### 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

Save the FMFW v1.17 to your computer

With the FMFW v1.17 open, click on TOOLS -> MACRO -> SECURITY...

Under the SECURITY LEVEL tab, select the MEDIUM or LOW setting. The MEDIUM self-under the second search 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.

Save, Close, and Re-open the workbook- Macros will be enabled.

### NSTRUCTIONS FOR ENABLING MACROS- EXCEL 2007

Save the FMFW v1.17 to your computer Open the FMFW v1.17

Open the risk w v1.17

Click on the round Office button in the top left

Click on Excel Options in the lower right of the drop down box Select Popular module along the left side

Check the Show Developer tab in the Ribbon option

Hit OK

Click on the round Office button in the top left (again)

Click on Excel Options in the lower right of the drop down box

Select the **Trust Center** module along the left Click on the **Trust Center Settings...** button

Select the Macro Settings module along the left
Set the Macro Settings to Enable all macros...
Check the Trust access to the VBA project... option

Hit OK

Save, Close, and Re-open the workbook- Macros will be enabled.

### INSTRUCTIONS FOR ENABLING MACROS- EXCEL 2010

Save the FMFW v1.17 to your computer

Open the FMFW v1.17

Click on the File tab, choose Options to open the Excel Options

dialog box

Click on **Customize Ribbon** on the left side of the dialog box Under **Choose commands** from the left side of the dialog box,

select Popular Commands

Under Customize the ribbon on the left side of the dialog box, select Main Tabs and then select the Developer check box Hit OK

Click on the File tab, choose **Options** to open the Excel Options dialog box (again).

Click on **Trust Center** on the left side of the dialog box
Click on **Trust Center Settings** from the right side of the dialog

Select Macros Settings on the left side of the dialog box Under Macros Settings click on "Enable all macros" Check the Trust access to the VBA project... option Hit OK

Save, Close, and Re-open the workbook- Macros will be enabled.

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.

This image represents buttons that are placed throughout the workbook Explanations are provided in this sheet on how to use specific buttons.

### Grant Subaward

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 tage 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.

 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

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

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

Ledger Type

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

**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.

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.

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 Leger' tab -> Select MOVE OR COPY... from the list of options -> Place

the copy *before* 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

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.

Amount Approved Previous

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.

Automatic calculation of Amount Approved Previous. Warning! Do not enter information in this column, contains formulas. Amount This Request

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.

For Reimbursement requests, enter the requested amount of reimbursement in this column.

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.

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ide detailed information on Equipment that is purchased with grant funding

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** 

Discipline

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).

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 Trigger

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.

For Reimbursement requests, enter the requested amount of reimbursement 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

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.

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 Triager

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. Select YES or NO from the drop-down list.

Sole Source Involved

**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.

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.

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 Trigger Projects may be placed on hold. Please select an option from drop-down list.

Approval Date Enter the approval date.

Amount This Request

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.qov.

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

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.

For Reimbursement requests, enter the requested amount of reimbursement in this column.

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 curse 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.

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.

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 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.

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.

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

elected.

Dates of Payroll Period Provide the Dates of the Payroll Period.

Total Salary and Benefits Charged Provide the Total Salary and Benefits Charged for the Reporting Period.

for this 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.

Provide detailed information on Match

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-

Warning! Do not enter information in this column, contains formulas.

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

Current Match For Reimbursement requests, enter the current match amount in this column.

Automatic calculation of amount approved previous.

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. ing! 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).

Emergency Management Performance Grants (EMPG):

Mail workbook to:

California Governor's Office of Emergency Services

Program Specialist's Name 3650 Schriever Avenu Mather, CA 95655

|          |           |       |           | ,   | OES Use Only) | <i></i> |
|----------|-----------|-------|-----------|-----|---------------|---------|
| Cal OES# | 033-00000 | FIPS# | 033-00000 | VS# | Subaward #    |         |

### CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES GRANT SUBAWARD FACE SHEET

|  |  |  | 01000   | D, (11) (1 (D)  | / (OE OIIEE)  |   |   |   |
|--|--|--|---|---|---|---|---|---|
| The Califor  | rnia Governor's Off  | ice of Emergency Se  | rvices (Cal OES) he   | ereby makes a G   | rant Subaward of fun  | ds to the follow  | ing:  |   |
| 1. Subrec  | ipient: Lake Co  | unty   |   |   |   |   | 1a. DUNS#:  | 071554760   |
| 2. Implem  | nenting Agency:  | Lake County Sheriff  | s Office  |   |   |   | 2a. DUNS#:  | 113350339   |
| 3. Implem  | enting Agency Ac   | Idress: Post   | Office Box 489  |   | Lakeport  |   |   | 95453-0489  |
| ·  |  |  | Street  |   | 4   | City  |   | Zip+4   |
| 4. Locatio   | on of Project:   | Lakeport   | Cily  |   | Lake  | County  |   | 95453-0489<br>Zip+4   |
| 5. Disaste   | er/Program Title:  | Emergency Manage   | ment Performance G  | rant  | 6. Performance I  | =   | 07/01/17  | to 06/30/18   |
| 7. Indirect  | t Cost Rate:   | ∂ N/A; □ 10% de M  | inimis; a Feder   | ally Approved ICI   | ₹;  |   |   |   |
| Grant<br>Year  | Fund Source  | A. State   | B. Federal  | C. Total  | D. Cash Match   | E. In-Kind<br>Match   | F. Total Match  | G. Total<br>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:<br>\$276,400                           |
| program guenactment 14. <u>CA Pub</u> personally exempt from statement t | uidelines, and Call<br>of the State Budge<br>lic Records Act - G<br>identifiable inform<br>m the Public Reco<br>that the information | DES policy and prog<br>t.<br>trant applications are<br>ation or private infor<br>ds Act, please attac<br>n is not subject to th  | ram guidance. The<br>e subject to the Cal<br>mation on this app<br>h a statement that i<br>e Public Records A | Subrecipient fur<br>ifornia Public Re<br>lication. If you b<br>ndicates what p<br>ct will not guara | Il as all applicable sta<br>rther agrees that the<br>ecords Act, Governm<br>elieve that any of the<br>ortions of the applica<br>intee that the informa<br>ublic Records Act and | allocation of fu<br>ent Code secti<br>information you<br>ation and the bation will not be | on 6250 et seq. Do<br>ou are putting on t<br>asis for the exemp<br>e disclosed. | ngent on the<br>not put any<br>his application is<br>tion. Your |
| (Initials)   |  |  |   |   |   |   |   |   |
| 15. Official A   | Authorized to Sign t   | or Subrecipient:   |   | 1   | 16. Federal Employe   | er ID Number:   | 94-60000825   |   |
| Name:  | Brian L. Martin  |  | ······································  | Title: Sh   | eriff/Coroner/OES Direc   | ctor  |   |   |
| Telephone:   | 707-262-409<br>(area code)   | FAX:   | 707-262-4220<br>(area code)   | Email: <u>bri</u>   | an martin@lakecountyo   | ca.gov  |   |   |
| Payment M  | ailing Address:  | Post Office Box 489  |   | City: La  | keport  |   | Zip+ 4: 95  | 453-0489  |
| Signature:   |  |  |   | Date:   |   |   |   | ~^\\\   |
|  |  |  |   | OR Cal OES USE OF   | en son vergot en anno en son son son son son anno en son son son son son son son son son so   |   | 70.57.00700.003200.004.72000070.004.004.004.004.004.004.004.004.0               |   |
| hereby cert  | tity upon my persona   | al knowledge that bud  | geted funds are avai  | lable for the perio   | d and purposes of this  | expenditure sta   | ited above.   |   |
| Cal OES Fi   | scal Officer   | The state of the s | Date  |   | Cal OES Director (  | (or designee)   |   | Date  |
|  |  |  |   |   |   |   |   |   |

### **AUTHORIZED AGENT AND CONTACT INFORMATION**

CFDA #:

EMPG 97.042

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

Lake County 033-00000

Brian Martin Mary Beth Strong Chris Macedo Gavin Wells Willie Sapeta Teresa Stewart Dale Carnathan Mary Beth Strong Carol Huchingson Additional Authorized Agent Contact Information

Authorized Agent's Name

Title Vancy McCarrick Contact's Name OES Assistant Sheriff's Administrative Manager SAR Coordinator Staff Services Analyst **Emergency Services Manager** County Administrative Officer Sheriff Administrative Manager UnderSheriff **OES Coordinator** Post Office Box 489 255 North Forbes Post Office Box 489 Mailing Address Mailing Address Lakeport S S 8 8 8 S S 8 8 8 95453 95453-0489 95453-0489 95453-0489 95453-0489 95453-0489 95453-0489 95453-0489 95453-0489 95453-0489 707-262-4201 707-262-4221 707-994-2170 707-263-2580 707-262-4091 707-262-4218 707-262-4200 707-263-3450 707-263-3450 707-262-4218 gavin.wells@lakecountyca.gov brian.martin@lakecountyca.gov marybeth.strong@lakecountyca.gov chris.macedo@lakecountyca.gov fdch700@yahoo.com dale.camathan@lakecountyca.gov carol.huchingson@lakecountyca.gov nancy.maccarrick@lakecountyca.gov teresa.stewart@lakecountyca.gov marybeth.strong@lakecountyca.gov

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|   | reaeral Funding Accountability and Transparency Act (FFATA) Financial Disclosure |
|   |  |

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CFDA#:

EMPG 97.042

### Lake County

033-00000

- 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 FEMA GPD information Bulletin No. 350.
- If the Subrecipient in the preceding year received 80 percent or more of its annual gross revenues in Federal Awards, and the public does not have access to information about the compensation of the senior executives of the entity, \$25,000,000 or more in annual gross revenues from Federal awards, and
- then the Subrecipient is subject to the FFATA Financial Disclosure requirements and will need to fill out this form.
- FFATA Financial Disclosure is in addition to the Authorized Body of Five page.
- Cal OES enters FFATA information on behalf of the Subrecipient.

|  |  |  |  |  |  |  | N/A | Exec                            |
|--|--|--|--|--|--|--|-----|---------------------------------|
|  |  |  |  |  |  |  |     | Executive Name                  |
|  |  |  |  |  |  |  |     | Title                           |
|  |  |  |  |  |  |  |     |                                 |
|  |  |  |  |  |  |  |     |                                 |
|  |  |  |  |  |  |  |     | Annual Salary                   |
|  |  |  |  |  |  |  |     |                                 |
|  |  |  |  |  |  |  |     | Annual Dollar Value of Benefits |
|  |  |  |  |  |  |  |     | Total Compensation              |

Not Subject to FFATA Financial Disclosure

### FMFW v1.17 - 2017

### 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. Subrexpients may be asked to revise and/or re-submit any aftered Financial Management Forms Workbook.

