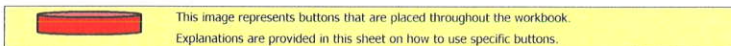


INSTRUCTIONS

This tab provides detailed instructions on how to complete the Financial Management Forms Workbook v1.17. For further guidance, please refer to your Program Representative.

TAB	SECTION	EXPLANATION
INSTRUCTIONS FOR ENABLING MACROS IN EXCEL 2003, EXCEL 2007 AND EXCEL 2010		
INSTRUCTIONS FOR ENABLING MACROS- EXCEL 2003		
<p>Save the FMFW v1.17 to your computer</p> <p>With the FMFW v1.17 open, click on TOOLS -> MACRO -> SECURITY...</p> <p>Under the SECURITY LEVEL tab, select the MEDIUM or LOW setting.</p> <p>The MEDIUM setting will prompt you to enable/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 using the LOW setting to prevent unsafe macros from running in other files.</p> <p>Save, Close, and Re-open the workbook- Macros will be enabled.</p>		
INSTRUCTIONS FOR ENABLING MACROS- EXCEL 2007		
<p>Save the FMFW v1.17 to your computer</p> <p>Open the FMFW v1.17</p> <p>Click on the round Office button in the top left</p> <p>Click on Excel Options in the lower right of the drop down box</p> <p>Select Popular module along the left side</p> <p>Check the Show Developer tab in the Ribbon option</p> <p>Hit OK</p> <p>Click on the round Office button in the top left (again)</p> <p>Click on Excel Options in the lower right of the drop down box</p> <p>Select the Trust Center module along the left</p> <p>Click on the Trust Center Settings... button</p> <p>Select the Macro Settings module along the left</p> <p>Set the Macro Settings to Enable all macros...</p> <p>Check the Trust access to the VBA project... option</p> <p>Hit OK</p> <p>Save, Close, and Re-open the workbook- Macros will be enabled.</p>		
INSTRUCTIONS FOR ENABLING MACROS- EXCEL 2010		
<p>Save the FMFW v1.17 to your computer</p> <p>Open the FMFW v1.17</p> <p>Click on the File tab, choose Options to open the Excel Options dialog box.</p> <p>Click on Customize Ribbon on the left side of the dialog box</p> <p>Under Choose commands from the left side of the dialog box, select Popular Commands.</p> <p>Under Customize the ribbon on the left side of the dialog box, select Main Tabs and then select the Developer check box</p> <p>Hit OK</p> <p>Click on the File tab, choose Options to open the Excel Options dialog box (again).</p> <p>Click on Trust Center on the left side of the dialog box</p> <p>Click on Trust Center Settings from the right side of the dialog box</p> <p>Select Macro Settings on the left side of the dialog box</p> <p>Under Macro Settings click on "Enable all macros"</p> <p>Check the Trust access to the VBA project... option</p> <p>Hit OK</p> <p>Save, Close, and Re-open the workbook- Macros will be enabled.</p>		

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



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. 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. Please print the Grant Subaward Face Sheet in portrait format. 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.

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 (Grant 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. This 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 Grant 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.
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 award. 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 (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 ICR Negotiating 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 grant 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 initial if applicable and 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 Agreement for the Grant Subrecipient as stated in Block 1 of the Grant Subaward Face Sheet. 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 Implementing Agency.

Auth. Agent Contact Information		Provide information on additional Authorized Agents (AA) and Grant Program Contacts.
Additional Authorized Agent Contact Information	Provide the contact information of any additional Authorized Agents (AA) and staff related to grant activities. It is recommended that more than one person be designated as the Authorized Agent (AA) so that if one AA is not available, a second AA can sign the requests for reimbursements.	

FFATA Financial Disclosure		Use the FFATA Financial Disclosure to provide information required by the Federal Funding Accountability and Transparency Act of 2006. If your organization is not subject to the FFATA Financial Disclosure requirements, check the "Not Subject to FFATA Financial Disclosure" box at the bottom of the page.
Executive Name	Provide the full name of the executive.	
Title	Provide the title of the executive.	
Annual Salary	Provide the annual salary of the executive.	
Annual Dollar Value of Benefits	Provide the Annual Dollar Value of Benefits.	
Total Compensation	Automatic calculation of Annual Salary and Annual Dollar Value of Benefits. Warning! Do not enter information in this column, contains formulas.	

