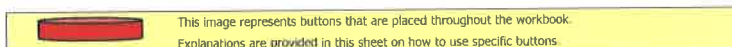


INSTRUCTIONS

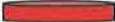






This tab provides detailed instructions on how to complete the Financial Management Forms Workbook v1.18. For further guidance, please refer to your Program Representative.

TAB	SECTION	EXPLANATION
INSTRUCTIONS FOR ENABLING MACROS IN EXCEL 2003, EXCEL 2007 AND EXCEL 2010		
INSTRUCTIONS FOR ENABLING MACROS- EXCEL 2003		
<p>Save the FMFW v1.18 to your computer</p> <p>With the FMFW v1.18 open, click on TOOLS -> MACRO -> SECURITY...</p> <p>Under the SECURITY LEVEL tab, select the MEDIUM or LOW setting. The MEDIUM setting will prompt you to enable/disable macros each time the file is opened. This will prevent potentially unsafe macros from running. The LOW setting will enable macros without prompt. It is recommended that you have virus software installed and updated if using the LOW setting to prevent unsafe macros from running in other files.</p> <p>Save, Close, and Re-open the workbook- Macros will be enabled.</p>		
INSTRUCTIONS FOR ENABLING MACROS- EXCEL 2007		
<p>Save the FMFW v1.18 to your computer</p> <p>Open the FMFW v1.18</p> <p>Click on the round Office button in the top left</p> <p>Click on Excel Options in the lower right of the drop down box</p> <p>Select Popular module along the left side</p> <p>Check the Show Developer tab in the Ribbon option</p> <p>Hit OK</p> <p>Click on the round Office button in the top left (again)</p> <p>Click on Excel Options in the lower right of the drop down box</p> <p>Select the Trust Center module along the left</p> <p>Click on the Trust Center Settings... button</p> <p>Select the Macro Settings module along the left</p> <p>Set the Macro Settings to Enable all macros...</p> <p>Check the Trust access to the VBA project... option</p> <p>Hit OK</p> <p>Save, Close, and Re-open the workbook- Macros will be enabled.</p>		
INSTRUCTIONS FOR ENABLING MACROS- EXCEL 2010		
<p>Save the FMFW v1.18 to your computer</p> <p>Open the FMFW v1.18</p> <p>Click on the File tab, choose Options to open the Excel Options dialog box.</p> <p>Click on Customize Ribbon on the left side of the dialog box</p> <p>Under Choose commands from the left side of the dialog box, select Popular Commands.</p> <p>Under Customize the ribbon on the left side of the dialog box, select Main Tabs and then select the Developer check box</p> <p>Hit OK</p> <p>Click on the File tab, choose Options to open the Excel Options dialog box (again).</p> <p>Click on Trust Center on the left side of the dialog box</p> <p>Click on Trust Center Settings from the right side of the dialog box</p> <p>Select Macro Settings on the left side of the dialog box</p> <p>Under Macro Settings click on "Enable all macros"</p> <p>Check the Trust access to the VBA project... option</p> <p>Hit OK</p> <p>Save, Close, and Re-open the workbook- Macros will be enabled.</p>		

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



Grant Subaward Face Sheet	Use the Grant Subaward Face Sheet to apply for grant programs. Each grant program requires its own separate Grant Subaward Face Sheet. Cal OES Section: The top portion of the form contains blocks for four (4) important numbers. Please do not fill in these blocks. These numbers will be entered by Cal OES. Please print the Grant Subaward Face Sheet in portrait format. Provide an original signature of the authorized official. The use of white out or tape is prohibited and will invalidate the signature on the Grant Subaward Face Sheet.
1. Subrecipient	The Subrecipient is the unit of government or community based organization (CBO) that will have legal responsibility for these grant funds (e.g. County of Alameda, City of Fresno or Women's Place of Merced). Enter the legal title of the Subrecipient.
1a. Federal DUNS Number (Grant Subrecipient)	Enter the full 9-digit Federal Data Universal Numbering System (DUNS) ID number for the Subrecipient. If the Subrecipient does not yet have a DUNS number assigned, one may be obtained by contacting Dun & Bradstreet at 866-705-5711 or at www.dnb.com. This applies to federally funded grants only. Your DUNS # must be current and active in the System for Award Management (SAM) at the time of your Award.
2. Implementing Agency	Enter the complete name of the agency responsible for the day-to-day operation of the grant (e.g. Sheriff, Police Department, or Department of Public Works). If the Implementing Agency is the same as the Grant Subrecipient, enter the same title again.
2a. Federal DUNS Number (Implementing Agency)	Enter the full 9-digit Federal Data Universal Numbering System (DUNS) ID number for the Implementing Agency. If the Implementing Agency does not yet have a DUNS number assigned, one may be obtained by contacting Dun & Bradstreet at 866-705-5711 or at www.dnb.com. This applies to federally funded grants only. Your DUNS # must be current and active in the System for Award Management at the time of your Award.
3. Implementing Agency Address	Enter the address of the Implementing Agency. Provide the complete nine digit zip code (Zip+4).
4. Location of Project	Enter the City and County/Operational Area where the project is located. Provide the complete nine digit zip code (Zip+4).
5. Disaster/Program Title	Enter the name of the Disaster or Program providing the funds for this grant award. A disaster may be referred by the federal declaration number. Program titles should be complete without the use of acronyms.
6. Performance Period	Enter beginning and ending dates of the performance period for the grant (mm/dd/yyyy).
7. Indirect Cost Rate	Indicate whether you are using the 10% de Minimis rate based on Modified Total Direct Costs (MTDC) or your current cognizant agency approved indirect cost rate agreement. A copy of the approved ICR Negotiating Agreement must be enclosed with your application. Indicate N/A if you will not be claiming indirect costs under the award. Indirect costs may or may not be allowable under all Federal fund sources.
8A. - 12G. Fund Allocations and Total Project Cost	For each fund source used in the program, select the correct grant year and acronym from the drop down lists, the amount of State or Federal grant funds requested, the amount of cash and/or in-kind match contributed and the resulting totals. Please do not enter both State and Federal on the same line. Block 12G should correspond to the total project cost specified in the budget.
13. Certification Paragraph	Please review the Certification Paragraph.
14. CA Public Records Act	Please review, and if applicable, provide the necessary documentation.
15. Official Authorized to sign for the Subrecipient	Enter the name, title, telephone number, and e-mail address of the official authorized to enter into the Grant Subaward Agreement for the Grant Subrecipient as stated in Block 1 of the Grant Subaward Face Sheet. Enter the Payment Mailing Address where grant funds should be sent.
16. Federal Employer ID Number	Enter the 9-digit Federal Employer Identification Number for the Implementing Agency.

