



June 16, 2020

Brian L. Martin
Sheriff-Coroner/Director of Emergency Services
Lake County
P.O. Box 489
Lakeport, CA 95453

SUBJECT: NOTIFICATION OF SUBRECIPIENT SUBAWARD APPROVAL

Fiscal Year (FY) 2020 Emergency Management Performance Grant
Program COVID-19 Supplemental (EMPG-S)
Subaward #2020-0019, Cal OES ID#033-00000
Subaward Performance Period: January 27, 2020, to October 26, 2021

Dear Sheriff Martin:

We are pleased to announce the approval of your FY 2020 EMPG-S subaward in the amount of \$79,967. Once the completed application is received and approved, you may request reimbursement of eligible subaward expenditures using the California Governor's Office of Emergency Services (Cal OES) Financial Management Forms Workbook. Failure to provide documentation in a timely manner could result in a financial hold, pursuant to Title 2, Code of Federal Regulations (CFR), Parts 200.338(a) and 200.207(b)(1)-(2).

This subaward is subject to requirements in 2 CFR, Part 200, including the Notice of Funding Opportunities (NOFO), the California Supplement to the NOFO, and all applicable federal, state, and local requirements. All activities funded with this subaward must be completed within the subaward performance period.

Subrecipients must obtain additional written approval from Cal OES **prior** to incurring costs involving activities such as aviation, watercraft, allowability requests, noncompetitive procurement, and projects requiring Environmental Planning and Historic Preservation review.



Brian L. Martin
June 16, 2020
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Your dated signature is required on this letter. Please sign and return the original to your Cal OES Program Representative within 20 calendar days upon receipt and keep a copy for your records. For further assistance, please contact your Cal OES Program Representative.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark S. Ghilarducci", with a long horizontal flourish extending to the right.

MARK S. GHILARDUCCI
Director

Brian L. Martin
Lake County

Date

Attachment C – FY 2020 EMPG-S Program Checklist | 2020

Subrecipient:

FIPS#:

Program Representative:

Financial Management Forms Workbook:

<u> x </u>	Grant Subaward Face Sheet
<u> x </u>	Authorized Agent and Contact
<u> x </u>	Project Ledger Tab
<u> x </u>	Planning Tab
<u> x </u>	Organization Tab
<u> x </u>	Equipment Tab
<u> x </u>	Training Tab
<u> </u>	Management and Administration Tab
<u> x </u>	Indirect Cost Tab
<u> x </u>	Consultant-Contractor Tab
<u> x </u>	Personnel Tab
<u> </u>	Match Tab
<u> n/a </u>	Indirect Cost Rate Summary (If Applicable)
<u> x </u>	Authorized Agent Sheet

Required Documents:

<u> x </u>	Original Counter-signed Award Letter
<u> n/a </u>	EHP Screening Form (If Applicable)
<u> x </u>	FFATA Financial Disclosure
<u> x </u>	Certification Regarding Lobbying
<u> x </u>	Governing Body Resolution
<u> x </u>	Subrecipient Grants Management Assessment form
<u> x </u>	2020 EMPG-S Standard Assurances
<u> N/A </u>	Indirect Cost Rate Agreement (If Applicable)



Certification Regarding Lobbying

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, 'Disclosure of Lobbying Activities,' in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.



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Certification Regarding Lobbying

The Subrecipient, as identified below, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Subrecipient understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.

Subrecipient: County of Lake

Signature of Authorized Agent: _____

Printed Name of Authorized Agent: Carol J. Huchingson

Title: County Administrative Officer Date: _____



Federal Funding Accounting and Transparency Act (FFATA) Financial Disclosure

Public Law (PL) 109-282 Federal Funding Accountability and Transparency Act of 2006, as amended by Section 6202(a) of the Government Funding Transparency Act of 2008 (PL 110-252), which is outlined in the Federal Emergency Management Agency, Grant Programs Directorate Information Bulletin No. 350.

As defined by the Office of Management Budget, the following are subject to FFATA reporting requirements:

1. All new federal awards of \$25,000 or more as of October 1, 2010.
NOTE: Cal OES reports on this requirement in the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS).

2. The Total Compensation and Names of the top five executive, if the Subrecipient in the preceding year received:
 - a. 80 percent or more of its annual gross revenues in Federal Awards; **and**
 - b. \$25,000,000 or more in annual gross revenues from Federal awards; **and**
 - c. The public does not have access to information about the compensation of the senior executives of the entity.

Subrecipients are required to provide the Executive compensation information in the below chart, if applicable.

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

Not subject to the Executive Compensation requirement of the FFATA Financial Disclosure.



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Federal Funding Accounting and Transparency Act (FFATA) Financial Disclosure

The undersigned represents that he/she is authorized to enter into this agreement for and on behalf of the Applicant.