Project Descriptions		Use the Project Descriptions to describe the various details of each Project. Maximum of 20 projects are allowed.
Project	Enter the letter (required) and name (optional) of each project. A maximum of 20 projects are allowed (A-T).	
NPG Mission Area	Select a National Preparedness Goal (NPG) Mission Area from the drop down menu that corresponds to your project.	
NPG Core Capabilities	Link the National Preparedness Goal (NPG) Core Capability that match to each of your Mission Area projects.	
Cal OES Goals	Select a Cal OES Goal from the drop down menu option that corresponds to your project.	
Project Description	Provide a detailed but concise description of the project. Note: Do not exceed 1,000 characters (including punctuation and spaces). Word Wrap feature will terminate after this limit and text will not be visible.	
Match Description	Provide a detailed Match Description.	
Need	Explain why this project is needed and how this need was determined.	
Project Milestone & Justification	Provide estimates on milestones for your projects in terms of percentage completeness and amounts expended for the next 6 and 12 months. Leave ____ month blank.	

Project Ledger		Use this ledger to submit funding information for projects, as well as submitting Reimbursement Requests and Modifications.
<div style="background-color: yellow;"> Note: Buttons on all tabs (Project, Planning, Organization, Equipment, Training, Exercise, M&A, Consultant, Personnel and Match) perform the same tasks. Descriptions will only be mentioned in this section of the Instructions page. </div>		
	Ledger Type	Using the Macro buttons, specify what type of ledger is being completed (Initial App, Reimbursement Request, Modification). Complete the additional information that displays below the ledger type (Today's Date, Expenditure Period and Request #). Ledger will not be accepted without this information.
	New Modification	Use this button to create a single new line item modification. The selected row will turn its font color to red with the strikethrough property (to indicate an incorrect item) and create a copy of itself. Modify the copied row (automatically colored in blue font) as needed.
	New REIMB/MOD Request	Use this button to create a copy of the Project Ledger to submit Reimbursement or Modification requests. After clicking the button, enter the name of the request and press enter. The copy will place itself accordingly before the Planning tab. If Macros are disabled, a copy of the Project Ledger can be created manually by performing the following steps: Right click on the 'Project Ledger' tab -> Select MOVE OR COPY... from the list of options -> Place the copy <i>before</i> the Planning tab but after the last working Project Ledger -> Check CREATE A COPY -> Click OK . Rename the copied Project Ledger appropriately to reflect a Reimbursement request or Modification.
	Row Size Auto	Use this button to automatically resize ALL rows in your project ledger to fully display text that is not visible.
	Row Size 15	Use this button to automatically resize all rows to a height of 15 pixels.
	Formula Reset	If formulas are inadvertently deleted, use this button to reset all formulas.
	Black/Red/Blue buttons (All tabs)	Use these buttons to change font colors. Selection will change the color of only what is selected. Row will change the color of only the row which contains the active cell (the cell that is currently selected). Use Selection buttons to change font colors on multiple rows.
	Project	Select the project letter from the drop-down list, or manually enter the letter in capitalization format.
	Direct/Subaward	Use the drop-down list to identify if the Project is Direct or Subaward
	Project Name	Enter the name of the project.
	Funding Source	Select a Funding Source from the drop-down list. A full description of the Funding Source can be viewed in Comments (place cursor over Column D, Row 21).
	Discipline	Select a Discipline from the drop-down list. A full description of the Disciplines can be viewed in Comments (place cursor over Column E, Row 21).
	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.
	Total Obligated	Enter the total amount of grant funding obligated for each project in this column.

