

Public Health-Office of Emergency Services

Fund/Subclass: 0001/10000

Organization: 56204606

Revenue Account: 4380

Emergency Management Performance Grant 2018

Section A- Assurances

EMS-OES



**Standard Assurance
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 Management

False 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

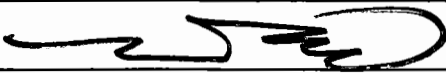
The purpose of the assurance is to obtain federal and state financial assistance, including any and all federal and state grants, loans, reimbursement, contracts, etc. The Applicant recognizes and agrees that state financial assistance will be extended based on the representations made in this assurance. 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: _____ County of Fresno

Signature of Authorized Agent: _____ 

Printed Name of Authorized Agent: _____ Nathan Magsig

Title: _____ Chairman, Board of Supervisors Date: _____ January 29, 2019

ATTEST:
BERNICE E. SEIDEL
Clerk of the Board of Supervisors
County of Fresno, State of California

By _____ Deputy

Emergency Management Performance Grant 2018

Section B- Guidance

EMS-OES



***Cal* OES**

GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

**Fiscal Year 2018
Emergency Management Performance Grant
Program**

***California Supplement to the
Federal Notice of Funding Opportunity***

October 2018

| | |
|---|-----------|
| FOREWORD: DIRECTOR’S MESSAGE | 1 |
| SECTION 1—OVERVIEW | 2 |
| Federal Notice of Funding Opportunity Announcement | |
| Information Bulletins | |
| Purpose of the California Supplement | |
| Key Changes to the FY 2018 Emergency Management Performance Grant | |
| Grant Management Memoranda | |
| Eligible Subrecipients | |
| Tribal Allocations | |
| Subrecipient Allocations | |
| NIMS Implementation | |
| Supplanting | |
| Public/Private Organizations | |
| Debarred/Suspended Parties | |
| SECTION 2—FEDERAL CHANGES AND INITIATIVES | 5 |
| FY 2018 Program Priorities | |
| Public Alert and Warning | |
| Match Requirement | |
| Management and Administration | |
| Indirect Costs | |
| Equipment Typing/Identification and Use | |
| Equipment Maintenance/Sustainment | |
| Small Unmanned Aircraft Systems | |
| Emergency Operations Plans | |
| Access and Functional Needs Population | |
| Conflict of Interest | |
| SECTION 3—STATE CHANGES AND INITIATIVES | 8 |
| “On Behalf Of” | |
| Regional Approach | |
| SECTION 4—REQUIRED STATE APPLICATION COMPONENTS | 9 |
| Financial Management Forms Workbook | |
| Subrecipient Grants Management Assessment | |
| Narrative Attachments | |
| Grant Assurances | |
| Governing Body Resolution | |
| Authorized Agent Information | |
| SECTION 5—THE STATE APPLICATION PROCESS | 12 |
| Application Submission | |
| Late or Incomplete Application | |
| EMPG Contact Information | |
| Subaward Approval | |

SECTION 6—POST AWARD REQUIREMENTS..... 14

- Payment Request Process
- Modifications
- Training Requirements
- Exercises, Improvement Plans and After Action Reporting
- Noncompetitive Procurements
- Procurement Thresholds
- Environmental Planning and Historic Preservation
- Construction and Renovation
- Inventory Control & Property Management
- Equipment Disposition
- Performance Reporting
- Extension Requests
- Progress Reports on Grant Extensions
- Monitoring
- Failure to Submit Required Reports
- Suspension/Termination
- Closeout
- Records Retention

ATTACHMENTS

- A – FY 2018 EMPG Allocations
- B – Subrecipient Grants Management Assessment
- C – FFATA Financial Disclosure
- D – Sample Governing Body Resolution
- E – FY 2018 EMPG Timeline
- F – FY 2018 EMPG Program Checklist

Director's Message

In California, the Emergency Management Performance Grant (EMPG) Program has been leveraged by state, local, and tribal emergency management agencies to acquire the resources necessary to ensure a well-organized and rapid response to disasters. As a result, the State, Local, and Tribal capabilities established utilizing EMPG Program funds have built the advanced capacities that are necessary for ensuring our collective optimum readiness in the complex all hazards environment of California.

The EMPG Program provides direct fiduciary support for California's Standardized Emergency Management System (SEMS) and the series of activities which continue to maintain its tiered system of emergency management support. In fact, California's SEMS and its Incident Command System ultimately became the cornerstone for the National Incident Management System; this is a prime example of how California's experience and leadership in emergency management activities ultimately benefit the entire Nation.

As California's emergency management professionals, it's up to us to stay integral in our emergency management role if we are to remain robust, resilient, and forward-leaning to combat the ever-expanding list of hazards that we face.

To that end, I announce the California Governor's Office of Emergency Services (Cal OES) *Fiscal Year 2018 Emergency Management Performance Grant Program California Supplement to the Federal Notice of Funding Opportunity.*

Sincerely,



MARK S. GHILARDUCCI
Director

Federal Notice of Funding Opportunity Announcement

In May 2018, the U.S. Department of Homeland Security (DHS)/Federal Emergency Management Agency (FEMA) issued the Fiscal Year (FY) 2018 Emergency Management Performance Grant Program (EMPG), Notice of Funding Opportunity (NOFO) found on the Cal OES and FEMA websites and is available for download at https://www.fema.gov/media-library-data/1526578379064-1a52c022786d147e1509a186a2764889/FY_2018_EMPG_REGULAR_NOFO_5_11_2018_FINAL_508.pdf. Subrecipients must follow the programmatic requirements set forth in the NOFO, and the applicable provisions of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards located in Title 2, Code of Federal Regulations (C.F.R.), Part 200.