Subrecipient: County of Lake

Signature of Authorized Agent: _____

Printed Name of Authorized Agent: Carol J. Huchingson

Title: County Administrative Officer Date: _____

**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
SUBRECIPIENT GRANTS MANAGEMENT ASSESSMENT**

Subrecipient <u>County of Lake</u>	Duns# <u>071554760</u>	FIPS# <u>033-00000</u>
Disaster/Program Title: <u>Emergency Management Performance Grant Covid-19 Supplemental</u>		
Performance Period: <u>01/27/20</u> to <u>10/26/21</u>		Subaward Amount Requested: <u>\$ 79,967</u>
Type of Non-Federal Entity (Check Box): <input type="checkbox"/> State Gov. <input checked="" type="checkbox"/> Local Gov. <input type="checkbox"/> JPA <input type="checkbox"/> Non-Profit <input type="checkbox"/> Tribe		

Per Title 2 CFR § 200.331, Cal OES is required to evaluate the risk of noncompliance with federal statutes, regulations and grant terms and conditions posed by each subrecipient of pass-through funding. This assessment is made in order to determine and provide an appropriate level of technical assistance, training, and grant oversight to subrecipients for the award referenced above.

The following are questions related to your organization's experience in the management of federal grant awards. This questionnaire must be completed and returned with your grant application materials.

For purposes of completing this questionnaire, grant manager is the individual who has primary responsibility for day-to-day administration of the grant, bookkeeper/accounting staff means the individual who has responsibility for reviewing and determining expenditures to be charged to the grant award, and organization refers to the subrecipient applying for the award, and/or the governmental implementing agency, as applicable.

Assessment Factors	Response
1. How many years of experience does your current grant manager have managing grants?	>5 years
2. How many years of experience does your current bookkeeper/accounting staff have managing grants?	>5 years
3. How many grants does your organization currently receive?	3-10 grants
4. What is the approximate total dollar amount of all grants your organization receives?	\$ 950,000
5. Are individual staff members assigned to work on multiple grants?	Yes
6. Do you use timesheets to track the time staff spend working on specific activities/projects?	Yes
7. How often does your organization have a financial audit?	Annually
8. Has your organization received any audit findings in the last three years?	No
9. Do you have a written plan to charge costs to grants?	Yes
10. Do you have written procurement policies?	Yes
11. Do you get multiple quotes or bids when buying items or services?	Sometimes
12. How many years do you maintain receipts, deposits, cancelled checks, invoices, etc.?	>5 years
13. Do you have procedures to monitor grant funds passed through to other entities?	Yes

Certification: *This is to certify that, to the best of our knowledge and belief, the data furnished above is accurate, complete and current.*

Signature: (Authorized Agent)	Date:
Print Name and Title: <u>Brian L. Martin</u>	Phone Number: <u>(707) 262-4200</u>
Cal OES Staff Only: SUBAWARD #	



LAKE COUNTY SHERIFF'S OFFICE

1220 Martin Street • P.O. Box 489 • Lakeport, California 95453

Administration
(707) 262-4200

Central Dispatch
(707) 263-2690

Coroner
(707) 262-4215

Corrections
(707) 262-4240

Patrol/Investigations
(707) 262-4200

Brian L. Martin
Sheriff/Coroner

Addendum to the GBR Authorized Agents

Brian L. Martin
Sheriff/Coroner/OES Director
COUNTY OF LAKE
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1220 Martin Street
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Phone: (707) 262-4091
Fax: (707) 262-4220

Carol J. Huchingson
County Administrative Officer
COUNTY OF LAKE
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255 North Forbes
Lakeport, CA 95453
Phone: (707) 263-2580

Mary Beth Strong
Sheriff/Coroner Administrative Manager
COUNTY OF LAKE
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Lakeport, CA 95453
Phone: (707) 262-4218
Fax: (707) 262-4225

WORKBOOK INSTRUCTIONS

This worksheet provides instructions on how to complete the **Financial Management Forms Workbook (FMFW), EMPG-S, v1.20**. It is divided into sections that correspond to each of the worksheets within this workbook. The first section describes the macros used in this workbook and can be ignored if you are using the non-macro version of this FMFW. For further guidance, contact your Program Representative. Mail completed FMFW to:

Emergency Management Performance Grant, COVID-19 Supplemental (EMPG-S)

California Governor's Office of Emergency Services
 Attn: Program Representative's Name
 3650 Schriever Avenue
 Mather, CA 95655

Section 1: MACROS

Below is a table with instructions on how to enable macros in Microsoft Excel, depending on the version.

Note: Some computers may not run Macros correctly even when enabled in Excel. A Non-Macro version of the workbook is available under such circumstances.