Amount Approved Previous	Automatic calculation of Amount Approved Previous.	Warning! Do not enter information in this column, contains formulas.
Amount This Request	For Reimbursement requests, enter the requested amount of reimbursement in this column.	
Match Amount	If match amount is required, place the amount in this column. If not required, disregard this column.	
Total Approved	Automatic calculation of Total Approved.	Warning! Do not enter information in this column, contains formulas.
Remaining Balance	Automatic calculation of Remaining Balance.	Warning! Do not enter information in this column, contains formulas.
Percent Expended	Automatic calculation of Percentage Complete.	Warning! Do not enter information in this column, contains formulas.

Planning

Provide detailed information on Planning activities. NOTE: Consultants and Contractors are used interchangeably and changes for either require the completion of the Consultant/Contractor tab. Staff salaries and Staff Intelligence Analyst expenditure categories require the completion of the Personnel tab.

Project	Select the project letter from the drop-down list, or manually enter the letter in capitalization format.	
Direct/Subaward	Use the drop-down list to identify if the Project is Direct or Subaward	
Planning Activity	Enter the planning activity.	
Funding Source	Select a Funding Source from the drop-down list. A full description of the Funding Source can be viewed in Comments (place cursor over Column D, Row 21).	
Discipline	Select a Discipline from the drop-down list. A full description of the Disciplines can be reviewed in Comments (place cursor over Column E, Row 21).	
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list.	
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 of 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.	
Hold Trigger	Projects may be placed on hold. Please select an option from drop-down list.	
Approval Date	Enter the approval date.	
Part of a Procurement over 150k	Select YES or NO from the drop-down list.	
Sole Source Involved	Select YES or NO from the drop-down list.	
Budgeted Cost	Enter the total amount of grant funding budgeted for each project in this column.	
Amount Approved Previous	Automatic calculation of Amount Approved Previous.	Warning! Do not enter information in this column, contains formulas.
Amount This Request	For Reimbursement requests, enter the requested amount of reimbursement in this column.	
Reimbursement Request Number	Enter the Reimbursement Request number for this planning activity.	
Total Approved	Automatic calculation of total reimbursed.	Warning! Do not enter information in this column, contains formulas.
Remaining Balance	Automatic calculation of Remaining Balance.	Warning! Do not enter information in this column, contains formulas.

Organization

Provide detailed information on Organizational activities. NOTE: Consultants and Contractors are used interchangeably and changes for either require the completion of the Consultant/Contractor tab. Staff salaries and Staff Intelligence Analyst expenditure categories require the completion of the Personnel tab.

Project	Select the project letter from the drop-down list, or manually enter the letter in capitalization format.	
Direct/Subaward	Use the drop-down list to identify if the Project is Direct or Subaward	
Organization	Enter the organizational activity.	
Funding Source	Select a Funding Source from the drop-down list. A full description of the Funding Source can be viewed in Comments (place cursor over Column D, Row 21).	
Discipline	Select a Discipline from the drop-down list. A full description of the Disciplines can be viewed in Comments (place cursor over Column E, Row 21).	
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list.	
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 each project in this column.	
Amount Approved Previous	Automatic calculation of Amount Approved Previous.	Warning! Do not enter information in this column, contains formulas.
Amount This Request	For Reimbursement requests, enter the requested amount of reimbursement in this column.	
Reimbursement Request Number	Enter the Reimbursement Request number for this organizational activity.	
Total Approved	Automatic calculation of total reimbursed.	Warning! Do not enter information in this column, contains formulas.
Remaining Balance	Automatic calculation of Remaining Balance.	Warning! Do not enter information in this column, contains formulas.

Equipment

Provide detailed information on Equipment that is purchased with grant funding.