Information Bulletins

DHS issues Information Bulletins (IBs) to provide updates, clarification, and new requirements throughout the life of the grant. IBs may be obtained at: <https://www.fema.gov/grants/grant-programs-directorate-information-bulletins>.

Purpose of the California Supplement

The FY 2018 EMPG California Supplement to the NOFO (State Supplement) is intended to complement, rather than replace, the NOFO published by DHS. It is recommended that Applicants thoroughly read the NOFO before referring to the State Supplement. The State Supplement will emphasize differences between the FY 2017 and FY 2018 EMPG, and highlight additional California policies and requirements applicable to the FY 2018 EMPG.

Key Changes to the FY 2018 Emergency Management Performance Grant

- The Federal Funding Accountability and Transparency Act (FFATA) Financial Disclosure is now incorporated as an attachment to be included with the required application documents. It is no longer a part of the Financial Management Forms Workbook (FMFW).
- Subrecipients will receive a Notification of Award Approval letter. Subrecipients will be required to accept the award letter by signing and returning the original to their Program Representative within 20 days.
- The FY 2018 EMPG NOFO identified that there is no minimum exercise requirement for the State Administrative Agency (SAA). In order to meet exercise requirements that address the capability gaps in the priority areas of logistics, housing, and catastrophic planning, Subrecipients are required to complete a minimum of three exercises. The exercises must be completed by the end of the subaward performance period.

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| Grant Management Memoranda | Cal OES issues Grant Management Memorandum (GMMs) which provide additional information and requirements regarding EMPG funds. GMMs can be located at: https://www.caloes.ca.gov/cal-oes-divisions/grants-management/homeland-security-prop-1b-grant-programs/memos . |
| Eligible Subrecipients | Eligible Applicants, referred to as Subrecipients, include Counties/Operational Areas (OAs) and Tribes located in California. |
| Tribal Allocations | <p>The NOFO strongly encourages Cal OES to provide access to EMPG funds directly to Tribes in California. To implement this requirement, a special Request for Proposal will be issued to California's federally-recognized Tribes and Indian organizations, as described in the Cal OES Tribal Consultation Policy.</p> <p>http://www.caloes.ca.gov/cal-oes-divisions/tribal-coordination</p> <p>All Subrecipients are encouraged to coordinate with Tribal governments to ensure that Tribal needs are considered in their grant applications.</p> |
| Subrecipient Allocations | FY 2018 EMPG Subrecipient allocations are included in Attachment A. |
| NIMS Implementation | <p>Prior to allocation of any federal preparedness awards in FY 2018, Subrecipients must ensure and maintain adoption and implementation of the National Incident Management System (NIMS). Additional information can be found at</p> <p>https://www.fema.gov/national-incident-management-system.</p> |
| Supplanting | Grant funds must be used to supplement existing funds, not replace (supplant) funds that have been appropriated for the same purpose. Subrecipients may be required to provide supporting documentation that certifies a reduction in non-federal resources occurred for reasons other than the receipt or expected receipt of federal funds. Supplanting will result in the disallowance of the activity(s) associated with this improper use of the federal grant funds. |
| Public/Private Organizations | Subrecipients may contract with any other public or private organizations to perform eligible activities on approved EMPG projects. |
| Debarred/ Suspended Parties | Subrecipients must not make or permit any award (subgrant, subaward or contract) at any tier, to any party, that is debarred, suspended, or otherwise excluded from, or ineligible for, participation in federal assistance programs. |

**Debarred/
Suspended
Parties Cont.**

Subrecipients must obtain documentation of eligibility prior to making any subaward or contract funded by EMPG funds, and must be prepared to present supporting documentation to monitors/auditors.

Before entering into a Grant Subaward, the Subrecipient must notify Cal OES if it knows if any of the principals under the subaward fall under one or more of the four criteria listed at 2 C.F.R. § 180.335. The rule also applies to Subrecipients who pass-through funding to other local entities.

If at any time after accepting a subaward, Subrecipients learn that any of its principals fall under one or more of the criteria listed at 2 C.F.R. § 180.335, immediate written notice must be provided to Cal OES and all grant activities halted until further instructions are received from Cal OES. The rule also applies to subawards passed through by Subrecipients to local entities.

FY 2018 Program Priorities

DHS/FEMA annually publishes the National Preparedness Report (NPR) to report National progress in building, sustaining, and delivering the core capabilities outlined in the goal of a secure and resilient Nation. This analysis provides a National perspective on critical preparedness trends for whole community partners to use to inform program priorities, allocate resources, and communicate with stakeholders about issues of concern.

EMPG Subrecipients are encouraged to consider national areas for improvement identified in the National Preparedness Goal (NPG), which include the following core capabilities:

- Cybersecurity
- Infrastructure Systems
- Economic Recovery
- Housing
- Supply Chain Integrity and Security
- Natural and Cultural Resources

DHS FEMA does not prescribe a minimum funding amount for these priorities. However, Subrecipients are required to support local, regional, state, and national efforts in achieving the desired outcomes of these priorities.

