reduced, the reimbursement applicable to the amount of the reduction will be promptly refunded to the State of California.
20. The non-Federal entity for a Federal award must disclose, in a timely manner, in writing to the Federal awarding agency or pass-through entity all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award §200.113. Failure to make required disclosures can result in any of the remedies described in §200.338 Remedies for noncompliance, including suspension or debarment.



21. Will not make any award or permit any award (subaward or contract) to any party which is debarred or suspended or is otherwise excluded from or ineligible for participation in Federal assistance programs under Executive Order 12549 and 12689, "Debarment and Suspension."

"I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized by _____
 (Name of Organization)

to enter into this agreement for and on behalf of said subrecipient, and by my signature do bind the subrecipient to the terms thereof."

 PRINTED NAME

 SIGNATURE OF AUTHORIZED AGENT

 TITLE

 DATE



Cal OES ID No: _____

DESIGNATION OF APPLICANT'S AGENT RESOLUTION FOR NON-STATE AGENCIES

BE IT RESOLVED BY THE _____ OF THE _____
 (Governing Body) (Name of Applicant)

THAT _____, OR
 (Title of Authorized Agent)

_____, OR
 (Title of Authorized Agent)

 (Title of Authorized Agent)

is hereby authorized to execute for and on behalf of the _____,
 (Name of Applicant)

a public entity established under the laws of the State of California, this application and to file it with the California Governor's Office of Emergency Services for the purpose of obtaining federal financial assistance for any existing or future grant program, including, but not limited to any of the following:

- **Federally declared Disaster (DR), Fire Mitigation Assistance Grant (FMAG), California State Only Disaster (CDAA), Immediate Services Program (ISP), Hazard Mitigation Grant Program (HMGP), Building Resilient Infrastructure and Communities (BRIC), Legislative Pre-Disaster Mitigation Program (LPDM),** under
- Public Law 93-288 as amended by the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988, and/or state financial assistance under the California Disaster Assistance Act.
- **Flood Mitigation Assistance Program (FMA),** under Section 1366 of the National Flood Insurance Act of 1968.
- **National Earthquake Hazards Reduction Program (NEHRP)** 42 U.S. Code 7704 (b) ((2) (A) (ix) and 42 U.S. Code 7704 (b) (2) (B) National Earthquake Hazards Reduction Program, and also The Consolidated Appropriations Act, 2018, Div. F, Department of Homeland Security Appropriations Act, 2018, Pub. L. No. 115-141
- **California Early Earthquake Warning (CEEW)** under CA Gov Code – Gov, Title 2, Div. 1, Chapter 7, Article 5, Sections 8587.8, 8587.11, 8587.12

That the _____, a public entity established under the
 (Name of Applicant)

laws of the State of California, hereby authorizes its agent(s) to provide to the Governor's Office of Emergency Services for all matters pertaining to such state disaster assistance the assurances and agreements required.



Please check the appropriate box below

- This is a universal resolution and is effective for all open and future disasters/grants declared up to three (3) years following the date of approval.
- This is a disaster/grant specific resolution and is effective for only disaster/grant number(s): _____

Passed and approved this ___ day of _____, 20__

 (Name and Title of Governing Body Representative)

 (Name and Title of Governing Body Representative)

 (Name and Title of Governing Body Representative)

CERTIFICATION

I, _____, duly appointed and _____ of
 (Name) (Title)

_____, do hereby certify that the above is a true and
 (Name of Applicant)

correct copy of a resolution passed and approved by the _____
 (Governing Body)

of the _____ on the _____ day of _____, 20__.
 (Name of Applicant)

 (Signature)

 (Title)



Cal OES Form 130 Instructions

A Designation of Applicant's Agent Resolution for Non-State Agencies is required of all Applicants to be eligible to receive funding. A new resolution must be submitted if a previously submitted resolution is older than three (3) years from the last date of approval, is invalid, or has not been submitted.

When completing the Cal OES Form 130, Applicants should fill in the blanks on pages 1 and 2. The blanks are to be filled in as follows:

Resolution Section:

Governing Body: This is the group responsible for appointing and approving the Authorized Agents.

Examples include: Board of Directors, City Council, Board of Supervisors, Board of Education, etc.

Name of Applicant: The public entity established under the laws of the State of California.

Examples include: School District, Office of Education, City, County or Non-profit agency that has applied for the grant, such as: City of San Diego, Sacramento County, Burbank Unified School District, Napa County Office of Education, University Southern California.