Version	Instructions
<p>Excel 2003</p>	<p>1) From the menu bar, click on TOOLS > MACRO > SECURITY. 2) From SECURITY LEVEL tab, select the MEDIUM or LOW. 3) Save, Close, and Re-open the workbook. NOTE: The MEDIUM setting will prompt you to enable or disable macros each time the file is opened. This will prevent potentially unsafe macros from running. The LOW setting will enable macros without prompt. It is recommended that you have virus software installed and updated if other files.</p>
<p>Excel 2007</p>	<p>1) Click the round "Office" button in upper left corner of the window. 2) Click "Excel Options" button near lower-right corner. 3) From "Excel Options" window, select "Trust Center" on left pane. 4) Click on the "Trust Center Settings" button on the right pane, which will open a new "Trust Center" window. 5) From the new "Trust Center" window, pick "Macro Settings" on left pane. 6) Choose "Disable all macros with notification" radio button on the right pane, then click OK. NOTE: Each time a workbook with macros is opened, a security alert will appear. This alert may be a pop-up window or a banner across the top of the window. You must choose to enable for macros to function.</p>
<p>Excel 2010/2013/2016</p>	<p>1) Click on the File tab, then choose Options, which will then open a new "Excel Options" window. 2) From the new window, click "Trust Center" on the left pane. 3) Click "Trust Center Settings.." button on the right pane, which will then open a new "Trust Center" window. 4) From the "Trust Center" window, pick "Macro Settings" on left pane. 5) Choose "Disable all macros with notification" radio button on the right pane, then click OK. 6) Save, Close, and Re-open the workbook. NOTE: Each time a workbook with macros is opened, a security alert will appear. This alert may be a pop-up window or a banner across the top of the window. You must choose to enable for macros to function.</p>

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES (Cal OES)

Below is a table of the macro buttons available on many of the worksheets in this workbook.

Button	Function
Black Font (Selection)	Changes the font color of all selected cells to black. Any strikethroughs will be removed.
Black Font (Row)	Selects the entire row(s) of the selected cell(s) and changes the font color to black. Any strikethroughs will be removed.
Red Strikethru (Selection)	Changes the font color of all selected cells to red. A red strikethrough will be added.
Red Strikethru (Row)	Selects the entire row(s) of the selected cell(s) and changes the font color to red. A red strikethrough will be added.
Blue Font (Selection)	Changes the font color of all selected cells to blue. Any strikethroughs will be removed.
Blue Font (Row)	Selects the entire row(s) of the selected cell(s) and changes the font color to blue. Any strikethroughs will be removed.
Add Row	Adds row below the selected cell.
Delete Row	Deletes entire row(s) of selected cell(s). Selection must be contiguous if multiple cells are selected.
Formula Reset	Restores formulas to default values in the appropriate cells. Use this if formulas are missing or are not calculating correctly. This macro also auto-sizes the table rows to automatically fit the contents within the cells.
New Request	Duplicates the active worksheet for reimbursement and modification requests, placing it immediately after the original worksheet. An input box will appear to name the new worksheet. Remember to use the most recent version of the worksheet when creating a new request.
New Mod Item	Copies the selected line and inserts it immediately below. The font color of the selected row will change to red with a red strikethrough indicating that the line item has been changed. The duplicated line will have blue font color, without a strikethrough, indicating the modified line item.
Initial Application	Populates the Ledger Type field with "Initial Application" and the Date field with today's date.
Reimbursement Request	Populates the Ledger Type field with "Reimbursement Request" and the Date field with today's date. A new "Request #" field will appear.
Modification	Populates the Ledger Type field with "Modification" and the Date field with today's date. A new "Request #" field will appear.

Below is a table that lists macros that can be activated by using a keyboard shortcut. A shortcut requires the user to press 2 keys simultaneously: the control button and a letter.

Keyboard Shortcut	Function
Ctrl + q	Spell checks active worksheet.
Ctrl + k	Sorts projects by Project Number, from A-Z.

Section 2: GRANT SUBAWARD FACE SHEET

Use the Grant Subaward Face Sheet to apply for grant programs. Each grant program requires its own separate Grant Subaward Face Sheet. Please print the Grant Subaward Face Sheet in portrait format and provide an original signature from 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 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.

Form Field	Instructions
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 name of the Subrecipient that is registered with the Internal Revenue Service (IRS). PLEASE NOTE: All CBOs must be registered, active, and current with the IRS, Department of Justice (DOJ), and Secretary of State (SOS) websites. Failure to be current will result in funds being withheld by Cal OES.
1a. Federal DUNS Number (Subrecipient)	Enter the full nine 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 . 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 . This applies to federally funded grants only. Your DUNS # must be current and active in the System for Award Management at the time of your Award.

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES (Cal OES)

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/yyyy)
7. Indirect Cost Rate	Indicate whether you are using the 10% de Minimis rate based on Modified Total Direct Costs (MTDC) or your current cognizant agency approved indirect cost rate agreement. A copy of the approved negotiated indirect cost rate 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.
8-12. 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. The Total Project Cost row 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 and title 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. Provide the complete nine digit zip code (Zip+4).
16. Federal Employer ID Number	Enter the nine digit Federal Employer Identification Number for the Implementing Agency.

Section 3: AUTHORIZED AGENT CONTACT INFORMATION

Provide the contact information of any additional Authorized Agents (AA) or staff related to grant activities. It is recommended that more than one person be designated as an AA, so that if one AA is not available, a second AA can sign the requests for reimbursements and modifications.