Project	Select the project letter from the drop-down list, or manually enter the letter in capitalization format.
Equipment Description & (Quantity)	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: https://www.fema.gov/authorized-equipment-list
SAFECOM Compliance	Select YES, NO or N/A from the drop-down list.
Funding Source	Select a Funding Source from the drop-down list. A full description of the Funding Source can be viewed in Comments (place cursor over Column F, Row 21).
Discipline	Select a Discipline from the drop-down list. A full description of the Disciplines can be viewed in Comments (place cursor over Column G, Row 21).
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list.
Invoice Number	Enter the Invoice Number for the equipment.
Vendor Name	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. Subgrantee may use their own internal numbering format to tag equipment. ID Tag Number must be available during monitoring visits.
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 following column (Deployed Location) to explain.
Deployed Location	Enter the equipment's current location.
Acquired Date	Enter the date that this equipment was acquired from vendor.
Part of a Procurement over 150k	Select YES or NO from the drop-down list.
Sole Source Involved	Select YES or NO from the drop-down list.
Hold Triqger	Projects may be placed on hold. Please select an option from drop-down list.
Approval Date	Enter the approval date.
Budgeted Cost	Enter the total amount of grant funding budgeted for each project in this column.
Amount Approved Previous	Automatic calculation of Amount Approved Previous. Warning! Do not enter information in this column, contains formulas.
Amount This Request	For Reimbursement requests, enter the requested amount of reimbursement in this column.
Reimbursement Request Number	Enter the Reimbursement Request number.
Total Approved	Automatic calculation of total reimbursed. Warning! Do not enter information in this column, contains formulas.
Remaining Balance	Automatic calculation of Remaining Balance. Warning! Do not enter information in this column, contains formulas.

Training

Provide detailed information on planned or attended training courses. NOTE: Consultants and Contractors are used interchangeably and changes for either require the completion of the Consultant/Contractor tab. Staff salaries and Staff Intelligence Analyst expenditure categories require the completion of the Personnel tab.

Project	Select the project letter from the drop-down list, or manually enter the letter in capitalization format.
Direct/Subaward	Use the drop-down list to identify if the Project is Direct or Subaward
Course Name	Enter course name.
Funding Source	Select a Funding Source from the drop-down list. A full description of the Funding Source can be viewed in Comments (place cursor over Column D, Row 21).
Discipline	Select a Discipline from the drop-down list. A full description of the Disciplines can be viewed in Comments (place cursor over Column E, Row 21).
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list.
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 this training activity. The Feedback number can be obtained from the Cal OES website: http://www.caloes.ca.gov Click on Cal OES Divisions, then click on California Specialized Training Institute. Scroll to the bottom of the page, click on the TRAINING REQUEST FORM link.
Training Activity	Please identify your training activity from the drop-down list.
Hold Triqger	Projects may be placed on hold. Please select an option from drop-down list.
Approval Date	Enter the approval date.
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.
Part of a Procurement over 150k	Select YES or NO from the drop-down list.
Sole Source Involved	Select YES or NO from the drop-down list.
Budgeted Cost	Enter the total amount of grant funding budgeted for each project in this column.

Amount Approved Previous	Automatic calculation of Amount Approved Previous.	Warning! Do not enter information in this column, contains formulas.
Amount This Request	For Reimbursement requests, enter the requested amount of reimbursement in this column.	
Reimbursement Request Number	Enter the Reimbursement Request number for this training activity.	
Total Approved	Automatic calculation of total reimbursed.	Warning! Do not enter information in this column, contains formulas.
Remaining Balance	Automatic calculation of remaining balance.	Warning! Do not enter information in this column, contains formulas.

Exercise

Provide detailed information on Exercise activities. Consultants and Contractors are used interchangeably and changes for either require the completion of the Consultant/Contractor tab. Staff salaries and Staff Intelligence Analyst expenditure categories require the completion of the Personnel tab.

Project	Select the project letter from the drop-down list, or manually enter the letter in capitalization format.	
Direct/Subaward	Use the drop-down list to identify if the Project is Direct or Subaward	
Exercise Title	Enter the title of the exercise activity.	
Funding Source	Select a Funding Source from the drop-down list. A full description of the Funding Source can be viewed in Comments (place cursor over Column D, Row 21).	
Discipline	Select a Discipline from the drop-down list. A full description of the Disciplines can be viewed in Comments (place cursor over Column E, Row 21).	
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list.	
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.	
Hold Triquer	Projects may be placed on hold. Please select an option from drop-down list.	
Approval Date	Enter the approval date.	
Date of Exercise	Enter the date of when this exercise was conducted.	
Exercise Activity	Please select your exercise activity from the drop-down list.	
Identified Host	If you are not the host, please identify who is the host. For further guidance, please refer to your Program Representative.	
Date AAR e-mailed to HSEEP	Enter the date that the After Action Report (AAR) was e-mailed to hseep@fema.dhs.gov .	
Part of a Procurement over 150k	Select YES or NO from the drop-down list.	
Sole Source Involved	Select YES or NO from the drop-down list.	
Budgeted Cost	Enter the total amount of grant funding budgeted for each project in this column.	
Amount Approved Previous	Automatic calculation of amount approved previous.	Warning! Do not enter information in this column, contains formulas.
Amount This Request	For Reimbursement requests, enter the requested amount of reimbursement in this column.	
Reimbursement Request Number	Enter the Reimbursement Request number for this exercise activity.	
Total Approved	Automatic calculation of total reimbursed.	Warning! Do not enter information in this column, contains formulas.
Remaining Balance	Automatic calculation of remaining balance.	Warning! Do not enter information in this column, contains formulas.