Public Alert and Warning

It is the priority of Cal OES to develop and enhance sheltering and evacuation plans for alerting and warning the public of an emergency. As stated in the FY 2018 NOFO, EMPG funds may be used to develop or enhance emergency management planning activities including developing and enhancing sheltering and evacuation plans for alerts/warning, crisis communications, pre-positioning of equipment for areas potentially impacted by mass evacuations, and re-entry.

Cal OES encourages Subrecipients to consider how use of this funding may ensure that their jurisdiction's alert and warning activities are consistent with the guidelines developed Pursuant to Senate Bill 833 of the 2018 Legislative Session.

Match Requirement

The FY 2018 EMPG requires a dollar-for-dollar match. This can be cash or third party in-kind contributions. Refer to 2 C.F.R. § 200.29 and § 200.306 for specific details. Utilizing the FMFW Match tab, Subrecipients will indicate the appropriate Solution Area and Solution Area Subcategory that accurately represents the specific activity(s) and cost(s) used to meet the match requirement under the FY 2018 EMPG subaward.

Management and Administration

The Management and Administration (M&A) allowance for Subrecipients is set at a maximum of 5% for the FY 2018 EMPG.

Indirect Costs

Indirect costs are allowable under the FY 2018 EMPG Grant Award. Subrecipients who claim indirect costs may do so provided they use one of the following two methods:

1. Subrecipients with an indirect cost rate approved by their cognizant federal agency may claim indirect costs based on the established rate. Indirect costs claimed must be calculated using the base approved in the indirect cost Negotiation Agreement. A copy of the approved Negotiation Agreement is required at the time of application.
2. Subrecipients who have never received a negotiated indirect cost rate and receive *less than* \$35 million in *direct* federal funding per year may claim the 10% de minimis indirect cost rate based on Modified Total Direct Costs as described in 2 C.F.R. Part 200, § 200.68, and Subpart E.

Indirect costs are *in addition to* the M&A allowance, and must be included in the Grant Award application as a “Project” and reflected in the FMFW on the Indirect cost category ledger if being claimed under the award. Indirect costs may be claimed no more than once annually, and only at the end of the fiscal year. Costs must be broken out by fiscal year if there is a rate change. Indirect costs must be based on claimed direct costs, excluding equipment expenditures.

Equipment Typing/ Identification and Use

Subrecipients who allocate FY 2018 EMPG funds for equipment are required to type and identify the capability associated with that equipment. Also, per FEMA policy, the purchase of weapons and weapon accessories is not allowed with EMPG funds.

Allowable EMPG equipment is listed on the Authorized Equipment List (AEL) website at <https://www.fema.gov/authorized-equipment-list>.

Expenditures for general purpose equipment are allowable if they align to and support one or more core capabilities identified in the NPG, and in addition, are sharable through the Emergency Management Assistance Compact and allowable under 6 U.S. C. § 609. Refer to the FY 2018 NOFO for examples of allowable general purpose equipment.

| | |
|---|---|
| Equipment Maintenance/Sustainment | Use of EMPG funds for maintenance contracts, warranties, repair or replacement costs, upgrades, and user fees are allowable as described in FEMA IB 336 and 379. |
| Small Unmanned Aircraft Systems | All requests to purchase Small Unmanned Aircraft Systems (SUAS) with FEMA grant funding must comply with IB 426 and include a description of the policies and procedures in place to safeguard individuals' privacy, civil rights, and civil liberties of the jurisdiction that will purchase, take title to or otherwise use the SUAS equipment. |
| Emergency Operations Plans | Subrecipients should maintain a current Emergency Operation Plan that is aligned with guidelines set out in Comprehensive Preparedness Guide 101 version 2.0. |
| Access and Functional Needs Population | Subrecipients conducting major planning projects (including, but not limited to Evacuation, Mass Care and Shelter, Disaster Recovery, etc.) should address access and functional needs, including the needs of children, within their planning documents in order to maintain EMPG eligibility. |
| Conflict of Interest | Subrecipients must disclose to their Program Representative, in writing, any real or potential conflict of interest as defined by the Federal, State, Local, or Tribal statutes or regulations, which may arise during the administration of the EMPG subaward within five days of learning of the conflict of interest. |

**“On Behalf
Of”**

Cal OES may, in conjunction with local approval authorities, designate funds “on behalf of” local entities who choose to decline or fail to utilize their subaward in a timely manner.

**Regional
Approach**

Subrecipients must take a regional approach and consider the needs of local units of government in the projects and activities included in their FY 2018 EMPG application.

Financial Management Forms Workbook

The FY 2018 Cal OES FMFW can be accessed at <http://www.caloes.ca.gov/cal-oes-divisions/grants-management/criminal-justice-emergency-management-victim-services-grant-programs/emergency-management-performance-grant> and includes:

Grant Subaward Face Sheet – Use the Grant Subaward Face Sheet to apply for grant programs. The Grant Subaward Face Sheet must be signed and printed in portrait format.

Authorized Agent Contact Information – Provides the contact information of any additional Authorized Agents (AA) and staff related to grant activities. It is recommended more than one person be designated as the AA so if one AA is not available, a second AA can sign requests.

Project Ledger – The Project Ledger is used in the application process to submit funding information and is used for submitting Cash Requests, Grant Subaward Modifications, and to assist with completion of the Biannual Strategy Implementation Report (BSIR).