Auth. Agent Contact Information	Provide information on additional Authorized Agents (AA) and Grant Program Contacts.	
	Additional Authorized Agent Contact Information	Provide the contact information of any additional Authorized Agents (AA) and staff related to grant activities. It is recommended that more than one person be designated as the Authorized Agent (AA) so that if one AA is not available, a second AA can sign the requests for reimbursements.
Project Descriptions	Use the Project Descriptions to describe the various details of each Project. Maximum of 20 projects are allowed.	
	Project	Enter the letter (required) and name (optional) of each project. A maximum of 20 projects are allowed (A-T).
	NPG Mission Area	Select a National Preparedness Goal (NPG) Mission Area from the drop down menu that corresponds to your project.
	NPG Core Capabilities	Link the National Preparedness Goal (NPG) Core Capability that match to each of your Mission Area projects.
	Cal OES Goals	Select a Cal OES Goal from the drop down menu option that corresponds to your project.
	Project Description	Provide a detailed but concise description of the project. Note: Do not exceed 1,000 characters (including punctuation and spaces). Word Wrap feature will terminate after this limit and text will not be visible.
	Match Description	Provide a detailed Match Description.
	Need	Explain why this project is needed and how this need was determined.
	Project Milestone & Justification	Provide estimates on milestones for your projects in terms of percentage completeness and amounts expended for the next 6 and 12 months. Leave ____ month blank.
Project Ledger	Use this ledger to submit funding information for projects, as well as submitting Reimbursement Requests and Modifications.	
	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.	
	Ledger Type	Using the Macro buttons, specify what type of ledger is being completed (Initial App, Reimbursement Request, Modification). Complete the additional information that displays below the ledger type (Today's Date, Expenditure Period and Request #). Ledger will not be accepted without this information.
	New Modification	Use this button to create a single new line item modification. The selected row will turn its font color to red with the strikethrough property (to indicate an incorrect item) and create a copy of itself. Modify the copied row (automatically colored in blue font) as needed.
	New REIMB/MOD Request	Use this button to create a copy of the Project Ledger to submit Reimbursement or Modification requests. After clicking the button, enter the name of the request and press enter. The copy will place itself accordingly before the Planning tab. If Macros are disabled, a copy of the Project Ledger can be created manually by performing the following steps: Right click on the 'Project Leger' tab -> Select MOVE OR COPY... from the list of options -> Place the copy <i>before</i> the Planning tab but after the last working Project Ledger -> Check CREATE A COPY -> Click OK . Rename the copied Project Ledger appropriately to reflect a Reimbursement request or Modification.
	Row Size Auto	Use this button to automatically resize ALL rows in your project ledger to fully display text that is not visible.
	Row Size 15	Use this button to automatically resize all rows to a height of 15 pixels.
	Formula Reset	If formulas are inadvertently deleted, use this button to reset all formulas.
	Black/Red/Blue buttons (All tabs)	Use these buttons to change font colors. Selection will change the color of only what is selected. Row will change the color of only the row which contains the active cell (the cell that is currently selected). Use Selection buttons to change font colors on multiple rows.
	Project	Select the project letter from the drop-down list, or manually enter the letter in capitalization format.
	Direct/Subaward	Use the drop-down list to identify if the Project is Direct or Subaward
	Project Name	Enter the name of the project.
	Funding Source	Select a Funding Source from the drop-down list. A full description of the Funding Source can be viewed in Comments (place cursor over Column D, Row 21).
	Discipline	Select a Discipline from the drop-down list. A full description of the Disciplines can be viewed in Comments (place cursor over Column E, Row 21).
	Solution Area	Select a Solution Area from the drop-down list.
	Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list. This list is dependent on a selection from the Solution Area Category drop-down list. The Solution Area Sub-Category will not display the drop-down list unless a Solution Area Category is selected.
	Total Obligated	Enter the total amount of grant funding obligated for each project in this column.

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

Planning

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

Project	Select the project letter from the drop-down list, or manually enter the letter in capitalization format.	
Direct/Subaward	Use the drop-down list to identify if the Project is Direct or Subaward	
Planning Activity	Enter the planning activity.	
Funding Source	Select a Funding Source from the drop-down list. A full description of the Funding Source can be viewed in Comments (place cursor over Column D, Row 21).	
Discipline	Select a Discipline from the drop-down list. A full description of the Disciplines can be reviewed in Comments (place cursor over Column E, Row 21).	
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list.	
Expenditure Category	Select an Expenditure Category from the drop-down list. This list is dependent on a selection from the Solution Area Sub-Category drop-down list. The Expenditure Category will not display the drop-down list unless a Solution Area Sub-Category is selected.	
Final Product	Enter a description of the final product of this planning activity. This must be a tangible item such as a manual, procedure, etc. Please contact your Program Representative for further examples of final products.	
Hold Trigger	Projects may be placed on hold. Please select an option from drop-down list.	
Approval Date	Enter the approval date.	
Part of a Procurement over 250k	Select YES or NO from the drop-down list.	
Sole Source Involved	Select YES or NO from the drop-down list.	
Budgeted Cost	Enter the total amount of grant funding budgeted for each project in this column.	
Amount Approved Previous	Automatic calculation of Amount Approved Previous.	Warning! Do not enter information in this column, contains formulas.
Amount This Request	For Reimbursement requests, enter the requested amount of reimbursement in this column.	
Reimbursement Request Number	Enter the Reimbursement Request number for this planning activity.	
Total Approved	Automatic calculation of total reimbursed.	Warning! Do not enter information in this column, contains formulas.
Remaining Balance	Automatic calculation of Remaining Balance.	Warning! Do not enter information in this column, contains formulas.

Organization

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

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

Equipment

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

Project	Select the project letter from the drop-down list, or manually enter the letter in capitalization format.
Equipment Description & (Quantity)	Provide a description of equipment and quantity. If Item is Mobile or Portable identify as such.
AEL Number & Title	Place the AEL Number and Title in these columns. The AEL Number and Title can be obtained from the following link: https://www.fema.gov/authorized-equipment-list
SAFECOM Compliance	Select YES, NO or N/A from the drop-down list.
Funding Source	Select a Funding Source from the drop-down list. A full description of the Funding Source can be viewed in Comments (place cursor over Column F, Row 21).
Discipline	Select a Discipline from the drop-down list. A full description of the Disciplines can be viewed in Comments (place cursor over Column G, Row 21).
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list.
Invoice Number	Enter the Invoice Number for the equipment.
Vendor Name	Enter the name of vendor from whom the equipment was purchased.
ID Tag Number	Enter the ID Tag Number used to identify this equipment with. Subgrantee may use their own internal numbering format to tag equipment. ID Tag Number must be available during monitoring visits.
Condition and Disposition	Enter the condition of equipment by selecting the appropriate drop-down item. If the equipment is not in use, please use the following column (Deployed Location) to explain.
Deployed Location	Enter the equipment's current location.
Acquired Date	Enter the date that this equipment was acquired from vendor.
Part of a Procurement over 250k	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.
Amount Approved Previous	Automatic calculation of Amount Approved Previous. Warning! Do not enter information in this column, contains formulas.
Amount This Request	For Reimbursement requests, enter the requested amount of reimbursement in this column.
Reimbursement Request Number	Enter the Reimbursement Request number.
Total Approved	Automatic calculation of total reimbursed. Warning! Do not enter information in this column, contains formulas.
Remaining Balance	Automatic calculation of Remaining Balance. Warning! Do not enter information in this column, contains formulas.