Section 4: PROJECT LEDGER

Use this ledger to submit funding information for projects, as well as submitting Reimbursement, Modifications, and Final Reimbursement.

Ledger Column Name	Instructions
Ledger Type	Using the Macro buttons, specify what type of ledger is being completed (Initial App, Reimbursement Request, or Modification). Complete the additional information that displays below the ledger type (Request # and Expenditure Period). Ledger will not be accepted without this information.
State Goals	Select the State Goals from the drop-down list.
Direct/Subaward	Use the drop-down list to identify if the Project is Direct or Subaward
Project	Select the project letter from the drop-down list.
Project Title	Enter a short, but descriptive name for the project.
Project Description	Enter the project description, citing specific and measurable objectives.
Funding Source	This field will auto-populate.
Discipline	This field will auto-populate.
Solution Area	Select a Solution Area from the drop-down list.
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list. This list is dependent on a selection from the Solution Area Category drop-down list. The Solution Area Sub-Category will not display the drop-down list unless a Solution Area Category is selected.
Core Capabilities	Select a Core Capabilities from the drop-down list.
Capability Building Deployable/Shareable	Select Capability Building from the drop-down list. Select from the drop down list.
Total Budgeted Cost	Enter the total amount obligated for the project.
Previously Approved Amount	This field auto-populates with the cumulative expenditures of all reimbursement requests prior to the current request. This value does not include any match amounts.
Amount This Request	This field is for Reimbursement Requests only. Enter the requested reimbursement amount for the line item.
Total Approved Expenditures To Date	This field auto-populates with the cumulative amount expended for the line item. This value does not include any match amounts.
Remaining Balance	This field auto-populates with the total expenditures to date for the line item. This value includes match amounts.
Percent Expended	This field auto-populates with the remaining balance allowed for the line item. This value does not include any match amounts.
	This field auto-populates with the amount expended, to-date, as a percentage of the budgeted amount. This value does not include any match amounts.

Section 5: PLANNING

Ledger Column Name	Instructions
Project	Select the project letter from the drop-down list that corresponds with the Project Ledger.
Direct/Subaward	Use the drop down list to identify if the project is Direct or Subaward.
Planning Activity	Enter the planning activity.
Funding Source	This field auto-populates.
Discipline	This field auto-populates.
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list that corresponds with the Project Ledger.
Expenditure Category	Select an Expenditure Category from the drop-down list. This list is dependent on a selection from the Solution Area Sub-Category drop-down list. The Expenditure Category will not display the drop-down list unless a Solution Area Sub-Category is selected.
Final Product	Enter a description of the final product for this Planning activity. This must be a tangible item such as a manual, procedure, etc. Please contact your Program Representative for further examples of final products.
Noncompetitive Procurement over 250k	Select YES or NO from the drop-down list.
Hold Trigger	If project is subject to a Hold, select the Hold type from drop-down list.
Approval Date	If applicable, enter date when hold was released/approved.
Budgeted Cost	Enter the total amount of grant funding budgeted for the line item.
Previously Approved Amount	This field auto-populates with the cumulative expenditures as of all reimbursement requests prior to the current request. This value does not include any match amounts.
Amount This Request	This field is for Reimbursement Requests only: Enter the requested reimbursement amount for the line item.
Reimbursement Request Number	Enter the Reimbursement Request number for this Planning activity.
Total Approved	This field auto-populates with the total expenditures to-date for the line item. This value does not include any match amounts.
Remaining Balance	This field auto-populates with the remaining balance allowed for the line item. This value does not include any match amounts.

Section 6: ORGANIZATION

Ledger Column Name	Instructions
Project Number	Select the project letter from the drop-down list that corresponds with the Project Ledger.
Direct/Subaward	Use the drop down list to identify if the project is Direct or Subaward.
Organization	Enter the name of the organization.
Funding Source	This field auto-populates.
Discipline	This field auto-populates.
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list that corresponds with the Project Ledger.
Expenditure Category	Select an Expenditure Category from the drop-down list. This list is dependent on a selection from the Solution Area Sub-Category drop-down list. The Expenditure Category will not display the drop-down list unless a Solution Area Sub-Category is selected.
Detail	Select a Detail option from the drop-down list.
Budgeted Cost	Enter the total amount of grant funding budgeted for the line item.
Previously Approved Amount	This field auto-populates with the cumulative expenditures as of all reimbursement requests prior to the current request. This value does not include any match amounts.
Amount This Request	This field is for Reimbursement Requests only: Enter the requested reimbursement amount for the line item.
Reimbursement Request Number	Enter the Reimbursement Request number for this Organizational activity.
Total Approved	This field auto-populates with the total expenditures to-date for the line item. This value does not include any match amounts.
Remaining Balance	This field auto-populates with the remaining balance allowed for the line item. This value does not include any match amounts.