Planning Ledger – Provides detailed information on grant-funded Planning activities with a final product identified.

Organization Ledger – Provides detailed information on grant-funded Organizational activities.

Equipment Ledger – It is an EMPG requirement that detailed information be provided under the equipment description for all grant-funded equipment. AEL numbers must be included for all items of equipment. Always refer to the AEL for a list of allowable equipment and conditions, if any.

Training Ledger – Provides detailed information on grant-funded Training activities. All training activities must receive Cal OES approval prior to starting the event, including a Training Feedback number. The form to obtain a Training Feedback number may be found at the following link:
<https://w3.calema.ca.gov/WebPage/trainreq.nsf/TrainRequest?OpenForm>

Exercise Ledger – Provides detailed information on grant-funded Exercises.

M&A Ledger – Provides information on grant-funded M&A activities.

Financial Management Forms Workbook Cont.

Indirect Costs Ledger – Provides information on Indirect Costs.

Consultant-Contractor Ledger – Provides detailed information on grant-funded consultants.

Personnel Ledger – Provides detailed information on grant-funded Personnel activities.

Authorized Agent Page – The AA Page must be submitted with the application, all Cash Requests, and Grant Subaward Modifications. The AA must include the appropriate signature, expenditure period, and date.

Subrecipient Grants Management Assessment

Per 2 C.F.R. § 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. The Subrecipient Grants Management Assessment, found as Attachment B, contains questions related to your organization's experience in the management of federal grant awards. It is used to determine and provide an appropriate level of technical assistance, training, and grant oversight to Subrecipients during the subaward. The questionnaire must be completed and returned with your grant application. A PDF fillable version of the form may be found at: <http://www.caloes.ca.gov/cal-oes-divisions/grants-management/criminal-justice-emergency-management-victim-services-grant-programs/emergency-management-performance-grant>.

Narrative Attachments

Indirect Cost Rate Agreement – If claiming indirect costs at a federally-approved rate, please provide a copy of your approved Indirect Cost Rate Agreement.

FFATA Financial Disclosure – Use the FFATA Financial Disclosure, referenced as Attachment C, to provide information required by the Federal Funding Accountability and Transparency Act of 2006. If your organization is not subject to the FFATA Financial Disclosure requirements, check the "Not Subject to FFATA Financial Disclosure" box at the bottom of the page.

Grant Assurances

The Grant Assurances list the requirements to which the Subrecipients will be held accountable. All Applicants will be required to submit a signed, **original** of the FY 2018 Grant Assurances as part of their FY 2018 EMPG application. The required Grant Assurances can be found only in PDF format on the Cal OES website.

NOTE: Self-created Grant Assurances will not be accepted.

**Governing
Body
Resolution**

The Governing Body Resolution (GBR) appoints AAs (identified by the individual's name or by a position title) to act on behalf of the governing body and the Applicant by executing any actions necessary for each application and subaward. All Applicants are required to submit a copy of their FY 2018 GBR with their application. A sample Resolution is found as Attachment D.

**Authorized
Agent
Information**

For each person or position appointed by the governing body, identify the individual in the AA and Contact Information page of the FMFW.

Application Submission

Subrecipients must submit an electronic copy of their completed FMFW to their Program Representative for review. After the application is approved, a completed hardcopy of the FMFW, along with all other application components must be mailed, with original signatures, by the application due date. During the application process, if it is determined all allocated funds cannot be expended by the end of the performance period, inform your Program Representative as soon as possible. The completed application should be received by Cal OES by no later than November 16, 2018. The FY 2018 EMPG Timeline is referenced as Attachment E.

HAND-DELIVERED APPLICATIONS WILL NOT BE ACCEPTED

Late or Incomplete Application

Late or incomplete applications may be denied. If an application is incomplete, the Program Representative may request additional information. Requests for late submission of applications must be made in writing to the Program Representative prior to the application due date. Cal OES has sole discretion to accept or reject a late or incomplete grant application. All application documents requiring an original signature must be mailed in hardcopy.

EMPG Contact Information

All Subrecipient application materials, questions, comments, and correspondence should be directed to:

California Governor's Office of Emergency Services
ATTN: Grants Management (Building E)
Emergency Management Performance Grants Unit
3650 Schriever Avenue
Mather, CA 95655

| | |
|---------------------|----------------|
| Alissa Adams, Chief | (916) 845-6415 |
| Patti Delaney | (916) 845-8469 |
| Christine So | (916) 845-8383 |
| Yer Yang | (916) 845-8468 |

The Program Representative Regional Assignments Map is available under "Regional Assignments" at: <http://www.caloes.ca.gov/cal-oes-divisions/grants-management/criminal-justice-emergency-management-victim-services-grant-programs/emergency-management-performance-grant>.

Subaward Approval

The Subrecipient will receive written notice of the State's approval of its Grant Subaward. Subrecipient reimbursements will not be made until all required application components have been approved by Cal OES. Grant Subaward letters must be signed and the original must be returned to Cal OES within 20 days. Subrecipients should retain a copy of the signed form for their records.

Payment Request Process

EMPG is a reimbursement grant; no cash advances are permitted. To request a cash reimbursement of FY 2018 EMPG funds, Subrecipients must first complete a payment request using the Cal OES FMFW, returning it to the appropriate Program Representative. Subrecipients who fail to follow the workbook instructions may experience delays in processing the payment request.