CFDA #

EMPG 97.042

Lake County 033-00000

LEDGER TYPE: Initial Application
Today's Date: 8/8/2017

| -   |  | -  |  | 77  |                                    |  |
|---|--|--|--|---|------------------------------------|--|
| Project E   | Project D  | Project C  | Project B  | Project A   | Project                            |  |
| w.  |  |  | Response   | Response  | NPG Mission Area                   |  |
|   |  |  | On-scene Security,<br>Protection, and Law<br>Enforcement   | Operational<br>Coordination   | NPG Core Capabilities              |  |
|   |  |  | Goal 1: Anticipate and enhance prevention and detection capabilities to protect our state from all hazards and threats   | Goal 3: Effectively respond to and recover from both human-caused and natural disasters   | Cal OES Goals                      |  |
|   |  |  | 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.   | 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. | Project Description                |  |
|   |  |  | Cash Match: Lake County will coordinate matching funds for this project out of general fund salaries paid for staff performing EMPG associated activities in support of emergency planning or response activities. This may include the UnderSheriff, OES Manager, OES Assistant, OES Coordinator Analyst. Staff Services Analyst. | Cash Match: Lake County will coordinate matching funds for this project out of general fund salaries paid for staff performing EMPG 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.   | Match Description                  |  |
|   |  |  | To develop and enhance the capabilities of local law enfocement agencies to respond to, and assist community agenices during critical incidents.   | To ensure continuity of operations for planning, preparedness, response and recovery for planned and unplanned events, both natural and man-made.   | Need                               | Approval: Cal OES ONLY Date & Initials (Prog. REP.): |
| 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 themonth mark, this project will be  expended.  At themonth mark, this project will be  _% complete and \$funds will be | 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 expended. | 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 expended. | At the 6 month mark, this project will be 50% complete and \$3,500 funds will be expended.  At the 12 month mark, this project will be 100 % complete and \$7,000 funds will be expended.  | At the 6 month mark, this project will be 50% complete and \$65,600 funds will be expended.  At the 12 month mark, this project will be 100% complete and \$131,200 funds will be expended.   | Project Milestone & Justifications |  |

| At the o 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 themonth mark, this project will be  % complete and \$funds will be              |      | e.                |                     |               |                       |                  | 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 themonth mark, this project will be expended.  At themonth mark this project will be |      |                   |                     |               |                       |                  | 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 themonth mark, this project will be  _% complete and \$_funds will be             |      |                   |                     |               |                       |                  | 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                 |      |                   |                     |               |                       |                  | 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                 |      |                   |                     |               |                       |                  | 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 themonth mark, this project will be % complete and \$_funds will be                  |      |                   |                     |               |                       |                  | 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                 |      |                   |                     |               |                       |                  | 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                    |      |                   |                     |               |                       |                  | Project F |
| Project Milestone & Justifications   | Need | Match Description | Project Description | Cal OES Goals | NPG Core Capabilities | NPG Mission Area | Project   |

| Project T                                 | Project S  | Project R   | Project Q  | Project P  | Project O  | Project N   | Project NPG                        |
|---|--|---|--|--|--|---|------------------------------------|
|   |  |   |  |  |  |   | NPG Mission Area                   |
|   |  |   |  |  |  |   | NPG Core Capabilities              |
|   |  |   |  |  |  |   | Cal OES Goals                      |
|   |  |   |  | 5  |  |   | Project Description                |
|   |  |   |  |  |  |   | Match Description                  |
|   |  |   |  |  |  |   | Need                               |
| At the 6 month mark, this project will be | 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 themonth mark, this project will be  expended.  At themonth mark, this project will be  % complete and \$funds will be | 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 expended and \$ funds will be% complete and \$ funds will be | 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 themonth mark, this project will be expended.  At themonth mark, this project will be _% complete and \$funds will be | 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 expended.  At the month mark, this project will be _% complete and \$funds will be | 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 themonth mark, this project will be expended.  At themonth mark, this project will be % complete and \$funds will be | 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  expended.  At the month mark, this project will be  % complete and \$ funds will be | Project Milestone & Justifications |

tions to this document may result in delayed application approval, modification requests, or reimbursement requests copients may be asked to revise and/or re-submit any altered Financial Management Forms Workbook. Ing! Decimal usage is not allowed. Attempts to use decimals will prompt error message.

033-00000 Lake County

CFDA #

EMPG 97.042

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

|   | _  |         | 1111111111111                           | 1             |
|---|--|---------|---|---------------|
| œ   | >  |         | Project                                 |               |
| Direct  | Direct   |         | Project Direct/Subaward                 |               |
| Vendor to Plan and conduct 2 Active<br>Shooter Training Exercises | OES Operations   |         | Project Name                            |               |
| EMPG  | EMPG   |         | Funding<br>Source                       |               |
| EMG   | EMG  |         | Discipline                              |               |
| Exercise  | Organization   |         | Solution Area                           |               |
| Design, Develop, Conduct<br>and Evaluate                          | Day to day activities / operations that support emergency management |         | Solution Area Sub-<br>Category          |               |
| 7,000   | 131,200  | 138,200 | Total<br>Obligated                      |               |
|   |  | •       | Amount<br>Approved<br>Previous          |               |
|   |  |         | Amount This<br>Request                  |               |
| 7,000   | 131,200  | 138,200 | Match Amount                            | ONLY          |
|   |  |         | Amount This Match Amount Total Approved | (Prog. REP.): |
| 7,000   | 131,200  | 138,200 | Remaining<br>Balance                    |               |
|   |  |         | Percentage<br>Expended                  |               |