Section 7: EQUIPMENT

Ledger Column Name	Instructions
Project Number	Select the project letter from the drop-down list that corresponds with the Project Ledger.
Equipment Description	Provide a description of equipment and quantity. If item is Mobile or Portable identify as such.
AEL Number & Title	Place the AEL Number and Title in these columns. The AEL Number and Title can be obtained from the following link:
SAFECOM Compliance	Select YES, NO, or N/A from the drop-down list.
Funding Source	This field auto-populates.
Discipline	This field auto-populates.
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list that corresponds with the Project Ledger.
Invoice Number	Enter the Invoice Number for the equipment.
Vendor	Enter the name of vendor from whom the equipment was purchased.
ID Tag Number	Enter the ID Tag Number used to identify this equipment with. Subrecipient may use a product's serial number, or their own internal numbering format to tag equipment. ID Tag Number must be available during monitoring visits.
% of Federal Funds Used in the Purchase	Select 50% or 100% from the drop-down list, or enter the appropriate percentage.
Condition and Disposition	Enter the condition of equipment by selecting the appropriate drop-down item. If the equipment is not in use, please use the "Deployed Location" column to explain current status.
Deployed Location	Enter the equipment's current location.
Acquisition Date	Enter the date that this equipment was acquired from vendor.
Noncompetitive Procurement over 250k	Select YES or NO from the drop-down list.
Hold Trigger	If project is subject to a Hold, select the Hold type from drop-down list.
Approval Date	If applicable, enter date when hold was released/approved.
Budgeted Cost	Enter the total amount of grant funding budgeted for the line item.
Previously Approved Amount	This field auto-populates with the cumulative expenditures as of all reimbursement requests prior to the current request. This value does not include any match amounts.
Amount This Request	This field is for Reimbursement Requests only. Enter the requested reimbursement amount for the line item.
Reimbursement Request Number	Enter the Reimbursement Request number for this request.
Total Approved	This field auto-populates with the total expenditures to-date for the line item. This value does not include any match amounts.
Remaining Balance	This field auto-populates with the remaining balance allowed for the line item. This value does not include any match amounts.

Section 8: TRAINING

Ledger Column Name	Instructions
Project Number	Select the project letter from the drop-down list that corresponds with the Project Ledger.
Direct/Subaward	Use the drop down list to identify if the project is Direct or Subaward.
Course Name	Enter course name.
Funding Source	This field auto-populates.
Discipline	This field auto-populates.
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list that corresponds with the Project Ledger.
Expenditure Category	Select an Expenditure Category from the drop-down list. This list is dependent on a selection from the Solution Area Sub-Category drop-down list. The Expenditure Category will not display the drop-down list unless a Solution Area Sub-Category is selected.
Feedback Number	Enter the Feedback Number for the Training activity. To request a training Feedback Number, contact C&SI and submit the form from the following link: C&SI Training Number Request Form
Training Activity	Please identify your training activity from the drop-down list.
Total # Trainee(s)	Enter the total number of trainee(s).
Identified Host	If you are not the host, please identify who is the host. For further guidance, please refer to your Program Representative.
Noncompetitive Procurement over \$250k	Select YES or NO from the drop-down list.
Hold Trigger	If project is subject to a Hold, select the Hold type from drop-down list.
Approval Date	If applicable, enter date when hold was released/approved.
Budgeted Cost	Enter the total amount of grant funding budgeted for the line item.
Previously Approved Amount	This field auto-populates with the cumulative expenditures as of all reimbursement requests prior to the current request. This value does not include any match amounts.

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES (Cal OES)

Amount This Request	This field is for Reimbursement Requests only. Enter the requested reimbursement amount for the line item.
Reimbursement Request Number	Enter the Reimbursement Request number for this request.
Total Approved	This field auto-populates with the total expenditures to-date for the line item. This value does not include any match amounts.
Remaining Balance	This field auto-populates with the remaining balance allowed for the line item. This value does not include any match amounts.

Section 9: M&A

Ledger Column Name	Instructions
Project Number	Select the project letter from the drop-down list that corresponds with the Project Ledger.
Activity	Provide detailed information on M&A activity.
Funding Source	This field auto-populates.
Discipline	This field auto-populates.
Solution Area Sub-Category	This field auto-populates
Expenditure Category	Select an Expenditure Category from the drop-down list. This list is dependent on a selection from the Solution Area Sub-Category drop-down list. The Expenditure Category will not display the drop-down list unless a Solution Area Sub-Category is selected.
Detail	Select a Detail option from the drop-down list.
Budgeted Cost	Enter the total amount of grant funding budgeted for the line item.
Previously Approved Amount	This field auto-populates with the cumulative expenditures as of all reimbursement requests prior to the current request. This value does not include any match amounts.
Amount This Request	This field is for Reimbursement Requests only. Enter the requested reimbursement amount for the line item.
Reimbursement Request Number	Enter the Reimbursement Request number for this request.
Total Approved	This field auto-populates with the total expenditures to-date for the line item. This value does not include any match amounts.
Remaining Balance	This field auto-populates with the remaining balance allowed for the line item. This value does not include any match amounts.