Payments can only be made if the Subrecipient has submitted a completed and approved application.

Exercise costs will not be reimbursed until an After Action Report (AAR) has been posted and access to the AAR has been granted to your Program Representative.

Modifications

Post award budget, scope, and time modifications must be requested using the Cal OES FMFW V 1.18 signed by the Subrecipient's AA, and submitted to the Program Representative.

The Subrecipient may implement grant modification activities, and incur associated expenses, only after receiving written final approval of the modification from Cal OES.

Training Requirements

Training activities supported with EMPG Program funds should align to NPG core capabilities identified in each Subrecipients Training and Exercise Plan. Subrecipients must obtain a Training Feedback Number from Cal OES before beginning any Training activities. This includes project components like travel to, materials for, or attendance in training courses. Training Feedback Numbers must be obtained no later than 30 days before the first day of the training or related activities. Subrecipients must complete a Training Request Form and submit it electronically to Cal OES.

For more information on this or other training-related inquiries, contact the Cal OES Training Branch at (916) 845-8752 or their website at: <http://www.caloes.ca.gov/Cal-OES-Divisions/California-Specialized-Training-Institute>.

All EMPG-funded personnel, including M&A staff, must complete one of the two following sets of training courses. Proof of completion of the training requirements must be kept on file by the Subrecipient and be made available for review upon request. When seeking approval of non-DHS/FEMA developed courses, course materials must be submitted with the approval requests. Conditional approvals are not offered.

**Training
Requirements
Cont.**

EMPG TRAINING – OPTION 1

IS 100 (any version), Introduction to Incident Command System (ICS)

IS 200 (any version), ICS for Single Resources and Initial Action Incident

IS 700 (any version), National Incident Management System, An Introduction

IS 800 (any version), National Response Framework, An Introduction

IS 120.a Introduction to Exercises

IS 230.d Fundamentals of Emergency Management

IS 235.b Emergency Planning

IS 240.b Leadership and Influence

IS 241.b Decision Making and Problem Solving

IS 242.b Effective Communication

IS 244.b Developing and Managing Volunteers

EMPG TRAINING – OPTION 2

IS 100 (any version), Introduction to the Incident Command System (ICS)

IS 700 (any version), National Incident Management System (NIMS), An Introduction

IS 800 (any version), National Response Framework, An Introduction

IS 230.d Fundamentals of Emergency Management

E/L0101, Foundations of Emergency Management

E/L0102, Science of Disaster

E/L0103, Planning Emergency Operations

E/L0104, Exercise Design

Training Requirements Cont.

E/L0105, Public Information and Warning

For EMPG-funded personnel who choose Option 2, please report the employee's full name, name of the training, and the date the training was completed in your performance report.

In the event that any of the listed courses have been updated and the required version is no longer available, it is acceptable to take the updated course in place of the listed course (i.e., since IS-120.a has been replaced with IS-120.C, the latter may be used in the place of the original course.) The courses listed above are the minimum accepted versions for FY 2018 EMPG.

Exercises, Improvement Plans and After Action Reporting

Subrecipients should engage stakeholders to identify long-term training and exercise priorities. These priorities should address capability targets and gaps identified through the annual Threat and Hazard Identification and Risk Assessment and Stakeholder Preparedness Review process, real-world events, previous exercises, and national areas for improvement identified in the NPR.

Subrecipients must report on all exercises conducted with EMPG grant funds. An After Action Report (AAR) and Improvement Plan (IP) or Summary Report (for Seminars & Workshops) must be completed and submitted to Cal OES within 90 days after the exercise/seminars/workshops are conducted. It is acceptable to submit an *Exercise Summary Report for Seminars and Workshops* in lieu of a full AAR/IP.

AAR/IPs and Summary Reports should be emailed to:

- Exercise@caloes.ca.gov
- hseep@fema.dhs.gov
- Your Program Representative

All EMPG-funded personnel, including M&A staff, must participate in three exercises of any type between July 1, 2018 and June 30, 2019. Extensions to the grant do not apply to this requirement or its deadline. There is no specific requirement for level of participation in the exercises and the exercises can be of any type.

For exercise-related issues and/or questions, please email the Cal OES Exercise Team at exercise@caloes.ca.gov.

Noncompetitive Procurements To be eligible for reimbursement, noncompetitive procurements exceeding the simplified acquisition threshold require Cal OES prior written approval. This method of procurement must be approved by your local Purchasing Agent prior to submitting a request for Cal OES approval. A copy of the Purchasing Agent's approval must be included with submission. Cal OES may request additional documentation that supports the procurement effort.

Procurement Thresholds Effective June 20, 2018, the micro-purchase threshold was increased from \$3,500 to \$10,000 and the simplified acquisition threshold was increased from \$150,000 to \$250,000. These increases apply to all Subrecipient procurements executed on or after June 20, 2018. Refer to IB 434 for additional information.