Training

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

Project	Select the project letter from the drop-down list, or manually enter the letter in capitalization format.
Direct/Subaward	Use the drop-down list to identify if the Project is Direct or Subaward
Course Name	Enter course name.
Funding Source	Select a Funding Source from the drop-down list. A full description of the Funding Source can be viewed in Comments (place cursor over Column D, Row 21).
Discipline	Select a Discipline from the drop-down list. A full description of the Disciplines can be viewed in Comments (place cursor over Column E, Row 21).
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list.
Expenditure Category	Select an Expenditure Category from the drop-down list. This list is dependent on a selection from the Solution Area Sub-Category drop-down list. The Expenditure Category will not display the drop-down list unless a Solution Area Sub-Category is selected.
Feedback Number	Enter the feedback number for this training activity. The Feedback number can be obtained from the Cal OES website: http://www.caloes.ca.gov Click on Cal OES Divisions, then click on California Specialized Training Institute. Scroll to the bottom of the page, click on the TRAINING REQUEST FORM link.
Training Activity	Please identify your training activity from the drop-down list.
Hold Triqer	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 250k	Select YES or NO from the drop-down list.
Sole Source Involved	Select YES or NO from the drop-down list.
Budgeted Cost	Enter the total amount of grant funding budgeted for each project in this column.

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

Exercise

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

Project	Select the project letter from the drop-down list, or manually enter the letter in capitalization format.	
Direct/Subaward	Use the drop-down list to identify if the Project is Direct or Subaward	
Exercise Title	Enter the title of the exercise activity.	
Funding Source	Select a Funding Source from the drop-down list. A full description of the Funding Source can be viewed in Comments (place cursor over Column D, Row 21).	
Discipline	Select a Discipline from the drop-down list. A full description of the Disciplines can be viewed in Comments (place cursor over Column E, Row 21).	
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list.	
Expenditure Category	Select an Expenditure Category from the drop-down list. This list is dependent on a selection from the Solution Area Sub-Category drop-down list. The Expenditure Category will not display the drop-down list unless a Solution Area Sub-Category is selected.	
Hold Triquer	Projects may be placed on hold. Please select an option from drop-down list.	
Approval Date	Enter the approval date.	
Date of Exercise	Enter the date of when this exercise was conducted.	
Exercise Activity	Please select your exercise activity from the drop-down list.	
Identified Host	If you are not the host, please identify who is the host. For further guidance, please refer to your Program Representative.	
Date AAR e-mailed to HSEEP	Enter the date that the After Action Report (AAR) was e-mailed to hseep@fema.dhs.gov .	
Part of a Procurement over 250k	Select YES or NO from the drop-down list.	
Sole Source Involved	Select YES or NO from the drop-down list.	
Budgeted Cost	Enter the total amount of grant funding budgeted for each project in this column.	
Amount Approved Previous	Automatic calculation of amount approved previous.	Warning! Do not enter information in this column, contains formulas.
Amount This Request	For Reimbursement requests, enter the requested amount of reimbursement in this column.	
Reimbursement Request Number	Enter the Reimbursement Request number for this exercise activity.	
Total Approved	Automatic calculation of total reimbursed.	Warning! Do not enter information in this column, contains formulas.
Remaining Balance	Automatic calculation of remaining balance.	Warning! Do not enter information in this column, contains formulas.

M&A

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

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

Indirect Costs

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

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

Consultant/Contractor

Provide information on who is being paid with grant funds, and what consultant/contractor costs are being charged to the grant.

Project	Select the project letter from the drop-down list, or manually enter the letter in capitalization format.
Consulting Firm & Consultant Name	Provide the name of the Consulting Firm and Consultant Name.
Project & Description of Services	Provide detailed information on the project and description of services.
Deliverable	If your consultant/contractor invoiced you for their services using a fee for each deliverable (\$10,000 for a reverse 911/telephone emergency notification system), then describe the product in the Deliverable column.
Solution Area	Select a Solution Area from the drop-down list.
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list. This list is dependent on a selection from the Solution Area Category drop-down list. The Solution Area Sub-Category will not display the drop-down list unless a Solution Area Category is selected.
Expenditure Category	Select an Expenditure Category from the drop-down list. This list is dependent on a selection from the Solution Area Sub-Category drop-down list. The Expenditure Category will not display the drop-down list unless a Solution Area Sub-Category is selected.
Period of Expenditure	Enter the Period of Expenditure in this column.
Fee for Deliverable	If your consultant/contractor invoiced you for their services using a fee for each deliverable (\$10,000 for a reverse 911/telephone emergency notification system), then fill in the cost for the product in the Fee for Deliverable column.
Billable Hour Breakdown section	If your consultant/contractor invoiced you for their services using an hourly rate (\$50/hour for 10 hours of work), then fill in the three (3) columns of the Billable Hour Breakdown.
Reimbursement Request Number	Enter the Reimbursement Request number.
Total Cost Charged to this Grant	Enter the Total Cost Charged to the Grant in this column.

Personnel

Provide information on who is being paid with grant funds, and what staff costs are being charged to the grant.

Project	Select the project letter from the drop-down list, or manually enter the letter in capitalization format.
Employee Name	Provide the name of the employee.
Project/Deliverable	Provide detailed information on the project and description of services.
Funding Source	Select a Funding Source from the drop-down list. A full description of the Funding Source can be viewed in Comments (place cursor over Column E, Row 21).
Discipline	Select a Discipline from the drop-down list. A full description of the Disciplines can be viewed in Comments (place cursor over Column F, Row 21).
Solution Area	Select a Solution Area from the drop-down list.
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list. This list is dependent on a selection from the Solution Area Category drop-down list. The Solution Area Sub-Category will not display the drop-down list unless a Solution Area Category is selected.
Dates of Payroll Period	Provide the Dates of the Payroll Period.
Total Salary and Benefits Charged for this Reporting Period	Provide the Total Salary and Benefits Charged for the Reporting Period.
Total Project Hours	Enter the Total Project Hours in this column.