PLANNING

Lake County 033-00000

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

| NA NA | Project Direct/Subaward | Planning Activity | Funding<br>Source | Discipline | Solution Area<br>Sub-Category | Expenditure<br>Category | Final Product | Hold Trigger | Hold Trigger Approval Date Procurement over 150k. |   | Sole Source<br>Involved | Budgeted<br>Cost | Pre Ar | Amount<br>Approved<br>Previous | ONLY Amount This Request | Amou | Amount This<br>Request |
|-------|-------------------------|-------------------|-------------------|------------|-------------------------------|-------------------------|---------------|--------------|---|---|-------------------------|------------------|--------|--------------------------------|--------------------------|------|------------------------|
|       |                         | N/A               |                   |            |                               |                         |               |              |   |   |                         |                  |        |                                |                          |      |                        |
|       |                         |                   |                   |            |                               |                         |               |              |   |   |                         |                  |        |                                |                          |      |                        |
|       |                         |                   |                   |            |                               |                         |               |              |   |   |                         |                  |        |                                |                          |      |                        |
|       |                         |                   |                   |            |                               |                         |               |              |   |   |                         |                  |        |                                |                          |      |                        |
|       |                         |                   |                   |            |                               |                         |               |              |   |   | -                       |                  |        |                                |                          |      |                        |
|       |                         |                   |                   |            |                               |                         |               |              |   |   | Н                       |                  |        |                                |                          |      |                        |
|       |                         |                   |                   |            |                               |                         |               |              |   |   |                         |                  |        |                                |                          |      |                        |
|       |                         |                   |                   |            |                               |                         |               |              |   |   |                         |                  |        |                                |                          |      |                        |
|       |                         |                   |                   |            |                               |                         |               |              |   |   |                         |                  |        |                                |                          |      |                        |
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|       |                         |                   |                   |            |                               |                         |               |              |   |   |                         |                  |        |                                |                          |      |                        |
|       |                         |                   |                   |            |                               |                         |               |              |   |   |                         |                  |        |                                |                          |      |                        |
|       |                         |                   |                   |            |                               |                         |               |              |   |   |                         |                  |        |                                |                          |      |                        |
|       |                         |                   |                   |            |                               |                         |               |              |   |   |                         |                  |        |                                |                          |      |                        |
|       |                         |                   |                   |            |                               |                         |               |              |   |   |                         |                  |        |                                |                          |      |                        |
|       |                         |                   |                   |            |                               |                         |               |              |   |   |                         |                  |        |                                |                          |      |                        |
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|       |                         |                   |                   |            |                               |                         |               |              |   |   |                         |                  |        |                                |                          |      |                        |
|       |                         |                   |                   |            |                               |                         |               |              |   |   |                         |                  |        |                                |                          |      |                        |
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|       |                         |                   |                   |            |                               |                         |               |              |   |   |                         |                  |        |                                |                          |      |                        |
|       |                         |                   |                   |            |                               |                         |               |              |   |   |                         |                  |        |                                |                          |      |                        |
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|       |                         |                   |                   |            |                               |                         |               |              |   |   |                         |                  |        |                                |                          |      |                        |
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|       |                         |                   |                   |            |                               |                         |               |              |   | П |                         |                  |        |                                |                          |      |                        |
|       |                         |                   |                   |            |                               |                         |               |              |   |   |                         |                  |        |                                |                          |      |                        |
|       |                         |                   |                   |            |                               |                         |               |              |   |   |                         |                  |        |                                |                          |      |                        |
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|       |                         |                   |                   |            |                               |                         |               |              |   |   |                         |                  |        |                                |                          |      |                        |
|       |                         |                   |                   |            |                               |                         |               |              |   | П |                         |                  |        |                                |                          |      |                        |
|       |                         |                   |                   |            |                               |                         |               |              |   |   |                         |                  |        |                                |                          |      |                        |

### ORGANIZATION

Subrequients may be asked to revise and/or re-submit any altered friancial Management Forms Workbook.

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

Lake County 033-00000

CFDA # EMPG 97.042

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

|  | Direct | Project Direct/Subaward Organ  A Direct LCSC B Direct LCSC                      |
|--|--------|---|
|  |        | Organization Funding Source I LCSO OES EMPG LCSO OES EMPG                       |
|  |        | Discipline Cate  EMG Stat  EMG Stat   |
|  |        | Solution Area Sub- Category  Staffing  Staff Salaries  Staffing  Staff Salaries |
|  |        | nditure Detail gory Staffing Salaries Staffing Salaries                         |
|  |        | tail Budgeted Cost  138,200  ffing 131,200  ffing 7,000                         |
|  |        | ad Cost Approved Previous 200 - 200   |
|  |        | Amount This Request   |
|  |        | REIMB Request #   |
|  |        | Total Approved  |
|  | 7,000  | Remaining Balance 138,200 131,200 7,000   |