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES (Cal OES)

Section 10: INDIRECT COST

If claiming indirect costs under the award, provide detailed information on the total estimated indirect costs and the indirect cost rate at which you will be claiming. If you have a federally-approved rate, provide information on the direct cost base on which, the rate is calculated, e.g., Salary and Wages (\$/W), Salary, Wages and Benefits (SW&B), Total Direct Costs (TDC), Modified Total Direct Costs (MTDC), the De Minimis Rate of 10% of MTDC (10% MTDC), or another base (Other).

Ledger Column Name	Instructions
Project Letter	Select the project letter from the drop-down list that corresponds with the Project Ledger.
Activity	Provide detailed information on Indirect Cost activity.
Funding Source	This field auto-populates.
Solution Area Sub-Category	This field auto-populates.
ICR Base	Select an ICR Base from the drop-down list.
Rate	Enter the Percentage Rate.
Budgeted Cost	Enter the total amount of grant funding budgeted for the line item.
Previously Approved Amount	This field auto-populates with the cumulative expenditures as of all reimbursement requests prior to the current request. This value does not include any match amounts.
Amount This Request	This field is for Reimbursement Requests only: Enter the requested reimbursement amount for the line item.
Reimbursement Request Number	Enter the Reimbursement Request number for this request.
Total Approved	This field auto-populates with the total expenditures to-date for the line item. This value does not include any match amounts.
Remaining Balance	This field auto-populates with the remaining balance allowed for the line item. This value does not include any match amounts.

Section 11: CONSULTANT / CONTRACTOR

Ledger Column Name	Instructions
Project Letter	Select the project letter from the drop-down list that corresponds with the Project Ledger.
Consulting Firm / Consultant Name	Provide the name of the Consulting Firm and Consultant Name.
Project & Description of Services	Provide detailed information on the project and description of services. If your consultant/contractor invoiced you for their services using a fee for each deliverable, then describe the product in the Deliverable column. (e.g.: \$10,000 for a reverse 911/telephone emergency notification system)
Deliverable	If your consultant/contractor invoiced you for their services using a fee for each deliverable, then describe the product in the Deliverable column. (e.g.: \$10,000 for a reverse 911/telephone emergency notification system)
Solution Area	Select a Solution Area from the drop-down list.
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list that corresponds with the Project Ledger. This list is dependent on a selection from the Solution Area Category drop-down list. The Solution Area Sub-Category will not display the drop-down list unless a Solution Area Category is selected.
Expenditure Category	Select an Expenditure Category from the drop-down list. This list is dependent on a selection from the Solution Area Sub-Category drop-down list. The Expenditure Category will not display the drop-down list unless a Solution Area Sub-Category is selected.
Noncompetitive Procurement over \$250k	Select YES or NO from the drop-down list.
Hold Trigger	If project is subject to a Hold, select the Hold type from drop-down list.
Approval Date	If applicable, enter date when hold was released/approved.
Period of Expenditure	Enter the Period of Expenditure in this column.
Fee for Deliverable	If your consultant/contractor invoiced you a fee for each deliverable, then fill in the cost for the product in the Fee for Deliverable column. (e.g.: \$10,000 for a reverse 911/telephone emergency notification system)
Total Salary & Benefits Charged for this Reporting Period	If your consultant/contractor invoiced you for their services using an hourly rate, then enter the total invoice amount for this reporting period.
Hourly Billing Rate	If your consultant/contractor invoiced you for their services using an hourly rate, enter the hourly rate charged.
Total Project Hours	If your consultant/contractor invoiced you for their services using an hourly rate, enter number of hours charged during this reporting period.
Reimbursement Request Number	Enter the Reimbursement Request number.
Total Cost Charged to this Grant	Enter the Total Cost Charged to the Grant in this column.

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES (Cal OES)

Section 12: PERSONNEL

Ledger Column Name	Instructions
Project Letter	Select the project letter from the drop-down list that corresponds with the Project Ledger.
Employee Name	Provide the name of the employee.
Project/Deliverable	Provide detailed information on the project and description of services.
Funding Source	This field auto-populates.
Discipline	This field auto-populates.
Solution Area	Select a Solution Area from the drop-down list.
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list. This list is dependent on a selection from the Solution Area Category drop-down list. The Solution Area Sub-Category will not display the drop-down list unless a Solution Area Category is selected.
Dates of Payroll Period	Provide the Dates of the Payroll Period.
Total Salary and Benefits Charged for this Reporting Period	Provide the Total Salary and Benefits Charged for the Reporting Period.
Total Project Hours	Enter the Total Project Hours in this column.
Reimbursement Request Number	Enter the Reimbursement Request number.
Total Cost Charged to this Grant	Enter the Total Cost Charged to the Grant in this column.