Reimbursement Request Number Enter the Reimbursement Request number.

Total Cost Charged to this Grant Enter the Total Cost Charged to the Grant in this column.

Match

Provide detailed information on Match.

Project Select the project letter from the drop-down list, or manually enter the letter in capitalization format.

Direct/Subaward Use the drop-down list to identify if the Project is Direct or Subaward

Project Name Enter the name of the project.

Funding Source Select a Funding Source from the drop-down list. A full description of the Funding Source can be viewed in Comments (place cursor over Column D, Row 21).

Discipline Select a Discipline from the drop-down list. A full description of the Disciplines can be viewed in Comments (place cursor over Column E, Row 21).

Solution Area Select a Solution Area from the drop-down list that aligns to the activities/costs used to meet the EMPG Match Requirement.

Solution Area Sub-Category Select a Solution Area Sub-Category from the drop-down list that aligns to the activities/costs used to meet the EMPG Match Requirement. This list is dependent on a selection from the Solution Area Category drop-down list. The Solution Area Sub-Category will not display the drop-down list unless a Solution Area Category is selected.

Type of Match Select the Type of Match options from the drop-down list

Total Obligated Match Enter the total obligated match amount for this project in this column.

Previous Match expended Automatic calculation of amount approved previous. **Warning! Do not enter information in this column, contains formulas.**

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

Reimbursement Request Number Enter the Reimbursement Request number for this reimbursement.

Total Match Expended Automated calculation of Total Match Expended. **Warning! Do not enter information in this column, contains formulas.**

Remaining Balance Automatic calculation of Remaining Balance. **Warning! Do not enter information in this column, contains formulas.**

Percentage Expended Automatic calculation of Percentage Expended. **Warning! Do not enter information in this column, contains formulas.**

Authorized Agent

Authorized Agent sheet must accompany ALL Reimbursement Requests, Modifications and the Initial Application.

Type Click on the appropriate button to describe what type of workbook is being submitted. Available options are:
INITIAL APPLICATION, REIMBURSEMENT REQUEST, FINAL REIMBURSEMENT REQUEST and MODIFICATION

Expenditure Period Dates Enter the beginning and ending expenditure period dates.
REIMBURSEMENT REQUEST: Expenditure periods are decided by the Subrecipient and can span single or multiple months at a time. **NOTE: Expenditure periods cannot cross state fiscal year.**
Modifications do not require expenditure period entries.

REIMB or MOD Request # Enter the REIMB or MOD Request # that is associate with the most recent request.

Amount This Request Enter the amount that is being requested.

Authorized Agent Enter the name of Authorized Agent. Sign and date after printing. **Original signature required.** Send hard copy of workbook to address (provided).

Mail workbook to:
Emergency Management Performance Grants (EMPG):
California Governor's Office of Emergency Services
Program Specialist's Name
3650 Schriever Avenue
Mather, CA 95655

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

AUTHORIZED AGENT AND CONTACT INFORMATION

CFDA #: EMPG 97.042

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

Lake County

Additional Authorized Agent Contact Information												
Authorized Agent's Name	Title	Mailing Address	City	State	Zip	Phone	Email					
Brian Martin	Sheriff/Coroner/OES Director	Post Office Box 489	Lakeport	CA	95453-0489	707-262-4091	brian.martin@lakecountyca.gov					
Carol Hutchinson	County Administrative Officer	255 North Forbes	Lakeport	CA	95453-4747	707-263-2580	carol.hutchinson@lakecountyca.gov					
Mary Beth Strong	Sheriff's Administrative Manager	Post Office Box 489	Lakeport	CA	95453-0489	707-262-4218	marybeth.strong@lakecountyca.gov					
Contact's Name	Title	Mailing Address	City	State	Zip	Phone	Email					
Dale Carnathan	Emergency Services Manager	Post Office Box 489	Lakeport	CA	95453-0489	707-263-3450	dale.carnathan@lakecountyca.gov					
Teresa Stewart	OES Assistant	Post Office Box 489	Lakeport	CA	95453-0489	707-263-3450	teresa.stewart@lakecountyca.gov					
Willie Sapeta	OES Coordinator	Post Office Box 489	Lakeport	CA	95453-0489	707-994-2170	fb07700@yahoo.com					
Nancy McCarrick	Staff Services Analyst	Post Office Box 489	Lakeport	CA	95453-0489	707-262-4221	nancy.mccarrick@lakecountyca.gov					
Gavin Wells	SAR Coordinator	Post Office Box 489	Lakeport	CA	95453-0489	707-262-4200	gavin.wells@lakecountyca.gov					
Chris Macedo	UnderSheriff	Post Office Box 489	Lakeport	CA	95453-0489	707-262-4201	chris.macedo@lakecountyca.gov					
Mary Beth Strong	Administrative Manager	Post Office Box 489	Lakeport	CA	95453-0489	707-262-4218	marybeth.strong@lakecountyca.gov					

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

PROJECT DESCRIPTIONS

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CFDA # EMPG 97.042

Lake County

LEDGER TYPE:	Initial Application
Today's Date:	10/18/2018

Approval: Cal OES ONLY Date & Initials (Prog. REP.):					
Project	NPG Mission Area	NPG Core Capabilities	Project Description	Match Description	Need
Project A	Response	Operational Coordination	The OES Manager will perform the full spectrum of emergency management activities; to ensure the County and OpArea are prepared for; and able to respond to, and recover from all threats and hazards. The OES Assistant/Coordinator will provide administrative support and perform other OES duties to assist with the overall mission of emergency management and the effectiveness of OES Programs for the County and OpArea	Cash Match: Lake County will coordinate matching funds for this project out of general fund salaries paid for staff performing EMPG associated activities in support of emergency planning or response activities. This may include the OES Manager, OES	To ensure continuity of operations for planning, preparedness, response and recovery for planned and unplanned events, both natural and man-made.
Project B					At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be ___% complete and \$___ funds will be expended.
Project C					At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be ___% complete and \$___ funds will be expended.
Project D					At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be ___% complete and \$___ funds will be expended.

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

Project	NPG Mission Area	NPG Core Capabilities	Project Description	Match Description	Need	Project Milestone & Justifications
Project K						At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be ___% complete and \$___ funds will be expended. At the ___ month mark, this project will be ___% complete and \$___ funds will be expended.
Project L						At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be ___% complete and \$___ funds will be expended. At the ___ month mark, this project will be ___% complete and \$___ funds will be expended.
Project M						At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be ___% complete and \$___ funds will be expended. At the ___ month mark, this project will be ___% complete and \$___ funds will be expended.
Project N						At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be ___% complete and \$___ funds will be expended. At the ___ month mark, this project will be ___% complete and \$___ funds will be expended.
Project O						At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be ___% complete and \$___ funds will be expended. At the ___ month mark, this project will be ___% complete and \$___ funds will be expended.
Project P						At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be ___% complete and \$___ funds will be expended. At the ___ month mark, this project will be ___% complete and \$___ funds will be expended.