Lake County

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES (CAI OES)
EQUIPMENT

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

CFDA#

|             |  |                     |                   |  |  |  |  |                   |  |                   |                    |   |                     |  |                     |           |  |  |  |                  |  |                 |   |  |  |  |   |              | Project                             |                                  |
|-------------|--|---------------------|-------------------|--|--|--|--|-------------------|--|-------------------|--------------------|---|---------------------|--|---------------------|-----------|--|--|--|------------------|--|-----------------|---|--|--|--|---|--------------|-------------------------------------|----------------------------------|
|             |  |                     |                   |  |  |  |  |                   |  |                   |                    |   |                     |  |                     |           |  |  |  |                  |  |                 |   |  |  | N/A  |   | (Quantity)   | Equipment Description &             |                                  |
|             |  |                     |                   |  |  |  |  |                   |  |                   |                    |   |                     |  |                     |           |  |  |  |                  |  |                 |   |  |  |  |   |              | AEL#                                |                                  |
|             |  |                     |                   |  |  |  |  |                   |  |                   |                    |   |                     |  |                     |           |  |  |  |                  |  |                 |   |  |  |  |   |              | AEL Tide                            |                                  |
|             |  |                     |                   |  |  |  |  |                   |  |                   |                    |   |                     |  |                     |           |  |  |  |                  |  |                 |   |  |  |  |   | compliance   | SAFECOM                             |                                  |
|             |  |                     |                   |  |  |  |  |                   |  |                   |                    |   |                     |  |                     |           |  |  |  |                  |  |                 |   |  |  |  |   | Source       | Funding                             |                                  |
|             |  |                     |                   |  |  |  |  |                   |  |                   |                    |   |                     |  |                     |           |  |  |  |                  |  |                 |   |  |  |  |   |              | Discipline                          |                                  |
|             |  |                     |                   |  |  |  |  |                   |  |                   |                    |   |                     |  |                     |           |  |  |  |                  |  |                 |   |  |  |  |   | Lategory     | Solution Area Sub-                  |                                  |
|             |  |                     |                   |  |  |  |  |                   |  |                   |                    |   |                     |  |                     |           |  |  |  |                  |  |                 |   |  |  |  |   | Number       | Invoice                             |                                  |
|             |  |                     |                   |  |  |  |  |                   |  |                   |                    |   |                     |  |                     |           |  |  |  |                  |  |                 |   |  |  |  |   | 20000000     | Vendor                              |                                  |
|             |  |                     |                   |  |  |  |  |                   |  |                   |                    |   |                     |  |                     |           |  |  |  |                  |  |                 |   |  |  |  |   | Number       | ID Tag                              |                                  |
|             |  |                     |                   |  |  |  |  |                   |  |                   |                    |   |                     |  |                     |           |  |  |  |                  |  |                 |   |  |  |  |   | the Purchase | % of Federal<br>Funds Used in       |                                  |
|             |  |                     |                   |  |  |  |  |                   |  |                   |                    |   |                     |  |                     |           |  |  |  |                  |  |                 |   |  |  |  |   | Disposition  | Condition &                         |                                  |
|             |  |                     |                   |  |  |  |  |                   |  |                   |                    |   |                     |  |                     |           |  |  |  |                  |  |                 |   |  |  |  |   |              | Deployed                            |                                  |
|             |  |                     |                   |  |  |  |  |                   |  |                   |                    |   |                     |  |                     |           |  |  |  |                  |  |                 |   |  |  |  |   | Date         | Acquired                            |                                  |
|             |  |                     |                   |  |  |  |  |                   |  |                   |                    |   |                     |  |                     |           |  |  |  |                  |  |                 |   |  |  |  |   | over 150k    | Procurement Source                  |                                  |
|             |  |                     |                   |  |  |  |  |                   |  |                   |                    |   |                     |  |                     |           |  |  |  |                  |  |                 |   |  |  |  |   | Involved     | Sole F                              |                                  |
|             |  |                     |                   |  |  |  |  |                   |  |                   |                    |   |                     |  |                     |           |  |  |  |                  |  |                 |   |  |  |  |   |              | fold Trigger A                      |                                  |
|             |  |                     |                   |  |  |  |  |                   |  |                   |                    |   |                     |  |                     |           |  |  |  |                  |  |                 |   |  |  |  |   |              | Hold Trigger Approval Date Budgeted |                                  |
|             |  |                     |                   |  |  |  |  |                   |  |                   |                    |   |                     |  |                     |           |  |  |  |                  |  |                 |   |  |  |  |   | -            |                                     |                                  |
|             |  |                     |                   |  |  |  |  |                   |  |                   |                    |   |                     |  |                     |           |  |  |  |                  |  |                 |   |  |  |  |   |              | Approved                            |                                  |
|             |  |                     |                   |  |  |  |  |                   |  |                   |                    |   |                     |  |                     |           |  |  |  |                  |  |                 |   |  |  |  |   | Request      | Amount This                         | Cal OES<br>ONLY                  |
|             |  |                     |                   |  |  |  |  |                   |  |                   |                    |   |                     |  |                     |           |  |  |  |                  |  |                 |   |  |  |  | - | Request #    | REIMB                               | Date & Initials<br>(Prog. REP.): |
| THE RESERVE | STATE OF STA | THE PERSON NAMED IN |                   | Total Spiriting  | The same of the sa |  |  | The second second | The state of the s | TO THE WAY TO SEE |                    |   | THE PERSON NAMED IN |  | THE PROPERTY OF THE |           |  |  |  | 行の対象を対めのと        | A STATE OF THE PARTY OF THE PAR | SECTION SECTION | TO COMPANY OF THE PARTY OF THE |  | STATE STATE OF THE PARTY OF THE |  | - | 1            | Total Approved                      |                                  |
|             | 000000000000000000000000000000000000000  | Sales Control       | District Colonial | The State of the S | 100000000000000000000000000000000000000  |  |  | CAUTHORNOOP       | があると   |                   | THE REAL PROPERTY. | 1 |                     |  | TO COMPANY          | Section 1 |  |  |  | The state of the | The state of the s |                 | THE NAME OF THE PARTY OF  |  |  | The state of the s |   | Balance      | Remaining                           |                                  |