Authorized Agent: These are the individuals that are authorized by the Governing Body to engage with the Federal Emergency Management Agency and the California Governor's Office of Emergency Services regarding grants for which they have applied. There are two ways of completing this section:

1. **Titles Only:** The titles of the Authorized Agents should be entered here, not their names. This allows the document to remain valid if an Authorized Agent leaves the position and is replaced by another individual. If "Titles Only" is the chosen method, this document must be accompanied by either a cover letter naming the Authorized Agents by name and title, or the Cal OES AA Names document. The supporting document can be completed by any authorized person within the Agency (e.g., administrative assistant, the Authorized Agent, secretary to the Director). It does not require the Governing Body's signature.
2. **Names and Titles:** If the Governing Body so chooses, the names **and** titles of the Authorized Agents would be listed. A new Cal OES Form 130 will be required if any of the Authorized Agents are replaced, leave the position listed on the document, or their title changes.



Checking Universal or Disaster-Specific Box: A Universal resolution is effective for all past disasters and for those declared up to three (3) years following the date of approval. Upon expiration it is no longer effective for new disasters, but it remains in effect for disasters declared prior to expiration. It remains effective until the disaster goes through closeout unless it is superseded by a newer resolution.

Governing Body Representative: These are the names and titles of the approving Board Members.

Examples include: Chairman of the Board, Director, Superintendent, etc. The names and titles **cannot** be one of the designated Authorized Agents. A minimum of three (3) approving board members must be listed. If less than three are present, meeting minutes must be attached in order to verify a quorum was met.

Certification Section:

Name and Title: This is the individual in attendance who recorded the creation and approval of this resolution.

Examples include: City Clerk, Secretary to the Board of Directors, County Clerk, etc. This person **cannot** be one of the designated Authorized Agents or Approving Board Member. If a person holds two positions (such as City Manager and Secretary to the Board) and the City Manager is to be listed as an Authorized Agent, then that person could sign the document as Secretary to the Board (not City Manager) to eliminate "Self-Certification."



Email Reimbursement Request to:
 HMGrantsPayments@CalOES.ca.gov

Subrecipient: _____

FIPS ID #: _____

Mail Reimbursement Request to:

Disaster/Subaward #: _____

California Governor's Office of Emergency Services
 Recovery Financial Processing Unit
 3650 Schriever Avenue
 Mather, CA 95655

Please mark this box to indicate a change in the Mailing Address in the Authorized Agent section below

Project Number	Cumulative Project Expenditures to date	Reimbursement Request for the period of _____ to _____
	\$	\$

Under penalty of perjury, I certify that:

- I am the duly authorized officer of the claimant herein and this claim is for costs incurred within the Grant Performance Period
- By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729–3730 and 3801–3812)

Authorized Agent (Per Governing Body Resolution)

 Printed Name Title Phone Number

 Signature Date Email Address

 New Mailing Address Only

Cal OES 400 (this section is for Cal OES use only)	
Obligated Amount	
Expenditures to Date	
Cost Share at 75%	
Less Retention	
Prior Payments Made	
Amount Allowable for Payment	

 Reviewer Title Date Approver Title Date



Instruction Sheet

Subrecipient	The subrecipient is the entity as identified in the original grant application. Do not identify any sub-departments or offices as the subrecipient.
FIPS ID #	This is the subrecipient's identification number as identified on the Notification of Approval Letter.
Disaster/ Subaward #	The disaster/subaward number can be found on the Notification of Approval Letter.
Address Change	Indicate a change in address by checking the box shown and noting the new address on the line labeled "New Mailing Address Only" in the Authorized Agent section.
Project Number	The project number can be found on the Notification of Approval Letter.
Cumulative Expenditures to Date	Provide the full, total grant expenditures incurred to date for this project (including applicable local share).
Reimbursement Request Period	The subrecipient may request reimbursement of all, or a portion of, grant expenditures incurred since the last Reimbursement Request. Indicate the month, day, and year for the beginning of the period covered to the end of the period covered during which these expenditures were incurred. <i>This is not the Project/Budget Period listed on the subaward.</i> HMGP Disaster Grants: No fiscal year restrictions. All other grants: A request period cannot cross the State fiscal year, which ends June 30 and begins July 1.
Authorized Agent Information	Complete all line items as requested and ensure that the form is signed by an Authorized Agent named on the Governing Body Resolution. The signature date must be on or after the final day of the indicated request period.
Mail	This form can be sent to Cal OES via email or regular mail. The subrecipient should maintain duplicate records of all documents sent to Cal OES.
Supporting Documents	Supporting documents are not required to be submitted with the Reimbursement Request; however, Cal OES reserves the right to request documentation at any time. Subrecipients are reminded to maintain documents that support the expenditures and reimbursement amounts shown on the request.
Additional Assistance	For additional assistance regarding this Reimbursement Request Form, please contact the Recovery/Hazard Mitigation Financial Processing Unit at (916) 845-8110 or at HMGrantsPayments@CalOES.ca.gov.