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

PROJECT LEDGER

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

Lake County

CFDA #	EMPG 97.042
LEDGER TYPE:	Initial Application
Today's Date:	October 18, 2018

[illegible]

PLANNING

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

Today's Date:

LEDGER TYPE:	Initial Application
Today's Date:	October 23, 2018

[illegible]

ORGANIZATION

CEFA #	EMPG 97.042
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LEDGER TYPE:

LEDGER TYPE:	Initial Application
Today's Date:	October 23, 2018

[illegible]

CFDA#	EMPG 97.042
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LEGEND

Teaching Mathematics

Lake County

[illegible]

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

CFDA#	EMPG 97.042
LEDGER TYPE:	Initial Application
Today's Date:	October 23, 2018

Lake County

[illegible]

EXERCISE

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

EMPGR 97.042

Today's Date:

October 23, 2018

FMFW v1.18 - 2018

M&A

EMPG 97.042

Initial Application

October 23, 2018

Lake County

[illegible]

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

INDIRECT COSTS

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

Lake County

CFDA #	EMPG 97.042
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LEDGER TYPE:	Initial Application
Today's Date:	October 23, 2018

[illegible]

CONSULTANT / CONTRACTOR

EMPG 97.042

Initial Application

October 23, 2018

Lake County

[illegible]

PERSONNEL

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

Lake CountyFMFW v1.18 - 2018

MATCH

CFDA #	EMPG 97.042
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Initial Application
October 23, 2018

[illegible]

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

AUTHORIZED AGENT

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

CFDA #: EMPG 97.042

Lake County

Supporting Information for Reimbursement/Advance of State and Federal Funds

Initial Application

This request is for an/a:

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

through

(Beginning Expenditure Period Date)

(Ending Expenditure Period Date)

(REIMB or MOD Request #)

(Amount This Request)

Under Penalty of Perjury I certify that:

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

Statement of Certification - Authorized Agent

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

Brian L. Martin, Sheriff/Coroner/OES Director

Printed Name and Title

Signature of Authorized Agent

October 23, 2018

Date

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

INDIRECT COSTS - SUMMARY RECAP OF COSTS CLAIMED

EMPG 97.042

CFDA#

PERIOD (Month/Yr. through Month/Yr.):
INDIRECT COST RATE FOR PERIOD:
ICR Base:

SUBAWARDS	Total Costs	Less Excluded Subaward Costs	Costs Applicable to ICR
N/A			
Sub-Total Eligible Subaward Costs	-	-	-

	TOTAL DIRECT COSTS	
	Total Allowable Indirect Costs	
EMFW v1.18 - 2018		

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

Subrecipient: Lake County Sheriff's Office	DUNS # 71554760	FIPS #: 033-00000
Grant Disaster/Program Title: Emergency Management Performance Grant		
Performance Period: 07/01/2018 to 06/30/2019	Subaward Amount Requested: \$ 138,133	
Type of Non-Federal Entity (Check Box)	<input type="checkbox"/> State Gov. <input checked="" type="checkbox"/> Local Gov. <input type="checkbox"/> JPA <input type="checkbox"/> Non-Profit <input type="checkbox"/> Tribe	

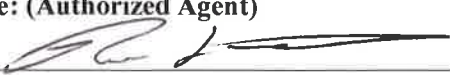
Per Title 2 CFR § 200.331, Cal OES is required to evaluate the risk of noncompliance with federal statutes, regulations and grant terms and conditions posed by each subrecipient of pass-through funding. This assessment is made in order to determine and provide an appropriate level of technical assistance,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

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

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

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

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

Signature: (Authorized Agent) 	Date: 10-24-18
Print Name: Brian L. Martin	Print Title: Sheriff/Coroner/OES Director
<i>Program Specialist Only: SUBAWARD #</i>	

FFATA Financial Disclosure

Federal Funding Accountability and Transparency Act (FFATA) Financial Disclosure

Public Law (PL) 109-282 Federal Funding Accountability and Transparency Act of 2006, as amended by Section 6202(a) of the Government Funding Transparency Act of 2008 (PL 110-252), which is outlined in 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** \$25,000,000 or more in annual gross revenues from Federal awards, **and** the public does not have access to information about the compensation of the senior executives of the entity, **then the Subrecipient is subject to the FFATA Financial Disclosure requirements, and will need to fill out this form.**

Executive Name	Title	Annual Salary	Annual Dollar Value of Benefits	Total Compensation
				0
				0
				0
				0
				0

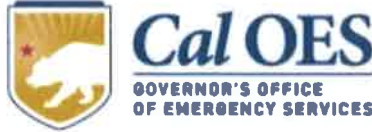
☐ Not Subject to FFATA Financial Disclosure

Carol J. Hutchingson

Printed Name and Title

Signature of Authorized Agent

Date



**Standard Assurances
For All Cal OES Federal Grant Programs**

As the duly authorized representative of the Applicant, I hereby certify that the Applicant has the legal authority to apply for federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay any non-federal share of project cost) to ensure proper planning, management, and completion of the project described in this application, within prescribed timelines.

I further acknowledge that the Applicant is responsible for reviewing and adhering to all requirements within the:

- (a) Applicable Federal Regulations (see below);
- (b) Federal Program Notice of Funding Opportunity (NOFO);
- (c) California Supplement to the NOFO; and
- (d) Federal and State Grant Program Guidelines.

Federal Regulations

Government cost principles, uniform administrative requirements, and audit requirements for federal grant programs are set forth in Title 2, Part 200 of the Code of Federal Regulations (C.F.R.). Updates are issued by the Office of Management and Budget (OMB) and can be found at <http://www.whitehouse.gov/omb/>.

Significant state and federal grant award requirements (some of which appear in the documents listed above) are set forth below. The Applicant hereby agrees to comply with the following:

1. Proof of Authority

The Applicant will obtain written authorization from the city council, governing board, or authorized body in support of this project. This written authorization must specify that the Applicant and the city council, governing board, or authorized body agree:

- (a) To provide all matching funds required for the grant project and that any cash match will be appropriated as required;
- (b) Any liability arising out of the performance of this agreement shall be the responsibility of the Applicant and the city council, governing board, or authorized body;
- (c) Grant funds shall not be used to supplant expenditures controlled by the city council, governing board, or authorized body, and
- (d) The official executing this agreement is, in fact, authorized to do so.

This Proof of Authority must be maintained on file and readily available upon request.

2. Period of Performance

The Applicant will initiate work after approval of the award and complete all work within the period of performance specified in the grant.