033-00000 Lake County

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

CFDA#

| 1             |                      |  | L  |            |                  |                 |  |  |      |  |      | 1                  |  | L  |       |                   |     |     |  | ļ            |             |      |  | 1               |                 |     |   |                            |     |   | Project                                  |               |
|---------------|----------------------|--|--|------------|------------------|-----------------|--|--|------|--|------|--------------------|--|--|-------|-------------------|-----|-----|--|--------------|-------------|------|--|-----------------|-----------------|-----|---|----------------------------|-----|---|--|---------------|
|               |                      |  |  |            |                  |                 |  |  |      |  |      |                    |  |  |       |                   |     |     |  |              |             |      |  |                 |                 |     |   |                            |     |   | Project Direct/Subaward                  |               |
|               |                      |  |  |            |                  |                 |  |  |      |  |      |                    |  |  |       |                   |     |     |  |              |             |      |  |                 |                 |     |   |                            | N/A |   | Course Name                              |               |
| İ             |                      |  |  |            |                  |                 | ı  |  |      |  |      |                    |  |  |       |                   |     |     | ı  | İ            |             |      |  |                 |                 |     |   |                            |     |   | Source                                   |               |
|               |                      |  |  |            |                  |                 |  |  |      |  |      |                    |  |  |       |                   |     |     |  |              |             |      |  |                 |                 |     |   |                            |     |   | Discipline                               |               |
|               |                      |  |  |            |                  |                 |  |  |      |  |      |                    |  |  |       |                   |     |     |  |              |             |      |  |                 |                 |     |   |                            |     |   | Sub-Category                             |               |
|               |                      |  |  |            |                  |                 |  |  |      |  |      |                    |  |  |       |                   |     |     |  |              |             |      |  |                 |                 |     |   |                            |     |   | Category                                 |               |
|               |                      |  |  |            |                  |                 |  |  |      |  |      |                    |  |  |       |                   |     |     |  |              |             |      |  |                 |                 |     |   |                            |     |   | Number                                   |               |
|               |                      |  |  |            |                  |                 |  |  |      |  |      |                    |  |  |       |                   |     |     |  |              |             |      |  |                 |                 |     |   |                            |     |   | Activity                                 |               |
|               |                      |  |  |            |                  |                 |  |  |      |  |      |                    |  | 1  |       |                   |     |     |  |              |             |      |  |                 |                 |     |   |                            |     |   | Hold Trigger Approval Date               |               |
|               |                      |  |  |            |                  |                 |  |  |      |  |      |                    |  |  |       |                   |     |     |  |              |             |      |  |                 |                 |     |   |                            |     |   |  |               |
|               |                      |  |  |            |                  |                 |  |  |      |  |      |                    |  |  |       |                   |     |     |  |              |             |      |  |                 |                 |     |   |                            |     |   | Trainee(s)                               |               |
|               |                      |  |  |            |                  |                 |  |  |      |  |      |                    |  |  |       |                   |     |     |  |              |             |      |  |                 |                 |     |   |                            |     |   | Identified Host Procurement<br>over 150k |               |
|               |                      |  |  |            |                  |                 |  |  |      |  |      |                    |  |  |       |                   |     |     |  |              |             |      |  |                 |                 |     |   |                            |     |   | Procurement<br>over 150k                 | Part of a     |
|               |                      |  |  |            |                  |                 |  |  |      |  |      |                    |  |  |       |                   |     |     |  |              |             |      |  |                 |                 |     |   |                            |     |   | Involved                                 |               |
|               |                      |  |  |            |                  |                 |  |  |      |  |      |                    |  |  |       |                   |     |     |  |              |             |      |  |                 |                 |     |   |                            |     | , | Cost                                     | 1             |
|               |                      |  |  |            |                  |                 |  |  |      |  |      |                    |  |  |       |                   |     |     |  |              |             |      |  |                 |                 |     |   |                            |     |   | Approved Previous                        |               |
|               |                      |  |  |            |                  |                 |  |  |      |  |      |                    |  |  |       |                   |     |     |  |              |             |      |  |                 |                 |     |   |                            |     | , | Amount This<br>Request                   | ONLY          |
|               |                      | 337  |  |            |                  |                 | the state of the s | 100  | 2019 |  | e de |                    |  |  | Jul 8 |                   | X D | 190 | 60   | 200          |             | 31.6 |  |                 | Sector          | 200 | g tole                                  |                            | 100 |   | Amount This REIMB Request Request #      | (Prog. REP.): |
| SERVED STATES | MASS THE TRANSPORTED | STATE OF STA |  | Arrestment | SALES MANAGEMENT | STATE OF STREET |  | The state of the s |      |  |      | SAME AND RESIDENCE | STATES AND PARTY OF THE PARTY O | Town Street, Square, S |       | The second second |     |     | STREET, STREET | SHANGE SHANE | Market Said |      |  | Control Medical | N. G.Concession |     | 100000000000000000000000000000000000000 | STATISTICS OF THE PARTY OF |     | , | Total<br>Approved                        |               |
|               |                      |  | NAME OF THE PERSON OF THE PERS |            |                  |                 |  |  |      |  |      |                    |  |  |       |                   |     |     |  |              |             |      |  |                 |                 |     |   |                            |     |   | Remaining<br>Balance                     |               |