M&A

Provide detailed information on M&A activities. Consultants and Contractors are used interchangeably and changes for either require the completion of the Consultant/Contractor tab. Staff salaries and Staff Intelligence Analyst expenditure categories require the completion of the Personnel tab.

Project	Select the project letter from the drop-down list, or manually enter the letter in capitalization format.	
Activity	Provide detailed information on M&A activity.	
Funding Source	Select a Funding Source from the drop-down list. A full description of the Funding Source can be viewed in Comments (place cursor over Column D, Row 21).	
Discipline	Select a Discipline from the drop-down list. A full description of the Disciplines can be viewed in Comments (place cursor over Column E, Row 21).	
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list.	
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 funding budgeted for each project in this column.	
Amount Approved Previous	Automatic calculation of amount approved previous.	Warning! Do not enter information in this column, contains formulas.
Amount This Request	For Reimbursement requests, enter the requested amount of reimbursement in this column.	
Reimbursement Request Number	Enter the Reimbursement Request number.	
Total Approved	Automatic calculation of total reimbursed.	Warning! Do not enter information in this column, contains formulas.
Remaining Balance	Automatic calculation of remaining balance.	Warning! Do not enter information in this column, contains formulas.

Indirect Costs	
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 (S/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).	
Project	Select the project letter from the drop-down list, or manually enter the letter in capitalization format.
Activity	Provide detailed information on Indirect Cost activity.
Funding Source	Select a Funding Source from the drop-down list. A full description of the Funding Source can be viewed in Comments (place cursor over Column D, Row 21).
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list.
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 each project in this column.
Amount Approved Previous	Automatic calculation of amount approved previous. Warning! Do not enter information in this column, contains formulas.
Amount This Request	For Reimbursement requests, enter the requested amount of reimbursement in this column.
Reimbursement Request Number	Enter the Reimbursement Request number.
Total Approved	Automatic calculation of total reimbursed. Warning! Do not enter information in this column, contains formulas.
Remaining Balance	Automatic calculation of remaining balance. Warning! Do not enter information in this column, contains formulas.

Consultant/Contractor	
Provide information on who is being paid with grant funds, and what consultant/contractor costs are being charged to the grant.	
Project	Select the project letter from the drop-down list, or manually enter the letter in capitalization format.
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.
Deliverable	If your consultant/contractor invoiced you for their services using a fee for each deliverable (\$10,000 for a reverse 911/telephone emergency notification system), then describe the product in the Deliverable column.
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.
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.
Period of Expenditure	Enter the Period of Expenditure in this column.
Fee for Deliverable	If your consultant/contractor invoiced you for their services using a fee for each deliverable (\$10,000 for a reverse 911/telephone emergency notification system), then fill in the cost for the product in the Fee for Deliverable column.
Billable Hour Breakdown section	If your consultant/contractor invoiced you for their services using an hourly rate (\$50/hour for 10 hours of work), then fill in the three (3) columns of the Billable Hour Breakdown.
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.

Personnel	
Provide information on who is being paid with grant funds, and what staff costs are being charged to the grant.	
Project	Select the project letter from the drop-down list, or manually enter the letter in capitalization format.
Employee Name	Provide the name of the employee.
Project/Deliverable	Provide detailed information on the project and description of services.
Funding Source	Select a Funding Source from the drop-down list. A full description of the Funding Source can be viewed in Comments (place cursor over Column E, Row 21).
Discipline	Select a Discipline from the drop-down list. A full description of the Disciplines can be viewed in Comments (place cursor over Column F, Row 21).
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.