3. Lobbying and Political Activities

As required by Section 1352, Title 31 of the United States Code (U.S.C.), for persons entering into a contract, grant, loan, or cooperative agreement from an agency or requests or receives from an agency a commitment providing for the United States to insure or guarantee a loan, the Applicant certifies that:

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

The Applicant will also comply with provisions of the Hatch Act (5 U.S.C. §§ 1501-1508 and §§ 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

Finally, the Applicant agrees that federal funds will not be used, directly or indirectly, to support the enactment, repeal, modification or adoption of any law, regulation or policy without the express written approval from the California Governor's Office of Emergency Services (Cal OES) or the federal awarding agency.

4. Debarment and Suspension

As required by Executive Orders 12549 and 12689, and 2 C.F.R. § 200.213 and codified in 2 C.F.R. Part 180, Debarment and Suspension, the Applicant will provide protection against waste, fraud, and abuse by debarring or suspending those persons deemed irresponsible in their dealings with the federal government. The Applicant certifies that it and its principals, subgrantees, recipients or subrecipients:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (2)(b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transaction (federal, state, or local) terminated for cause or default.

Where the Applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

5. Non-Discrimination and Equal Employment Opportunity

The Applicant will comply with all federal statutes relating to non-discrimination. These include, but are not limited to, the following:

- (a) Title VI of the Civil Rights Act of 1964 (Public Law (P.L.) 88-352 and 42 U.S.C. § 2000d et. seq.) which prohibits discrimination on the basis of race, color, or national origin and requires that recipients of federal financial assistance take reasonable steps to provide meaningful access to persons with limited English proficiency (LEP) to their programs and services;
- (b) Title IX of the Education Amendments of 1972, (20 U.S.C. §§ 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex in any federally funded educational program or activity;
- (c) Section 504 of the Rehabilitation Act of 1973, (29 U.S.C. § 794), which prohibits discrimination against those with disabilities or access and functional needs;
- (d) Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability and requires buildings and structures be accessible to those with disabilities and access and functional needs (42 U.S.C. §§ 12101-12213);
- (e) Age Discrimination Act of 1975, (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age;
- (f) Public Health Service Act of 1912 (42 U.S.C. §§ 290 dd—2), relating to confidentiality of patient records regarding substance abuse treatment;
- (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.), relating to nondiscrimination in the sale, rental or financing of housing as implemented by the Department of Housing and Urban Development at 24 C.F.R. Part 100. The prohibition on disability discrimination includes the requirement that new multifamily housing with four or more dwelling units—i.e., the public and common use areas and individual apartment units (all units in buildings with elevators and ground-floor units in buildings without elevators)— be designed and constructed with certain accessible features (See 24 C.F.R. § 100.201);

- (h) Executive Order 11246, which prohibits federal contractors and federally assisted construction contractors and subcontractors, who do over \$10,000 in Government business in one year from discriminating in employment decisions on the basis of race, color, religion, sex, sexual orientation, gender identification or national origin;
- (i) Executive Order 11375, which bans discrimination on the basis of race, color, religion, sex, sexual orientation, gender identification, or national origin in hiring and employment in both the United States federal workforce and on the part of government contractors;
- (j) California Public Contract Code § 10295.3, which prohibits discrimination based on domestic partnerships and those in same sex marriages;
- (k) DHS policy to ensure the equal treatment of faith-based organizations, under which all applicants and recipients must comply with equal treatment policies and requirements contained in 6 C.F.R. Part 19;
- (l) Any other nondiscrimination provisions in the specific statute(s) under which application for federal assistance is being made; and
- (m) The requirements of any other nondiscrimination statute(s) which may apply to the application.

In addition to the items listed in (a) through (m), the Applicant will comply with California's Fair Employment and Housing Act (FEHA). FEHA prohibits harassment and discrimination in employment because of ancestry, familial status, race, color, religious creed (including religious dress and grooming practices), sex (which includes pregnancy, childbirth, breastfeeding and medical conditions related to pregnancy, childbirth or breastfeeding), gender, gender identity, gender expression, sexual orientation, marital status, national origin, ancestry, mental and physical disability, genetic information, medical condition, age, pregnancy, denial of medical and family care leave, or pregnancy disability leave (California Government Code §§12940, 12945, 12945.2), military and veteran status, and/or retaliation for protesting illegal discrimination related to one of these categories, or for reporting patient abuse in tax supported institutions.

6. Drug-Free Workplace

As required by the Drug-Free Workplace Act of 1988 (41 U.S.C. § 701 et seq.), the Applicant certifies that it will maintain a drug-free workplace and a drug-free awareness program as outlined in the Act.

7. Environmental Standards

The Applicant will comply with state and federal environmental standards, which may be prescribed pursuant to the following, as applicable:

- (a) California Environmental Quality Act (CEQA) (California Public Resources Code §§ 21000- 21177), to include coordination with the city or county planning agency;
- (b) CEQA Guidelines (California Code of Regulations, Title 14, Division 6, Chapter 3, §§ 15000- 15387);
- (c) Federal Clean Water Act (CWA) (33 U.S.C. § 1251 et seq.), which establishes the basic structure for regulating discharges of pollutants into the waters of the United States and regulating quality standards for surface waters;
- (d) Federal Clean Air Act of 1955 (42 U.S.C. § 7401) which regulates air emissions from stationary and mobile sources;

- (e) Institution of environmental quality control measures under the National Environmental Policy Act (NEPA) of 1969 (P.L. 91-190); the Council on Environmental Quality Regulations for Implementing the Procedural Provisions of NEPA; and Executive Order 12898 which focuses on the environmental and human health effects of federal actions on minority and low-income populations with the goal of achieving environmental protection for all communities;
- (f) Evaluation of flood hazards in floodplains in accordance with Executive Order 11988;
- (g) Executive Order 11514 which sets forth national environmental standards;
- (h) Executive Order 11738 instituted to assure that each federal agency empowered to enter into contracts for the procurement of goods, materials, or services and each federal agency empowered to extend federal assistance by way of grant, loan, or contract shall undertake such procurement and assistance activities in a manner that will result in effective enforcement of the Clean Air Act and the Federal Water Pollution Control Act Executive Order 11990 which requires preservation of wetlands;
- (i) The Safe Drinking Water Act of 1974, (P.L. 93-523);
- (j) The Endangered Species Act of 1973, (P.L. 93-205);
- (k) Assurance of project consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.);
- (l) Conformity of Federal Actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.);
- (m) Wild and Scenic Rivers Act of 1968 (16 U.S.C. § 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

The Applicant shall not be: 1) in violation of any order or resolution promulgated by the State Air Resources Board or an air pollution district; 2) subject to a cease and desist order pursuant to § 13301 of the California Water Code for violation of waste discharge requirements or discharge prohibitions; or 3) determined to be in violation of federal law relating to air or water pollution.