EXERCISE

Lake County 033-00000

TYPE: Initial Application
Today's August 9, 2017

CFDA #

| α   | roject   |
|---|--|
| Direct                                      | roject Direct/Subaward                             |
| Active Shooter                              | Exercise Title                                     |
| ЕМРС  | Funding<br>Source                                  |
| EMG   | Discipline   |
| Design, Develop,<br>Conduct and<br>Evaluate | Solution Area Sub Expenditure<br>Category Category |
| Consultant/Con<br>tractor Fee               | - Expenditure<br>Category                          |
| EHD   | Hold Trigger                                       |
|   | Hold Trigger Approval Date                         |
| 18D   | Date of<br>Exercise                                |
| Functional<br>Host                          | Exercise Type                                      |
| LOSO  | Identified<br>Host                                 |
|   | Date AAR<br>e-mailed to<br>HSEEP                   |
| NO.   | Part of a<br>Procurement<br>over 150k              |
| NO  | Sole Source<br>Involved                            |
| 7,000                                       | -  |
|   | Amount<br>Approved<br>Previous                     |
|   | Amount<br>This<br>Request                          |
|   | Amount REIMB This Request Request #                |
|   | Total<br>Approved                                  |
| 7,000                                       | Remaining<br>Balance                               |

M&A

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Lake County 033-00000

CFDA #

EMPG 97.042

TYPE: Initial Application
Today's August 8, 2017

|  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |        | 3            | Project       |                 |
|--|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--------|--------------|---------------|-----------------|
|  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 37 | N/A    | , received   | Activity      |                 |
|  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |        | Source       | Funding       |                 |
|  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |        | Discipillic  | Disciplina    |                 |
|  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |        | Sub-Category | Solution Area |                 |
|  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    | 210121 | Category     |               |                 |
|  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |        | Detail       | 7             |                 |
|  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |        | Cost         | Budgeted      |                 |
|  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |        | Previous     | Amount        |                 |
|  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |        | Request      | Amount This   | Cal OES<br>ONLY |
|  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |        | -            | REIMB         | (Prog. REP.):   |
|  | The second second |  |  |  |  |  |  |  |  |  |  |  | The second secon |  |  |  |  |    |        | Approved     | Total         |                 |
|  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |        | Balance      | Remaining     |                 |

INDIRECT COSTS

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033-00000 Lake County

CFDA#

EMPG 97.042

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

Initial Application

|                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     | Project                        |                               |
|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|-----|--------------------------------|-------------------------------|
| FMFW v1.17 - 2017     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 3 | N/A | Activity                       |                               |
|                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     | Funding<br>Source              |                               |
|                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     | Solution Area Sub-Category     |                               |
|                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     | ICR Base                       |                               |
|                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     | Rate                           |                               |
|                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     | <br>Budgeted<br>Cost           |                               |
|                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     | Amount<br>Approved<br>Previous |                               |
|                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     | Amount This<br>Request         | Cal OES<br>ONLY               |
|                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     | Amount This REIMB Request #    | Date & Initials (Prog. REP.): |
| Deliver to the second |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     | Total<br>Approved              |                               |
|                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     | Remaining<br>Balance           |                               |

Lake County 033-00000

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

| 00  |        | Project  |                         |
|---|--------|--|-------------------------|
| 180   |        | Consulting Firm & Consultant Name                                  |                         |
| In Lake County Sheutr's Office will select a wendor to plan and conduct and least two exercises to develop, train and exercise the "Active Shooter" resonner. |        | Project & Description of Services                                  |                         |
| Two Active shooter<br>Exercises with HSEEP<br>Compliance  |        | Deliverable  |                         |
| М   |        | Part of a<br>Procurement<br>over 150k                              |                         |
| No.   |        | Sole Source<br>Involved  |                         |
| EH <sub>P</sub>   |        | Hold Trigger   |                         |
|   |        | Approval Date  |                         |
| Exercise  |        | Solution Area  |                         |
| Develop and Enhance Plans,<br>Protocols, Programs, and<br>Systems   |        | Solution Area Sub-Category   |                         |
| Consultant / Contractor Fee   |        | Expenditure<br>Category  |                         |
| October 1, 2017 September 30, 2018  |        | Period of<br>Expenditure   |                         |
| 14,000  | 14,000 | 10   |                         |
|   |        | lotal Salary &<br>Benefits charged<br>for this Reporting<br>Period | Billable                |
|   |        | Hourly/Billing<br>Rate   | Billable Hour Breakdown |
|   |        | Total Project<br>Hours   | eakdown                 |
|   | ,      | REIMB<br>Request #   |                         |
| 7,000   | 7,000  | Total Cost<br>Charged to<br>Grant                                  |                         |