Section 13: MATCH

Ledger Column Name	Instructions
Project Letter	Select the project letter from the drop-down list that corresponds with the Project Ledger.
Direct/Subaward	Use the drop-down list to identify if the Project is Direct or Subaward
Project Title	Enter the name of the project.
Match Description	Enter the description of the Match activity.
Discipline	This field auto-populates.
Solution Area	Select a Solution Area from the drop-down list that aligns to the activities/costs used to meet the EMPG Match Requirement.
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list that aligns to the activities/costs used to meet the EMPG Match Requirement. This list is dependent on a selection from the Solution Area Category drop-down list. The Solution Area Sub-Category will not display the drop-down list unless a Solution Area Category is selected.
Type of Match	Select the Type of Match: Cash or In-Kind
Total Budgeted Match	Enter the total budgeted match amount for this project in this column.
Previously Approved Amount	This field auto-populates with the cumulative match expenditures as of the reimbursement request prior to the current request.
Current Match	This field is for Reimbursement Requests only: Enter the match amount for the line item.
Reimbursement Request Number	Enter the Reimbursement Request number for this reimbursement.
Total Match Expended	This field auto-populates with the total match expenditures to-date for the line item.
Remaining Balance	This field auto-populates with the remaining match balance for the line item.
Percentage Expended	This field auto-populates with the match amount expended, to-date, as a percentage of the budgeted match amount.

Section 14: AUTHORIZED AGENT

Form Field	Instructions
The Authorized Agent sheet must accompany ALL Reimbursement Requests, Modifications, and the Initial Application.	
Request Type	Enter the type of request that is being made. Use one of the following types: INITIAL APPLICATION, REIMBURSEMENT REQUEST, FINAL REIMBURSEMENT REQUEST and MODIFICATION
Performance Period	This field is auto-populated with the grant Performance Period as described on the Face Sheet Tab
REIMB or MOD Request #	Enter the "Reimbursement" or "Modification" request number associated with this request.
Amount This Request	This field is for Reimbursement Requests only: Enter the requested reimbursement amount for this request.
Authorized Agent	Enter the Name and Title of Authorized Agent. Sign and date after printing. Original signature required.

Section 15: ICR SUMMARY

Ledger Column Name	Instructions
Period	Enter the time period for which the indirect cost rate is valid. Use the format: Month/Year through Month/Year.
Indirect Cost Rate for Period	Enter the indirect cost rate for period
ICR Base	Select ICR Base from the drop-down
Total Costs	Enter Total Costs.
Less Distorting Costs	Enter Less Distorting Costs.
Costs Applicable To ICR	This field auto-populates.
Total Direct Costs	This field auto-populates.
Total Allowable Indirect Costs	This field auto-populates.
Total Budgeted Indirect Costs	Enter Total Indirect Costs Budgeted; this value should be not be greater than the Total Allowable Indirect Costs.

Cal OES #	FIPS #	033-00000	VS#	Subaward #	2020-0019
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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) hereby makes a Grant Subaward of funds to the following:

1. **Subrecipient:** County of Lake **1a. DUNS#:** 071554760
2. **Implementing Agency:** Lake County Sheriff's Office of Emergency Services **2a. DUNS#:** 113350339
3. **Implementing Agency Address:** Post Office Box 489 Lakeport 95453-0489
(Street) (City) (Zip+4)
4. **Location of Project:** Lakeport Lakeport 95453-0489
(City) (County) (Zip+4)
5. **Disaster/Program Title:** Emergency Management Performance Grant COVID-19 Supplemental
6. **Performance Period:** January 27, 2020 to October 26, 2021
(Start Date) (End Date)
7. **Indirect Cost Rate:** N/A **Federally Approved ICR (if applicable):** _____ %

Item Number	Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Cost
8.	2020	EMPG-S		\$79,967		\$79,967		\$79,967	\$159,934
9.	Select	Select						\$0	\$0
10.	Select	Select						\$0	\$0
11.	Select	Select						\$0	\$0
12.	Select	Select						\$0	\$0
Total	Project	Cost	\$0	\$79,967	\$79,967	\$79,967	\$0	\$79,967	\$159,934

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:

Name: Brian L. Martin Title: Sheriff/Coroner/OES Director

Payment Mailing Address: Post Office Box 489 City: Lakeport Zip Code+4: 95453-0489

Signature: _____ Date: _____

16. **Federal Employer ID Number:** 94-6000825

(FOR Cal OES USE ONLY)

I hereby certify upon my 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)

AUTHORIZED AGENT AND CONTACT INFORMATION

NOTE: Unauthorized alterations will delay the approval of this request.