8. Audits

For subrecipients expending \$750,000 or more in federal grant funds annually, the Applicant will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and Title 2 of the Code of Federal Regulations, Part 200, Subpart F Audit Requirements.

9. Access to Records

In accordance with 2 C.F.R. § 200.336, the Applicant will give the awarding agency, the Comptroller General of the United States and, if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award. The Applicant will require any subrecipients, contractors, successors, transferees and assignees to acknowledge and agree to comply with this provision.

10. Conflict of Interest

The Applicant will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

11. Financial ManagementFalse Claims for Payment

The Applicant will comply with 31 U.S.C §§ 3729-3733 which sets forth that no subgrantee, recipient, or subrecipient shall submit a false claim for payment, reimbursement or advance.

12. Reporting - Accountability

The Applicant agrees to comply with applicable provisions of the Federal Funding Accountability and Transparency Act (FFATA) (P.L. 109-282), specifically (a) the reporting of subawards obligating \$25,000 or more in federal funds and (b) executive compensation data for first-tier subawards. This includes the provisions of FFATA, which includes requirements for executive compensation, and also requirements implementing the Act for the non-federal entity at 2 C.F.R. Part 25 Financial Assistance Use of Universal Identifier and Central Contractor Registration and 2 C.F.R. Part 170 Reporting Subaward and Executive Compensation Information.

13. Whistleblower Protections

The Applicant also must comply with statutory requirements for whistleblower protections at 10 U.S.C. § 2409, 41 U.S.C. § 4712, and 10 U.S.C. § 2324, 41 U.S.C. § 4304 and § 4310.

14. Human Trafficking

The Applicant will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. § 7104) which prohibits grant award recipients or a subrecipient from: (1) engaging in trafficking in persons during the period of time that the award is in effect; (2) procuring a commercial sex act during the period of time that the award is in effect; or (3) using forced labor in the performance of the award or subawards under the award.

15. Labor Standards

The Applicant will comply with the following federal labor standards:

- (a) The Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), as applicable, and the Copeland Act (40 U.S.C. § 3145 and 18 U.S.C. § 874) and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally-assisted construction contracts or subcontracts, and
- (b) The Federal Fair Labor Standards Act (29 U.S.C. § 201 et al.) as they apply to employees of institutes of higher learning (IHE), hospitals and other non-profit organizations.

16. Worker's Compensation

The Applicant must comply with provisions which require every employer to be insured to protect workers who may be injured on the job at all times during the performance of the work of this Agreement, as per the workers compensation laws set forth in California Labor Code §§ 3700 et seq.

17. Property-Related

If applicable to the type of project funded by this federal award, the Applicant will:

- (a) Comply with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of federal participation in purchase;
- (b) Comply with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires subrecipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more;
- (c) Assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. § 470), Executive Order 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §469a-1 et seq.); and
- (d) Comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. § 4831 and 24 CFR Part 35) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

18. Certifications Applicable Only to Federally-Funded Construction Projects

For all construction projects, the Applicant will:

- (a) Not dispose of, modify the use of, or change the terms of the real property title or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the federal awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with federal assistance funds to assure nondiscrimination during the useful life of the project;
- (b) Comply with the requirements of the awarding agency with regard to the drafting, review and approval of construction plans and specifications; and
- (c) Provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progressive reports and such other information as may be required by the assistance awarding agency or State.

19. Use of Cellular Device While Driving is Prohibited

Applicants are required to comply with California Vehicle Code sections 23123 and 23123.5. These laws prohibit driving motor vehicle while using an electronic wireless communications device to write, send, or read a text-based communication. Drivers are also prohibited from the use of a wireless telephone without hands-free listening and talking, unless to make an emergency call to 911, law enforcement, or similar services.

20. California Public Records Act and Freedom of Information Act

The Applicant acknowledges that all information submitted in the course of applying for funding under this program, or provided in the course of an entity's grant management activities that are under Federal control, is subject to the Freedom of Information Act (FOIA), 5 U.S.C. § 552, and the California Public Records Act, California Government Code section 6250 et seq. The Applicant should consider these laws and consult its own State and local laws and regulations regarding the release of information when reporting sensitive matters in the grant application, needs assessment, and strategic planning process.

**EMERGENCY MANAGEMENT PERFORMANCE GRANT PROGRAM -
PROGRAM SPECIFIC ASSURANCES / CERTIFICATIONS**

21. Reporting Accusations and Findings of Discrimination

If during the past three years the recipient has been accused of discrimination on any basis the recipient must provide a list of all such proceedings, pending or completed, including outcome and copies of settlement agreements to the DHS Financial Assistance Office and the DHS Office for Civil Rights and Civil Liberties (CRCL) by e-mail at CRCL@hq.dhs.gov or by mail at U.S. Department of Homeland Security, Office for Civil Rights and Civil Liberties, Building 410, Mail Stop #0190, Washington, D.C. 20528.

In the courts or administrative agencies make a finding of discrimination on grounds of race, color, national origin (including LEP), sex, age, disability, religion, or familial status against the recipient, or the recipients settle a case or matter alleging such discrimination, recipients must forward a copy of the complaint and findings to the DHS Financial Assistance Office and the CRCL by e-mail or mail at the addresses listed above.

The United States has the right to seek judicial enforcement of these obligations.

22. Acknowledgment of Federal Funding from DHS

All recipients must acknowledge their use of federal funding when issuing statements, press releases, requests for proposals, bid invitations, and other documents describing projects or programs funded in whole or in part with federal funds.

23. Activities Conducted Abroad

All recipients must ensure that project activities carried on outside the United States are coordinated as necessary with appropriate government authorities and that appropriate licenses, permits, or approvals are obtained.

24. Best Practices for Collection and Use of Personally Identifiable Information (PII)

DHS defines personally identifiable information (PII) as any information that permits the identity of an individual to be directly or indirectly inferred, including any information that is linked or linkable to that individual. All recipients who collect PII are required to have a publically-available privacy policy that describes standards on the usage and maintenance of PII they collect. Recipients may also find the DHS Privacy Impact Assessments: Privacy Guidance and Privacy template a useful resource respectively.

25. Copyright

All recipients must affix the applicable copyright notices of 17 U.S.C. §§ 401 or 402 and an acknowledgement of U.S. Government sponsorship (including the award number) to any work first produced under federal financial assistance awards.

26. Duplication of Benefits

Any cost allocable to a particular federal financial assistance award provided for in 2 C.F.R. Part 200, Subpart E may not be charged to other federal financial assistance awards to overcome fund deficiencies, to avoid restrictions imposed by federal statutes, regulations, or federal financial assistance award terms and conditions, or for other reasons. However, these prohibitions would not preclude recipients from shifting costs that are allowable under two or more awards in accordance with existing federal statutes, regulations, or the federal financial assistance award terms and conditions.