PERSONNEL

Lake County 033-00000

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

CFDA #

|                       |                           |                   |            |               |                               |                            |   | CES ONLY (Flog. KEF.). | (Flog. KEr.). |
|-----------------------|---------------------------|-------------------|------------|---------------|-------------------------------|----------------------------|---|------------------------|---------------|
| Project Employee Name | e Project/Deliverable     | Funding<br>Source | Discipline | Solution Area | Solution Area<br>Sub-Category | Dates of<br>Payroll Period | Total Salary & Benefits charged for this Reporting Period | Total Project<br>Hours | REIMB Request |
|                       |                           |                   |            |               |                               |                            |   |                        |               |
|                       |                           | EMPG              | EMG        | Organization  | Staffing                      |                            |   |                        |               |
|                       |                           | EMPG              | EMG        | Organization  | Staffing                      |                            |   |                        |               |
|                       |                           | EMPG              | EMG        | Organization  | Staffing                      |                            |   |                        |               |
|                       |                           | EMPG              | EMG        | Organization  | Staffing                      |                            |   |                        |               |
| A Gavin Wells         |                           | EMPG              | EMG        | Organization  | Staffing                      |                            |   |                        |               |
|                       | q OES Programs & Services | EMPG              | EMG        | Organization  | Staffing                      |                            |   |                        |               |
|                       |                           | EMPG              | EMG        | Organization  | Staffing                      |                            |   |                        |               |
|                       |                           |                   | !          |               |                               |                            |   |                        |               |
|                       |                           |                   |            |               |                               |                            |   |                        |               |
|                       |                           |                   |            |               |                               |                            |   |                        |               |
|                       |                           |                   |            |               |                               |                            |   |                        |               |
|                       |                           |                   |            |               |                               |                            |   |                        |               |
|                       |                           |                   |            |               |                               |                            |   |                        |               |
|                       |                           |                   |            |               |                               |                            |   |                        |               |
|                       |                           |                   |            |               |                               |                            |   |                        |               |
|                       |                           |                   |            |               |                               |                            |   |                        |               |
|                       |                           |                   |            |               |                               |                            |   |                        |               |
|                       |                           |                   |            |               |                               |                            |   |                        |               |
|                       |                           |                   |            |               |                               |                            |   |                        |               |
|                       |                           |                   |            |               |                               |                            |   |                        |               |
|                       |                           |                   |            |               |                               |                            |   |                        |               |
|                       |                           |                   |            |               |                               |                            |   |                        |               |
|                       |                           |                   |            |               |                               |                            |   |                        |               |
|                       |                           |                   |            |               |                               |                            |   |                        |               |
|                       |                           |                   |            |               |                               |                            |   |                        |               |
|                       |                           |                   |            |               |                               |                            |   |                        |               |
|                       |                           |                   |            |               |                               |                            |   |                        |               |
|                       |                           |                   |            |               |                               |                            |   |                        |               |
|                       |                           |                   |            |               |                               |                            |   |                        |               |
|                       |                           |                   |            |               |                               |                            |   |                        |               |
|                       |                           |                   |            |               |                               |                            |   |                        |               |
|                       |                           |                   |            |               |                               |                            |   |                        |               |

Lake County

033-00000

MATCH

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

CFDA #

| Б   | Þ  |         | Project                            |
|---|--|---------|------------------------------------|
| Direct  | Direct   |         | Direct/Subaward                    |
| Vendor to Plan and conduct 2 Active<br>Shooter Training Exercises | OES Operations   |         | Project Name                       |
| EMPG  | EMPG   |         | Funding<br>Source                  |
| EMG   | EMG  |         | Discipline                         |
| Exercise  | Organization   |         | Solution Area                      |
| Design, Develop,<br>Conduct and<br>Evaluate                       | Day to day activities / operations that support emergency management |         | Solution Area<br>Sub-Category      |
| Cash Match  | Cash Match   |         | Type of Match                      |
| 7,000   | 131,200  | 138,200 | Total<br>Obligated<br>Match        |
|   |  |         | Previous<br>Match<br>Expended      |
|   |  | *       | Current<br>Match                   |
|   |  |         | REIMB<br>Request #                 |
|   |  |         | (Prog. REP.): Total Match Expended |
| 7,000   | 131,200  | 138,200 | Remaining<br>Balance               |
|   |  |         | Percentage<br>Expended             |

### AUTHORIZED AGENT

EMPG 97.042

אינהיפוטיוה נט ניוה טטנעוזופות may result in delayed application approval, modification requests, or reimburse Subrecipients may be asked to revise and/or re-submit any altered Financial Management Forms Workbook. CFDA #:

Lake County 033-00000

Supporting Information for Reimbursement/Advance of State and Federal Funds

and does not cross fiscal years. This claim is for costs incurred within the grant expenditure period from This request is for an/a: Initial Application (Beginning Expenditure Period Date) (REIMB or MOD Request #) through (Ending Expenditure Period Date) (Amount This Request) June 30, 2018

### 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

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

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

CFDA#

EMPG 97.042

Lake County 033-00000

|                         | 1                                     |             | Sub-Total Eligible Direct Costs |
|-------------------------|---------------------------------------|-------------|---------------------------------|
|                         |                                       |             | Maintenance & Sustainment       |
|                         |                                       |             | EOC Construction & Renovation   |
|                         |                                       |             | M&A                             |
|                         |                                       |             | Exercise                        |
|                         |                                       |             | Training                        |
|                         |                                       |             | Organization                    |
|                         |                                       |             | Planning                        |
| Costs Applicable to ICR | Less Excluded Contract Costs          | Total Costs | DIRECT COSTS                    |
|                         |                                       |             |                                 |
|                         | ICR Base:                             |             |                                 |
|                         | INDIRECT COST RATE FOR PERIOD:        |             |                                 |
| N/A                     | PERIOD (Month/Yr. through Month/Yr.): |             |                                 |
|                         | 1                                     |             |                                 |

| Total Allowable Indirect Costs | TOTAL DIRECT COSTS |  |
|--------------------------------|--------------------|--|
|                                |                    |  |