Match	
Provide detailed information on Match.	
Project	Select the project letter from the drop-down list, or manually enter the letter in capitalization format.
Direct/Subaward	Use the drop-down list to identify if the Project is Direct or Subaward
Project Name	Enter the name of the project.
Funding Source	Select a Funding Source from the drop-down list. A full description of the Funding Source can be viewed in Comments (place cursor over Column D, Row 21).
Discipline	Select a Discipline from the drop-down list. A full description of the Disciplines can be viewed in Comments (place cursor over Column E, Row 21).
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 options from the drop-down list
Total Obligated Match	Enter the total obligated match amount for this project in this column.
Previous Match expended	Automatic calculation of amount approved previous. Warning! Do not enter information in this column, contains formulas.
Current Match	For Reimbursement requests, enter the current match amount in this column.
Reimbursement Request Number	Enter the Reimbursement Request number for this reimbursement.
Total Match Expended	Automated calculation of Total Match Expended. Warning! Do not enter information in this column, contains formulas.
Remaining Balance	Automatic calculation of Remaining Balance. Warning! Do not enter information in this column, contains formulas.
Percentage Expended	Automatic calculation of Percentage Expended. Warning! Do not enter information in this column, contains formulas.

Authorized Agent	
Authorized Agent sheet must accompany ALL Reimbursement Requests, Modifications and the Initial Application.	
Type	Click on the appropriate button to describe what type of workbook is being submitted. Available options are: INITIAL APPLICATION, REIMBURSEMENT REQUEST, FINAL REIMBURSEMENT REQUEST and MODIFICATION
Expenditure Period Dates	Enter the beginning and ending expenditure period dates. REIMBURSEMENT REQUEST: Expenditure periods are decided by the Subrecipient and can span single or multiple months at a time. NOTE: Expenditure periods cannot cross state fiscal year. Modifications do not require expenditure period entries.
REIMB or MOD Request #	Enter the REIMB or MOD Request # that is associate with the most recent request.
Amount This Request	Enter the amount that is being requested.
Authorized Agent	Enter the name of Authorized Agent. Sign and date after printing. Original signature required. Send hard copy of workbook to address (provided).
Mail workbook to:	Emergency Management Performance Grants (EMPG): California Governor's Office of Emergency Services Program Specialist's Name 3650 Schriever Avenue Mather, CA 95655

(Cal OES Use Only)					
Cal OES #	033-00000	FIPS #	033-00000	VS#	Subaward #

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:	<u>Lake County</u>	1a. DUNS#:	<u>071554760</u>
2. Implementing Agency:	<u>Lake County Sheriff's Office</u>	2a. DUNS#:	<u>113350339</u>
3. Implementing Agency Address:	<u>Post Office Box 489</u> Street	<u>Lakeport</u> City	<u>95453-0489</u> Zip+4
4. Location of Project:	<u>Lakeport</u> City	<u>Lake</u> County	<u>95453-0489</u> Zip+4
5. Disaster/Program Title:	<u>Emergency Management Performance Grant</u>	6. Performance Period:	<u>07/01/17</u> to <u>06/30/18</u>
7. Indirect Cost Rate:	<input checked="" type="checkbox"/> N/A; <input type="checkbox"/> 10% de Minimis; <input type="checkbox"/> 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
2017	8. EMPG		\$138,200		\$138,200		\$138,200	\$276,400
Select	9. Select							
Select	10. Select							
Select	11. Select							
	12. TOTALS		\$138,200	\$138,200	\$138,200		\$138,200	12G. Total Project Cost: \$276,400

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.