27. Energy Policy and Conservation Act

All recipients must comply with the requirements of 42 U.S.C. § 6201 which contain policies relating to energy efficiency that are defined in the state energy conservation plan issued in compliance with this Act.

28. Federal Debt Status

All recipients are required to be non-delinquent in their repayment of any federal debt. Examples of relevant debt include delinquent payroll and other taxes, audit disallowances, and benefit overpayments. See OMB Circular A-129.

29. Fly America Act of 1974

All recipients must comply with Preference for U.S. Flag Air Carriers: (air carriers holding certificates under 49 U.S.C. § 41102) for international air transportation of people and property to the extent that such service is available, in accordance with the International Air Transportation Fair Competitive Practices Act of 1974 (49 U.S.C. § 40118) and the interpretative guidelines issued by the Comptroller General of the United States in the March 31, 1981, amendment to Comptroller General Decision B-138942.

30. Hotel and Motel Fire Safety Act of 1990

In accordance with Section 6 of the Hotel and Motel Fire Safety Act of 1990, all Applicants must ensure that all conference, meeting, convention, or training space funded in whole or in part with federal funds complies with the fire prevention and control guidelines of the Federal Fire Prevention and Control Act of 1974, as amended, 15 U.S.C. § 2225a.

31. Non-supplanting Requirement

All recipients who receive federal financial assistance awards made under programs that prohibit supplanting by law must ensure that federal funds do not replace (supplant) funds that have been budgeted for the same purpose through non-federal sources.

32. Patents and Intellectual Property Rights

Unless otherwise provided by law, recipients are subject to the Bayh-Dole Act, Pub. L. No. 96-517, as amended, and codified in 35 U.S.C. § 200 et seq. All recipients are subject to the specific requirements governing the development, reporting, and disposition of rights to inventions and patents resulting from financial assistance awards located at 37 C.F.R. Part 401 and the standard patent rights clause located at 37 C.F.R. § 401.14.

33. SAFECOM

All recipients who receive federal financial assistance awards made under programs that provide emergency communication equipment and its related activities must comply with the SAFECOM Guidance for Emergency Communication Grants, including provisions on technical standards that ensure and enhance interoperable communications.

34. Terrorist Financing

All recipients must comply with Executive Order 13224 and U.S. law that prohibit transactions with, and the provisions of resources and support to, individuals and organizations associated with terrorism. Recipients are legally responsible to ensure compliance with the Order and laws.

35. Reporting of Matters Related to Recipient Integrity and Performance

If the total value of the recipient's currently active grants, cooperative agreements, and procurement contracts from all federal assistance offices exceeds \$10,000,000 for any period of time during the period of performance of this federal financial assistance award, you must comply with the requirements set forth in the government-wide Award Term and Condition for Recipient Integrity and Performance Matters located at 2 C.F.R. Part 200, Appendix XII, the full text of which is incorporated here by reference in the award terms and conditions.

36. USA Patriot Act of 2001

All recipients must comply with requirements of the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act (USA PATRIOT Act), which amends 18 U.S.C. §§ 175–175c.

37. Use of DHS Seal, Logo, and Flags

All recipients must obtain permission from their DHS Financial Assistance Office, prior to using the DHS seal(s), logos, crests or reproductions of flags or likenesses of DHS agency officials, including use of the United States Coast Guard seal, logo, crests or reproductions of flags or likenesses of Coast Guard officials.

IMPORTANT

The purpose of the assurance is to obtain federal and state financial assistance, including any and all federal and state grants, loans, reimbursement, contracts, etc. The Applicant recognizes and agrees that state financial assistance will be extended based on the representations made in this assurance. This assurance is binding on the Applicant, its successors, transferees, assignees, etc. Failure to comply with any of the above assurances may result in suspension, termination, or reduction of grant funds.

All appropriate documentation, as outlined above, must be maintained on file by the Applicant and available for Cal OES or public scrutiny upon request. Failure to comply with these requirements may result in suspension of payments under the grant or termination of the grant or both and the subrecipient may be ineligible for award of any future grants if the Cal OES determines that any of the following has occurred: (1) the recipient has made false certification, or (2) violates the certification by failing to carry out the requirements as noted above.

All of the language contained within this document must be included in the award documents for all subawards at all tiers. All recipients are bound by the Department of Homeland Security Standard Terms and Conditions 2018, Version 8.1, hereby incorporated by reference, which can be found at: <https://www.dhs.gov/publication/fy15-dhs-standard-terms-and-conditions>.

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

Subrecipient: Lake County

Signature of Authorized Agent: _____

Printed Name of Authorized Agent: Carol J. Huchingson

Title: County Administrative Officer Date: _____

Governing Body Resolution

BE IT RESOLVED BY THE Board of Supervisors
(Governing Body)
OF THE County of Lake THAT
(Name of Applicant)

Brian L. Martin-Sheriff/Coroner/OES Director, OR
(Name or Title of Authorized Agent)

Carol J. Huchingson-County Administrative Officer, OR
(Name or Title of Authorized Agent)

Mary Beth Strong-Sheriff/Coroner Administrative Manager
(Name or Title of Authorized Agent)

is hereby authorized to execute for and on behalf of the named applicant a public entity established under the laws of the State of California and actions necessary for the purpose of obtaining federal financial assistance provided by the federal Department of Homeland Security and subgranted through the State of California for the following Grant Award:

2018 Emergency Management Performance Grant (EMPG)
(List Grant Year and Program)

Passed and approved this 6th day of November, 2018

Certification

I, _____, duly appointed and
(Name)
_____ of the Board of Supervisors
(Title) (Governing Body)

Do hereby certify that the above is true and correct copy of a resolution passed and approved by the Board of Supervisors of the County of Lake on the
(Governing Body) (Name of Applicant)

6th day of November, 2018

(Official Position)

(Signature)

(Date)



LAKE COUNTY SHERIFF'S OFFICE

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

Administration
(707) 262-4200

Central Dispatch
(707) 263-2690

Coroner
(707) 262-4215

Corrections
(707) 262-4240

Patrol/Investigations
(707) 262-4200

Brian L. Martin
Sheriff/Coroner

Addendum to the GBR Authorized Agents

Brian L. Martin
Sheriff/Coroner/OES Director
COUNTY OF LAKE
Brian.martin@lakecountyca.gov
1220 Martin Street
Lakeport, CA 95453
Phone: (707) 262-4091
Fax: (707) 262-4220

Carol J. Huchingson
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Phone: (707) 263-2580

Mary Beth Strong
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