Environmental Planning and Historic Preservation DHS/FEMA is required to ensure all activities and programs that are funded by the agency comply with federal Environmental Planning and Historic Preservation (EHP) regulations. Subrecipients proposing projects or activities (including, but not limited to, training, exercises, the installation of equipment, and construction or renovation projects) which have the potential to impact the environment must participate in the EHP review process. EHP Screening Memos must include detailed project information and explain the goals and objectives of the proposed project, and include supporting documentation. DHS/FEMA may also require the Subrecipient provide a confidential California Historical Resources Information System (CHRIS) report in addition to the EHP Screening Form. Determination on the necessity of a CHRIS report is based upon information disclosed on the EHP Screening Form. Your Program Representative will provide you with additional instructions should this report be required. EHP requests should be submitted to Cal OES as early as possible. All projects/activities triggering EHP must receive DHS/FEMA written approval prior to commencement of the funded activity.

The EHP Screening Form is at: <http://www.caloes.ca.gov/cal-oes-divisions/grants-management/criminal-justice-emergency-management-victim-services-grant-programs/emergency-management-performance-grant>.

Updated information on Grants Program Directorate (GPD) EHP FEMA Policy #108-023-1 can be accessed at: <http://www.fema.gov/grant-programs-directorate-policy>.

Construction and Renovation

When applying for construction funds, including communications towers, at the time of application, Subrecipients must submit evidence of approved zoning ordinances, architectural plans, any other locally required planning permits, and a notice of federal interest. Additionally, Subrecipients are required to submit a SF-424C Budget and Budget Detail that cites the project costs. Communications tower construction requests also require evidence the Federal Communications Commission's Section 106 review process has been completed.

Written approval for construction must be provided by DHS/FEMA prior to the use of any EMPG funds for construction or renovation.

Inventory Control and Property Management

FY 2018 EMPG Subrecipients must use standardized resource management concepts for resource typing and credentialing, in addition to maintaining an inventory by which to facilitate the effective identification, dispatch, deployment, tracking and recovery of resources.

Subrecipients must have an effective inventory management system, to include:

- Property records that document description, serial number or other ID, title information, acquisition date, cost, location, use and condition, and ultimate disposition;
- Conducting a physical inventory at least every two years;
- A control system to prevent loss, damage, and theft of grant purchased equipment and supplies; and
- Adequate maintenance procedures must be developed to keep the property in good condition.

Equipment Disposition

When original or replacement equipment acquired under the EMPG is no longer needed for program activities, the Subrecipient must contact the Program Representative to request disposition instructions.

Performance Reporting

Subrecipients must complete a BSIR each Winter and Summer using the DHS/FEMA Grants Reporting Tool (GRT) for the duration of the subaward performance period or until all grant activities are completed and the subaward is formally closed by Cal OES. Failure to submit a BSIR could result in subaward reduction, termination, or suspension.

To obtain access to the online GRT, please log on the DHS/FEMA website at <https://www.reporting.odp.dhs.gov>. To create a new

Performance Reporting Cont.

account, please follow the instructions that read, "If you need to register for an account, please click here." The Subrecipient will be required to ensure up-to-date project information is entered. For additional assistance with the GRT, please contact your Program Representative.

Extension Requests

Extensions to the initial performance period identified in the subaward will only be considered through formal, written requests to your Program Representative. Upon receipt of the extension request, Cal OES will:

1. Verify compliance with performance reporting requirements by confirming the Subrecipient has submitted all necessary performance reports;
2. Confirm the Subrecipient has provided sufficient justification for the request; and
3. If applicable, confirm the Subrecipient has demonstrated sufficient progress in past situations where an extension was authorized by Cal OES.

Extension requests will be granted only due to compelling legal, policy, or operational challenges, and will only be considered for the following reasons:

1. Contractual commitments with vendors that prevent completion of the project within the performance period;
2. The project must undergo a complex environmental review which cannot be completed within this timeframe;
3. Projects are long-term by design and therefore, acceleration would compromise core programmatic goals, and
4. Where other special circumstances exist.

To be considered, extension requests must be received no later than 60 days prior to the end of the Subrecipient's performance period, and must contain specific and compelling justifications as to why an extension is required. All extension requests must address the following:

1. Grant program, fiscal year, and award number;
2. Reason for delay;
3. Current status of the activity/activities;
4. Approved performance period termination date and new project completion date;
5. Amount of funds drawn down to date;
6. Remaining available funds, both federal and non-federal;
7. Budget outlining how remaining federal and non-federal funds

Extension Requests Cont.

- will be expended;
8. Plan for completion, including milestones and timeframes for each milestone and the position/person responsible for implementing the plan for completion; and
 9. Certification that the activity/activities will be completed within the extended performance period without any modification to the original Statement of Work.

General questions regarding extension requirements should be directed to your Program Representative. For additional information, please see IB 379 at: <https://www.fema.gov/pdf/government/grant/bulletins/info379.pdf>. Extension requests for personnel and salaries do not meet the requirements of IB 379 and will not be granted. Subrecipients are expected to complete all grant funded personnel activity by the end of the subaward performance period.

Progress Reports on Grant Extensions

All Subrecipients that receive Cal OES approval to extend their FY 2018 grant subaward performance period may be required to submit progress reports indicating completed and future project milestones on all extended projects. Progress reports must be submitted electronically to the Program Representative. Deadlines for the submission of progress reports will be established at the time of extension approval.