County of Lake

033-00000
2020-0019

Additional Authorized Agent Contact Information							
Authorized Agent Name	Title	Mailing Address	City	State	Zip	Phone	Email
Brian L. Martin	Sheriff/Coroner/ Director of Emergency Services	Post Office Box 489	Lakeport	CA	95453-0489	707-262-4200	brian.martin@lakecountyca.gov
Carol J. Huchingson	County Administrative Officer	255 North Forbes Street	Lakeport	CA	95453-4747	707-263-2580	carol.huchingson@lakecountyca.gov
Mary Beth Strong	Sheriff's Administrative Manager	Post Office Box 489	Lakeport	CA	95453-0489	707-262-4218	marybeth.strong@lakecountyca.gov
Contact Name	Title	Mailing Address	City	State	Zip	Phone	Email
Dale F. Carmathan	Emergency Services Manager	Post Office Box 489	Lakeport	CA	95453-0489	707-263-3450	dale.carmathan@lakecountyca.gov
Teresa Paulson	Emergency Services Assistant	Post Office Box 489	Lakeport	CA	95453-0489	707-263-3450	teresa.stewart@lakecountyca.gov
Willie Sapeta	Emergency Services Coordinator	Post Office Box 489	Lakeport	CA	95453-0489	707-994-2170	fdch700@yahoo.com
Nancy McCarrick	Staff Services Analyst	Post Office Box 489	Lakeport	CA	95453-0489	707-262-4221	nancy.mccarrick@lakecountyca.gov
Gavin Wells	Lt./Sar Coordinator	Post Office Box 489	Lakeport	CA	95453-0489	707-262-4364	gavin.wells@lakecountyca.gov
Mary Beth Strong	Sheriff's Administrative Manager	Post Office Box 489	Lakeport	CA	95453-0489	707-262-4218	marybeth.strong@lakecountyca.gov

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES (Cal OES)

County of Lake
033.00000
2020-0019

EQUIPMENT
NOTE: Unauthorized alterations will delay the approval of this request.

Project	Equipment Description (Include Qty)	ATUP	ATL Title	SARCOM Compliance	Funding Source	Distibute	Solution Area Sub-Category	Invoice Number	Vendor	ID Tag Number	% of Federal Funds Used in the Purchase	Condition & Depreciation	Equipment Location	Acquisition Date	Noncontingent Procurement over \$50k	Hold Trigger	Approval Date	Estimated Cost	Previously Approved Amount	Amount this Request	Industry / State Requirement (Program Key)	Total Approved	Remaining Balance
			Equipment used in the process of chemical process decontamination solutions for responders and their equipment using liquid solutions																				
A	Portable Electronic Spray/Fogger Miller Aerosolizer (Scalable/Duplicatable)	0802-00-TREY		N/A	EMPG-S	EMG	08 - Decontamination Equipment									No Hold Indicated							
A	Insulation for Electronic Spray/Fogger Miller Aerosolizer	0802-00-SOIN		N/A	EMPG-S	EMG	08 - Decontamination Equipment									No Hold Indicated							
B	Switch			Yes	EMPG-S	EMG	08 - Inoperable Components Equipment									No Hold Indicated							
B	Pneumatic Portion	2104-00-OCSE	Equipment and Spare Emergency Operational Center		EMPG-S	EMG	21 - Puzairic Protective Equipment									No Hold Indicated							
C	PerfoCool	1936-00-SMKN	System Environmental Control		EMPG-S	EMG	09 - Medical Equipment									No Hold Indicated							
C	Generator	1005-00-GENE	Generator		EMPG-S	EMG	10 - Power Equipment									No Hold Indicated							
C	Trailer	1276-00-TRGP	Trolley Equipment		EMPG-S	EMG	21 - Other Authorized Equipment									No Hold Indicated							
C	Protective Shelter (Type)	1935-00-SHEL	Shelters, Shelter, Rep or Dep or any		EMPG-S	EMG	21 - Other Authorized Equipment									No Hold Indicated							
C	Hand Washing Station	0942-01-HYGN	Equipment and Supplies Personal Hygiene		EMPG-S	EMG	01 - Personal Protective Equipment									No Hold Indicated							
C	Hand Sanitizer Station	0942-01-HYGN	Equipment and Supplies Personal Hygiene		EMPG-S	EMG	01 - Personal Protective Equipment									No Hold Indicated							
C	Hand Sanitizer	0942-01-HYGN	Equipment and Supplies Personal Hygiene		EMPG-S	EMG	01 - Personal Protective Equipment									No Hold Indicated							
C	Portable Lighting	0305-03-LTPA	Lighting Portable Aviation		EMPG-S	EMG	14 - Physical Security Equipment									No Hold Indicated							
D	Rapid Test				EMPG-S	EMG	09 - Medical Equipment									No Hold Indicated							
D	Test Kit				EMPG-S	EMG	09 - Medical Equipment									No Hold Indicated							

AUTHORIZED AGENT

NOTE: Unauthorized alterations will delay the approval of this request.

County of Lake

033-00000
2020-0019

ALN:

EMPG 97.042

Supporting Information for Reimbursement of Federal Funds

This claim is for costs incurred within the grant performance period.

[Redacted]

This request is for a/an:

January 27, 2020

(Beginning Performance Period Date)

through

October 26, 2021

(Ending Performance Period Date)

[Redacted]

(REIMB or MOD Request #)

[Redacted]

(Amount This Request)

Under Penalty of Perjury I certify that:

I am the duly authorized officer of the claimant herein. This claim is true, correct, and all expenditures were made in accordance with applicable laws, rules, regulations and grant conditions and assurances.

Statement of Certification - Authorized Agent

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).

[Redacted]

Printed Name and Title

[Redacted]

Signature of Authorized Agent

[Redacted]

Date

Please reference the Instructions Page, above Section 1, for instructions/address on where to mail workbook.

