

**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.