I believe there is information in the application that is exempt from the Public Records Act and have attached a document to support it.
(Initials)

15. Official Authorized to Sign for Subrecipient:	16. Federal Employer ID Number:	<u>94-60000825</u>
Name: <u>Brian L. Martin</u>	Title: <u>Sheriff/Coroner/OES Director</u>	
Telephone: <u>707-262-4091</u> (area code)	FAX: <u>707-262-4220</u> (area code)	Email: <u>brian.martin@lakecountycal.gov</u>
Payment Mailing Address: <u>Post Office Box 489</u>	City: <u>Lakeport</u>	Zip+ 4: <u>95453-0489</u>
Signature: _____	Date: _____	

(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
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AUTHORIZED AGENT AND CONTACT INFORMATION

CFDA #:

EMPG 97.042

033-00000

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Federal Funding Accountability and Transparency Act (FFATA) Financial Disclosure

EMPG 97.042

033-00000

- [illegible]

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

PROJECT DESCRIPTIONS

Alterations to this document may result in delayed application approval, modification requests, or reimbursement requests. Subrecipients may be asked to revise and/or re-submit any altered Financial Management Forms Workbook.

CFDA #

EMPG 97.042

Lake County

033-00000

LEDGER TYPE:

Initial Application

Today's Date:

8/8/2017

Approval: Cal OES ONLY Date & Initials (Prog. REP.):						
Project	NPG Mission Area	NPG Core Capabilities	Cal OES Goals	Project Description	Match Description	Need
Project A	Response	Operational Coordination	Goal 3: Effectively respond to and recover from both human-caused and natural disasters	The OES Manager will perform the full spectrum of emergency management activities; to ensure the County and OPArea are prepared for, and able to respond to, and recover from all threats and hazards. The OES Assistant/Coordinator will provide administrative support and perform other OES duties to assist with the overall mission of emergency management and the effectiveness of OES Programs for the County and OPArea.	Cash Match: Lake County will coordinate matching funds for this project out of general fund salaries paid for staff performing EM/PG associated activities in support of emergency planning or response activities. This may include the UnderSheriff, OES Manager, OES Assistant, OES Coordinator, Sheriff's Administrative Manager, SAR Coordinator and/or Staff Services Analyst.	To ensure continuity of operations for planning, preparedness, response and recovery for planned and unplanned events, both natural and man-made.
Project B	Response	On-scene Security, Protection, and Law Enforcement	Goal 1: Anticipate and enhance prevention and detection capabilities to protect our state from all hazards and threats	The Lake County Sheriff's Office will select a vendor to plan and conduct at least two exercises to develop, train and exercise the "Active Shooter" response.	Cash Match: Lake County will coordinate matching funds for this project out of general fund salaries paid for staff performing EM/PG associated activities in support of emergency planning or response activities. This may include the UnderSheriff, OES Manager, OES Assistant, OES Coordinator, Sheriff's Administrative Manager, SAR Coordinator and/or Staff Services Analyst.	To develop and enhance the capabilities of local law enforcement agencies to respond to, and assist community agencies during critical incidents.
Project C						At the 6 month mark, this project will be _____% complete and \$_____ funds will be expended. At the 12 month mark, this project will be _____% complete and \$_____ funds will be expended.
Project D						At the 6 month mark, this project will be _____% complete and \$_____ funds will be expended. At the 12 month mark, this project will be _____% complete and \$_____ funds will be expended. At the _____ month mark, this project will be _____% complete and \$_____ funds will be expended.
Project E						At the 6 month mark, this project will be _____% complete and \$_____ funds will be expended. At the 12 month mark, this project will be _____% complete and \$_____ funds will be expended. At the _____ month mark, this project will be _____% complete and \$_____ funds will be expended.

Project	NPG Mission Area	NPG Core Capabilities	Cal OES Goals	Project Description	Match Description	Need	Project Milestone & Justifications
Project F							At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be ___% complete and \$___ funds will be expended. At the ___ month mark, this project will be ___% complete and \$___ funds will be expended.
Project G							At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be ___% complete and \$___ funds will be expended. At the ___ month mark, this project will be ___% complete and \$___ funds will be expended.
Project H							At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be ___% complete and \$___ funds will be expended. At the ___ month mark, this project will be ___% complete and \$___ funds will be expended.
Project I							At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be ___% complete and \$___ funds will be expended. At the ___ month mark, this project will be ___% complete and \$___ funds will be expended.
Project J							At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be ___% complete and \$___ funds will be expended. At the ___ month mark, this project will be ___% complete and \$___ funds will be expended.
Project K							At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be ___% complete and \$___ funds will be expended. At the ___ month mark, this project will be ___% complete and \$___ funds will be expended.
Project L							At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be ___% complete and \$___ funds will be expended. At the ___ month mark, this project will be ___% complete and \$___ funds will be expended.
Project M							At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be ___% complete and \$___ funds will be expended. At the ___ month mark, this project will be ___% complete and \$___ funds will be expended.

