(Cal OES Use Only)							
Cal OES #	065-00000	FIPS #	065-00000	VS #		Subaward #	2017-0083

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

The California Governor's Office of Emergency Services (Cal OES), makes a Grant Subaward of funds set forth to the following:

1. Subrecipient: Lake Elsinore **1a. DUNS #:** _____

2. Implementing Agency: Lake Elsinore EMG **2a. DUNS #:** _____

3. Implementing Agency Address: _____ (Street) _____ (City) _____ (Zip+4)

4. Location of Project: _____ (City) _____ (County) _____ (Zip+4)

5. Disaster/Program Title: State Homeland Security Program **6. Performance Period:** _____ **to** 05/31/20

7. Indirect Cost Rate: ☐ **N/A;** ☐ **10% de Minimis;** ☐ **Federally Approved ICR;** _____

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
2017	8. HSGP-SHSP		$8,858				$0	$8,858
Select	9. Select						$0	$0
Select	10. Select						$0	$0
Select	11. Select						$0	$0
	12. **TOTALS**	$0	$8,858	$8,858	$0	$0	$0	12G. Total Project Cost: **$8,858**

13. This Grant Subaward consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications. I hereby certify I am vested with the authority to enter into this Grant Subaward, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or other Approving Body. The Subrecipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Subaward. The Subrecipient accepts this Grant Subaward and agrees to administer the grant project in accordance with the Grant Subaward as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal OES policy and program guidance. The Subrecipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.

14. Official Authorized to Sign for Subrecipient: **15. Federal Employer ID Number:** _____

Name: _____ Title: _____

Telephone: _____ (area code) FAX: _____ (area code) Email: _____

Payment Mailing Address: _____ City: _____ Zip+ 4: _____

Signature: _____ Date: _____

(FOR Cal OES USE ONLY)

I hereby certify upon my personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.

Cal OES Fiscal Officer Date Cal OES Director (or designee) Date

(Cal OES Use Only)							
Cal OES #	065-00000	FIPS #	065-00000	VS #		Subaward #	2017-0083

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

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Payment Mailing Address: _____ City: _____ Zip+ 4: _____

Signature: _____ Date: _____

(FOR Cal OES USE ONLY)

I hereby certify upon my personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.

Cal OES Fiscal Officer Date

Cal OES Director (or designee) Date

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

PROJECT LEDGER

Alterations to this document may result in delayed application approval, modification requests, or reimbursement requests.
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Warning! Decimal usage is not allowed. Attempts to use decimals will prompt error message.

CFDA # HSGP 97.067

LEDGER TYPE:	Initial Application
Today's Date:	January 31, 2017

Lake Elsinore

065-00000
2017-0083

														Approval: Cal OES ONLY	Date & Initials (Prog. REP.):	
ID	Direct / Subaward	Project Number	Project Title	Project Description	Funding Source	Discipline	Solution Area	Core Capability	Capability Building	Deployable / Shareable	Supports Prev Awarded Investment?	Total Budgeted Cost	Amount Approved Previous	**Amount This Request**	Total Approved	Remaining Balance	Percentage Expended
												8,858	-	-	-	**8,858**	
ID #7	Subaward	003	CERT	OA and City CERT Program Managers will be utilizing these funds to enhance and sustain their existing programs by delivering CERT training and purchasing equipment. These funds will also pay for training and program coordinators throughout the cities as well as for the OA in able to coordinate the various programs and provide support to maintain data bases of trained citizens	HSGP-SHSP	EMG	Equipment	Community Resilience	Sustain	NA	FY16; ID #7	8,858				8,858	

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

PLANNING

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Lake Elsinore
065-00000
2017-0083

CFDA #	HSGP 97.067
LEDGER TYPE:	Initial Application
Today's Date:	January 31, 2017

Project Number	Direct/Subaward	Planning Activity	Funding Source	Discipline	Solution Area Sub-Category	Expenditure Category	Final Product	Part of a Procurement over 150k	Sole Source Involved	Budgeted Cost	Amount Approved Previous	**Approval: Cal OES ONLY** **Amount This Request**	Date & Initials (Prog. REP.): REIMB Request #	Total Approved	Remaining Balance
										-	-	-		-	-

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

ORGANIZATION

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CFDA #	HSGP 97.067
LEDGER TYPE:	Initial Application
Today's Date:	January 31, 2017

Lake Elsinore
065-00000
2017-0083

Today's Date:

											Approval: Cal OES ONLY	Date & Initials (Prog. REP.):		
Project Number	Direct/Subaward	Organization	Funding Source	Discipline	Solution Area Sub-Category	Expenditure Category	Certification on File	Detail	Budgeted Cost	Amount Approved Previous	**Amount This Request**	REIMB Request #	Total Approved	Remaining Balance
									-	-	-		-	-