Monitoring

Cal OES Grants Monitoring actively monitors Subrecipients, both through desk and on-site field reviews. Monitoring is based on the cost principals and administrative requirements addressed in Local, State, and Federal controlling authority, in addition to applicable financial guidelines. Reviews may include, but are not limited to:

- Entries recorded on the FMFW categories;
- Eligibility of and support for expenditures, typically covering two to three years of data;
- Comparing actual Subrecipient activities to those approved in the grant application and subsequent modifications, including the review of timesheets as appropriate;
- Ensuring advances have been disbursed in accordance with applicable guidelines;
- Confirming compliance with:
 - Grant Assurances, and
 - Information provided on performance reports and payment requests.

NOTE: It is the responsibility of all Subrecipients that pass through funds to monitor and audit the grant activities of their subawards.

**Monitoring
Cont.**

This requirement includes, but is not limited to, on-site verification of grant activities, as required. Many Subrecipients receive “findings” which necessitate a Corrective Action Plan (CAP) on their part. Those Subrecipients who fail to submit a CAP as required shall have a “hold” placed on any future reimbursements until the “finding” is resolved.

**Failure to
Submit
Required
Reports**

Periodic reporting is required by the grant. Subrecipients who miss a single reporting deadline may receive a letter addressed to their Board of Supervisors informing them of the failure to report. County OAs and Tribes who fail to report twice in a row may have subsequent awards reduced by 10% until timely reporting is reestablished.

**Suspension/
Termination**

Cal OES may suspend or terminate grant funding, in whole or in part, or other measures may be imposed for any of the following reasons:

- Failure to submit required reports.
- Failure to expend funds in a timely manner consistent with the grant milestones, guidance and assurances.
- Failure to comply with the requirements or statutory progress toward the goals or objectives of federal or state law.
- Failure to make satisfactory progress toward the goals or objectives set forth in the Subrecipient application.
- Failure to follow grant agreement requirements or special conditions.
- Proposing or implementing substantial plan changes to the extent that, if originally submitted, the application would not have been selected for funding.
- False certification in the application or document.
- Failure to adequately manage, monitor or direct the grant funding activities of their Subrecipients.

Before taking action, Cal OES will provide the Subrecipient reasonable notice of intent to impose corrective measures and will make every effort to informally resolve the problem.

Closeout

Cal OES will close-out Subrecipient awards when it determines all applicable administrative actions and all required work of the federal award have been completed. Subawards will be closed after:

- Receiving any applicable Subrecipient Performance Report indicating all approved work has been completed, and all funds have been distributed;
- All funds have been requested and reimbursed, or

**Closeout
Cont.**

- disencumbered;
- Completing a review to confirm the accuracy of reported information;
- Reconciling actual costs to subawards, modifications and payments; and
- Verifying the Subrecipient has submitted a final BSIR showing all grant funds have been expended.

**Records
Retention**

The records retention period is three years from the date of the subrecipient's final BSIR submittal showing all grant funds have been expended. The Cal OES Grant Closeout Letter will notify the Subrecipient of the start of the records retention period for all programmatic and financial grant-related records. If the SAA award remains open after the Subrecipient's Submission of the final BSIR, Cal OES will complete any additional BSIR reporting required under the award on behalf of the Subrecipient. Closed grants may still be monitored and audited. Failure to maintain all grant records for the required retention period could result in a reduction of grant funds, and an invoice to return costs associated with the unsupported activities.

Attachment A – FY 2018 EMPG Allocations | 2018

| Emergency Management Performance Grant (EMPG) | | | | |
|---|------------|-------------|------------------|-------------|
| Operational Area | Population | Base Amount | Per Capita Total | Total Award |
| ALAMEDA | 1,660,202 | \$125,000 | \$335,021 | \$460,021 |
| ALPINE | 1,154 | \$125,000 | \$233 | \$125,233 |
| AMADOR | 38,094 | \$125,000 | \$7,687 | \$132,687 |
| BUTTE | 227,621 | \$125,000 | \$45,933 | \$170,933 |
| CALAVERAS | 45,157 | \$125,000 | \$9,112 | \$134,112 |
| COLUSA | 22,098 | \$125,000 | \$4,459 | \$129,459 |
| CONTRA COSTA | 1,149,363 | \$125,000 | \$231,936 | \$356,936 |
| DEL NORTE | 27,221 | \$125,000 | \$5,493 | \$130,493 |
| EL DORADO | 188,399 | \$125,000 | \$38,018 | \$163,018 |
| FRESNO | 1,007,229 | \$125,000 | \$203,254 | \$328,254 |
| GLENN | 28,796 | \$125,000 | \$5,811 | \$130,811 |
| HUMBOLDT | 136,002 | \$125,000 | \$27,445 | \$152,445 |
| IMPERIAL | 190,624 | \$125,000 | \$38,467 | \$163,467 |
| INYO | 18,577 | \$125,000 | \$3,749 | \$128,749 |
| KERN | 905,801 | \$125,000 | \$182,786 | \$307,786 |
| KINGS | 151,662 | \$125,000 | \$30,605 | \$155,605 |
| LAKE | 65,081 | \$125,000 | \$13,133 | \$138,133 |
| LASSEN | 30,911 | \$125,000 | \$6,238 | \$131,238 |
| LOS ANGELES | 10,283,729 | \$125,000 | \$2,075,209 | \$2,200,209 |
| MADERA | 158,894 | \$125,000 | \$32,064 | \$157,064 |
| MARIN | 263,886 | \$125,000 | \$53,251 | \$178,251 |
| MARIPOSA | 18,129 | \$125,000 | \$3,658 | \$128,658 |
| MENDOCINO | 89,299 | \$125,000 | \$18,020 | \$143,020 |
| MERCED | 279,977 | \$125,000 | \$56,498 | \$181,498 |
| MODOC | 9,612 | \$125,000 | \$1,940 | \$126,940 |
| MONO | 13,822 | \$125,000 | \$2,789 | \$127,789 |
| MONTEREY | 443,281 | \$125,000 | \$89,452 | \$214,452 |
| NAPA | 141,294 | \$125,000 | \$28,512 | \$153,512 |
| NEVADA | 99,155 | \$125,000 | \$20,009 | \$145,009 |
| ORANGE | 3,221,103 | \$125,000 | \$650,004 | \$775,004 |
| PLACER | 389,532 | \$125,000 | \$78,606 | \$203,606 |
| PLUMAS | 19,773 | \$125,000 | \$3,990 | \$128,990 |
| RIVERSIDE | 2,415,955 | \$125,000 | \$487,529 | \$612,529 |
| SACRAMENTO | 1,529,501 | \$125,000 | \$308,646 | \$433,646 |
| SAN BENITO | 57,088 | \$125,000 | \$11,520 | \$136,520 |
| SAN BERNARDINO | 2,174,938 | \$125,000 | \$438,892 | \$563,892 |
| SAN DIEGO | 3,337,456 | \$125,000 | \$673,483 | \$798,483 |
| SAN FRANCISCO | 883,963 | \$125,000 | \$178,380 | \$303,380 |
| SAN JOAQUIN | 758,744 | \$125,000 | \$153,111 | \$278,111 |