Email Reimbursement Request to:
 HMGrantsPayments@CalOES.ca.gov

Subrecipient: _____

FIPS ID #: _____

Mail Reimbursement Request to:

Disaster/Subaward #: _____

California Governor's Office of Emergency Services
 Recovery Financial Processing Unit
 3650 Schriever Avenue
 Mather, CA 95655

Please mark this box to indicate a change in the Mailing Address in the Authorized Agent section below

Project Number	Cumulative Subrecipient Management Costs to date	Reimbursement Request for the period of _____ to _____
	\$	\$

NOTE: This form is for subrecipient management costs only. Do not include any project expenditures or other costs that were approved as part of your initial grant application.

Under penalty of perjury, I certify that:

- I am the duly authorized officer of the claimant herein and this claim is for costs incurred within the Grant Performance Period
- By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729–3730 and 3801–3812)

Authorized Agent (Per Governing Body Resolution)

 Printed Name Title Phone Number

 Signature Date Email Address

New Mailing Address Only

Cal OES 400SRMC (this section is for Cal OES use only)	
Obligated Funding for Subrecipient Management Costs	
Subrecipient Management Costs to Date	
Prior Payments Made	
Amount Allowable for Payment	

Reviewer Title Date Approver Title Date



Instruction Sheet

Subrecipient	The subrecipient is the entity as identified in the original grant application. Do not identify any sub-departments or offices as the subrecipient.
FIPS ID #	This is the subrecipient's identification number as identified on the Notification of Approval Letter.
Disaster/ Subaward #	The disaster/subaward number can be found on the Notification of Approval Letter.
Address Change	Indicate a change in address by checking the box shown and noting the new address on the line labeled "New Mailing Address Only" in the Authorized Agent section.
Project Number	The project number can be found on the Notification of Approval Letter.
Cumulative Subrecipient Management Costs to Date	Identify total subrecipient management costs incurred to date for this project. Include only costs covered under FEMA's award for subrecipient management cost funding. Do not include any project expenditures or other costs that were approved as part of the initial grant application for this project.
Reimbursement Request Period	The subrecipient may request reimbursement of all, or a portion of, subrecipient management costs incurred since the last Reimbursement Request. Indicate the month, day, and year for the beginning of the period covered to the end of the period covered during which these costs were incurred. <i>This is not the Project/Budget Period listed on the subaward.</i> HMGP Disaster Grants: No fiscal year restrictions. All other grants: A request period cannot cross the State fiscal year, which ends June 30 and begins July 1.
Authorized Agent Information	Complete all line items as requested and ensure that the form is signed by an Authorized Agent named on the Governing Body Resolution. The signature date must be on or after the final day of the indicated request period.
Mail	This form can be sent to Cal OES via email or regular mail. The subrecipient should maintain duplicate records of all documents sent to Cal OES.
Supporting Documents	Supporting documents are not required to be submitted with the Subrecipient Management Cost Reimbursement Request Form; however, Cal OES reserves the right to request documentation at any time. Subrecipients are reminded to maintain documents that support the expenditures and reimbursement amounts shown on the request.
Additional Assistance	For additional assistance regarding this Reimbursement Request Form, please contact the Recovery/Hazard Mitigation Financial Processing Unit at (916) 845-8110 or at HMGrantsPayments@CalOES.ca.gov .