Project	NPG Mission Area	NPG Core Capabilities	Cal OES Goals	Project Description	Match Description	Need	Project Milestone & Justifications
Project N							At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be ___% complete and \$___ funds will be expended. At the ___ month mark, this project will be ___% complete and \$___ funds will be
Project O							At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be ___% complete and \$___ funds will be expended. At the ___ month mark, this project will be ___% complete and \$___ funds will be
Project P							At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be ___% complete and \$___ funds will be expended. At the ___ month mark, this project will be ___% complete and \$___ funds will be
Project Q							At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be ___% complete and \$___ funds will be expended. At the ___ month mark, this project will be ___% complete and \$___ funds will be
Project R							At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be ___% complete and \$___ funds will be expended. At the ___ month mark, this project will be ___% complete and \$___ funds will be
Project S							At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be ___% complete and \$___ funds will be expended. At the ___ month mark, this project will be ___% complete and \$___ funds will be
Project T							At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be ___% complete and \$___ funds will be expended. At the ___ month mark, this project will be ___% complete and \$___ funds will be

Warning! Decimal usage is not allowed. Attempts to use decimals will prompt error message.

033-00000

LEDGER TYPE:	Initial Application
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Today's Date: August 8, 2017

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PLANNING

CFDA # EMPG 97.042

LEDGER TYPE:	Initial Application
Today's Date:	August 8, 2017

FMFW v1.17 - 2017

ORGANIZATION

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033-00000

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Initial Application

August 8, 2017

Approval: Cal OES ONLY	Date & Initials (Prog. REP.):		
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033-00000

CFDA#	EMPG 97.042
LEDGER TYPE:	Initial Application
Today's Date:	August 8, 2017

[illegible]

TRAINING

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EMP G 97.042

Initial Application

August 8, 2017

[illegible]

EXERCISE

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EMPG 97.042

Initial Application

August 9, 2017

[illegible]

M&A

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Initial Application

August 8, 2017

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INDIRECT COSTS

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EMPg 97.042

Initial Application

August 8, 2017

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Lake County
033-00000

033-00000

CEFDA #	EMPG 97.042
LEDGER TYPE:	Initial Application
Today's Date:	August 8, 2017

[illegible]

PERSONNEL

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CFDA #	EMPG 97.042
LEDGER TYPE:	Initial Application
Today's Date:	August 8, 2017

[illegible]

MATCH

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033-00000

EMPG 97.042

Initial Application

August 8, 2017

Approval: Cal OES ONLY	Date & Initials (Prog. REP.):		
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CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES (Cal OES)

AUTHORIZED AGENT

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CFDA #: EMPG 97.042

Lake County

033-00000

Supporting Information for Reimbursement/Advance of State and Federal Funds

This request is for an/a: **Initial Application**

This claim is for costs incurred within the grant expenditure period from and does not cross fiscal years.

July 1, 2017 through June 30, 2018
(Beginning Expenditure Period Date) (Ending Expenditure Period Date)
(REIMB or MOD Request #) (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).

Brian L. Martin, Sheriff/Coroner/OES Director

Printed Name and Title

Signature of Authorized Agent

Date

August 28, 2017

Please reference the Instructions Page under the "Authorized Agent" section for instructions/address on where to mail workbook

INDIRECT COSTS - SUMMARY RECAP OF COSTS CLAIMED

EMPg 97.042

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N/A

OR PERIOD:

[illegible]

TOTAL DIRECT COSTS	-
Total Allowable Indirect Costs	-