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CFDA# HSGP 97.067

LEDGER TYPE: Initial Application

Today's Date: January 31, 2017

Lake Elsinore
065-00000
2017-0083

Project Number	Equipment Description & (Quantity)	AEL#	AEL Title	SAFECOM Consult	Funding Source	Discipline	Solution Area Sub-Category	Deployable / Shareable	Part of a Procurement over 150k	Sole Source Involved	Hold Trigger	Approval Date	Invoice Number	Vendor	ID Tag Number	Condition & Disposition	Deployed Location	Acquired Date	Budgeted Cost	Amount Approved Previous	**Approval: Cal OES ONLY** Amount This Request	Date & Initials (Prog. REP.): REIMB Request #	Total Approved	Remaining Balance
																			8,858	-	-		-	**8,858**
003	Lake Elsinore- Blankets (40)	08D3-01-BLKT	Blanket, Disposable	N/A	HSGP-SHSP	EMG	Decontaminatio n	NA	No	Yes	No Hold Indicated								1,200					1,200
003	Lake Elsinore- E-Z UP (2)	21GN-00-CCEQ	Equipment, Citizen Corps	N/A	HSGP-SHSP	EMG	Other Authorized Equipment	NA	No	Yes	No Hold Indicated								3,258					3,258
003	Lake Elsinore- Generator 700015 (1)	10GE-00-GENR	Generators	N/A	HSGP-SHSP	EMG	Power				EHP								4,100					4,100
003	Lake Elsinore- Laser Pointer for CERT Class instruction (2)	21GN-00-CCEQ	Equipment, Citizen Corps	N/A	HSGP-SHSP	EMG	Other Authorized Equipment	NA	No	Yes	No Hold Indicated								100					100
003	Lake Elsinore- Stretcher (20)	09ME-05-LITR	Litters/Stretch ers	N/A	HSGP-SHSP	EMG	Medical	NA	No	Yes	No Hold Indicated								200					200

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

TRAINING

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CFDA# HSGP 97.067

Lake Elsinore
065-00000
2017-0083

LEDGER TYPE: Initial Application
Today's Date: January 31, 2017

															Approval: Cal OES ONLY	Date & Initials (Prog. REP.):		
Project Number	Direct/Subaward	Course Name	Funding Source	Discipline	Solution Area Sub-Category	Expenditure Category	Feedback Number	Training Activity	Total # Trainee(s)	Identified Host	EHP Approval Date	Part of a Procurement over 150k	Sole Source Involved	Budgeted Cost	Amount Approved Previous	**Amount This Request**	REIMB Request #	Total Approved	Remaining Balance
														-	-	-		-	-

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

EXERCISE

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CFDA # HSGP 97.067

LEDGER TYPE:	Initial Application
Today's Date:	January 31, 2017

Lake Elsinore

065-00000
2017-0083

Project Number	Direct/Subaward	Exercise Title	Funding Source	Discipline	Solution Area Sub-Category	Expenditure Category	EHP Approval Date	Date of Exercise	Exercise Activity	Identified Host	Date of AAR entered into HSEEP	Part of a Procurement over 150k	Sole Source Involved	Budgeted Cost	Amount Approved Previous	Approval: Cal OES ONLY **Amount This Request**	Date & Initials (Prog. REP.): REIMB Request #	Total Approved	Remaining Balance
														-	-	-	-	-	-

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

CONSULTANT / CONTRACTOR

Alterations to this document may result in delayed application approval, modification requests, or reimbursement requests.
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Lake Elsinore
065-00000
2017-0083

CFDA #	HSGP 97.067
LEDGER TYPE:	Initial Application
Today's Date:	January 31, 2017

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

Project Number	Consulting Firm & Consultant Name	Project & Description of Services	Deliverable	Solution Area	Solution Area Sub-Category	Expenditure Category	Period of Expenditure	Fee for Deliverable	**Billable Hour Breakdown**			REIMB Request #	Total Cost Charged to Grant
									Total Salary & Benefits charged for this Reporting Period	Hourly/Billing Rate	Total Project Hours		
								-	-	-	-	-	-

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

PERSONNEL

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CFDA #	HSGP 97.067

Lake Elsinore
065-00000
2017-0083

LEDGER TYPE:	Initial Application
Today's Date:	January 31, 2017

								Approval: Cal OES ONLY	Date & Initials (Prog. REP.):		
Project Number	Employee Name	Project/Deliverable	Funding Source	Discipline	Solution Area	Solution Area Sub Category	Dates of Payroll Period	Total Salary & Benefits charged for this Reporting Period	Total Project Hours	REIMB Request #	Total Cost Charged to Grant
							-	-	-	-	-

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

AUTHORIZED AGENT

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CFDA #: HSGP 97.067

Lake Elsinore
065-00000
2017-0083

Supporting Information for Reimbursement/Advance of State and Federal Funds

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

This claim is for costs incurred within the grant expenditure period from _____ (Beginning Expenditure Period Date) **through** _____ (Ending Expenditure Period Date) and does not cross fiscal years.

_____ (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). For HSGP: All equipment and training procured under this grant must be in support of the development or maintenance of an identified team or capability.

Printed Name and Title	Signature of Authorized Agent	Date

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