**California Governor's Office of Emergency Services
SUPPLEMENTAL GRANT SUBAWARD INFORMATION 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. SAM ID: _____

2. Implementing Agency: _____ 2a. SAM ID: _____

3. Implementing Agency Address: _____
Street City State ZIP+4

4. Location of Project: _____
City County ZIP+4

5. Federal Award Identification Number: _____ 6. Performance Period: _____ to _____

7. Indirect Cost Rate: N/A 10% de minimis Federally Approved ICR: _____

8. Federal Awarding Agency Section

Federal Program Fund / CFDA #	Federal Awarding Agency	Total Approved Project Amount
Hazard Mitigation Grant Program / 97.039	U.S. Department of Homeland Security, Federal Emergency Management Agency	

9. Primary Authorized Agent:

Name: _____ Title: _____

Phone: _____ Email: _____

Payment Mailing Address: _____
Street City State ZIP+4

10. Additional Correspondence Contacts (optional):

Name: _____ Email: _____

Name: _____ Email: _____

**California Governor's Office of Emergency Services
SUPPLEMENTAL GRANT SUBAWARD INFORMATION SHEET**

Cal OES Contact Information Section:

Governor's Office of Emergency Services
Nancy Ward, Director
3650 Schriever Avenue
Mather, CA 95655
Phone: (916) 845-8510

Cal OES Use Only	
Cal OES #	
FIPS #	
Subaward #	
PCA	
Federal Award Dates	

11. Supplement Information

Supp No.	Federal Share	Non-Federal Share	SR Mgmt Cost	Total Supplement Cost	Fed / Non-Fed Cost Share
Totals:					

Total Project Cost: _____
(incl SRMC)

12. Project Description Section:

13. Research and Development Section:

Is this Subaward a Research and Development Grant? Yes No

SUPPLEMENTAL GRANT SUBAWARD INFORMATION SHEET Instructions
Please complete the sections marked with an asterisk (*)

1. Subrecipient

The subrecipient is the unit of government or community-based organization (CBO) that has the legal responsibility for these grant subaward funds (e.g., Alameda County, City of Fresno, or Women's Place of Merced).

***1a. Federal SAM ID Number (Subrecipient)**

Enter the subrecipient's 12-digit Unique Entity ID number provided by the federal System of Award Management (SAM) database. This number must have a current and active registration in SAM for the duration of this grant subaward. Note: A SAM ID number is required only for federally funded grants.

***2. Implementing Agency**

Enter the complete name of the agency responsible for the day-to-day operation of the grant subaward (e.g., Sheriff's Department, Fire Department, or Department of Public Works). If the implementing agency is the same as the subrecipient, enter the subrecipient's name again.

***2a. Federal SAM ID Number (Implementing Agency)**

Enter the implementing agency's 12-digit Unique Entity ID number provided by the federal System of Award Management (SAM) database. This number must have a current and active registration in SAM for the duration of this grant subaward. Note: A SAM ID Number is required only for federally funded grants.

***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. Federal Award Identification Number (FAIN)

This section shows the Federal Award Identification Number associated with this funding source/disaster. Example: 4301-DR-CA or FEMA-4301-DR-CA.

6. Performance Period

This section shows the beginning and ending dates of this grant subaward's project performance period.

***7. Indirect Cost Rate**

Indicate whether the subrecipient is using the 10% de minimis based on Modified Total Direct Costs (MTDC) or the indirect cost rate approved by the subrecipient's cognizant agency agreement. A copy of the approved ICR Negotiation Agreement must be enclosed with the application. Indicate N/A if the subrecipient will not be claiming indirect costs under this grant subaward. **Indirect costs may not be allowable under certain federal fund sources.**

SUPPLEMENTAL GRANT SUBAWARD INFORMATION SHEET Instructions
Please complete the sections marked with an asterisk (*)

8. Federal Awarding Agency Section

This section shows the federal awarding agency, federal program, and the Catalog of Federal Domestic Assistance (CFDA) number for the obligated funding. Also shown is the total approved project amount related to this grant subaward.

***9. Primary Authorized Agent**

The primary authorized agent will be the main contact for Financial Processing Unit correspondence and must be one of the authorized agents named in the governing body resolution. Enter the name, title, phone number, and email address of the primary authorized agent for this project. Enter the payment mailing address where reimbursement payments should be mailed (payments will be sent to this address to the attention of the primary authorized agent).

10. Additional Correspondence Contacts (optional)

Enter the names and email addresses of individuals whom the subrecipient would like to be included in Financial Processing Unit (FPU) correspondence. The FPU will cc these individuals when emailing correspondence to the primary authorized agent. Please note that although individuals listed in this section do not need to be authorized agents, only authorized agents have signature- and decision-making authority regarding this grant subaward.

11. Supplement Information

This section features the FEMA supplement numbers, the federal and non-federal shares, and applicable subrecipient management costs for this grant subaward. The grant subaward's project cost share percentage is displayed in the far-right column.

12. Project Description Section

This section features the name or a short description of the project.

13. Research and Development Section

This section indicates whether this grant subaward is for research and development.