Attachment A – FY 2018 EMPG Allocations | 2018

| | | | | |
|-----------------|------------|-------------|-------------|--------------|
| SAN LUIS OBISPO | 280,101 | \$125,000 | \$56,523 | \$181,523 |
| SAN MATEO | 774,155 | \$125,000 | \$156,221 | \$281,221 |
| SANTA BARBARA | 453,457 | \$125,000 | \$91,506 | \$216,506 |
| SANTA CLARA | 1,956,598 | \$125,000 | \$394,832 | \$519,832 |
| SANTA CRUZ | 276,864 | \$125,000 | \$55,870 | \$180,870 |
| SHASTA | 178,271 | \$125,000 | \$35,974 | \$160,974 |
| SIERRA | 3,207 | \$125,000 | \$647 | \$125,647 |
| SISKIYOU | 44,612 | \$125,000 | \$9,003 | \$134,003 |
| SOLANO | 439,793 | \$125,000 | \$88,748 | \$213,748 |
| SONOMA | 503,332 | \$125,000 | \$101,570 | \$226,570 |
| STANISLAUS | 555,624 | \$125,000 | \$112,122 | \$237,122 |
| SUTTER | 97,238 | \$125,000 | \$19,622 | \$144,622 |
| TEHAMA | 64,039 | \$125,000 | \$12,923 | \$137,923 |
| TRINITY | 13,635 | \$125,000 | \$2,752 | \$127,752 |
| TULARE | 475,834 | \$125,000 | \$96,021 | \$221,021 |
| TUOLUMNE | 54,740 | \$125,000 | \$11,046 | \$136,046 |
| VENTURA | 859,073 | \$125,000 | \$173,357 | \$298,357 |
| YOLO | 221,270 | \$125,000 | \$44,651 | \$169,651 |
| YUBA | 74,727 | \$125,000 | \$15,080 | \$140,080 |
| TRIBAL NATIONS | 362,801 | \$125,000 | \$73,212 | \$198,212 |
| TOTAL | 40,172,494 | \$7,375,000 | \$8,106,623 | \$15,481,623 |

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

| | | | |
|--|-------------------------------------|-------------------------------------|---|
| Subrecipient: | | DUNS #: | FIPS #: |
| Grant Disaster/Program Title: | | | |
| Performance Period: | | Subaward Amount Requested: | |
| Type of Non-Federal Entity (Check Box) | <input type="checkbox"/> State Gov. | <input type="checkbox"/> Local Gov. | <input type="checkbox"/> IJA <input type="checkbox"/> Non-Profit <input type="checkbox"/> Tribe |

Per Title 2 CFR, § 200.351, 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 this awarded 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 makes the individual who has responsibility for reviewing and determining expenditures to be charged to the grant or fund, and organization refers to the submitting agency for the grant 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? | |
| 2. How many years of experience does your current bookkeeper/accounting staff have managing grants? | |
| 3. How many grants does your organization currently receive? | |
| 4. What is the approximate total dollar amount of all grants you receive? | |
| 5. Are individual staff members assigned to work on multiple grants? | |
| 6. Do you use timesheets to track the time staff spend working on activities/projects? | |
| 7. How often does your organization have a financial audit? | |
| 8. Has your organization received any audit findings in the last three years? | |
| 9. Do you have a written plan to charge costs to grants? | |
| 10. Do you have written procurement policies? | |
| 11. Do you get multiple quotes or bids when buying items or services? | |
| 12. How many years do you maintain receipts, deposits, cancelled checks, invoices, etc.? | |
| 13. Do you have procedures to monitor grant funds passed through to other entities? | |

| | |
|--|---------------------|
| Certification: I/We do certify that, to the best of our knowledge and belief, the data furnished above is accurate, complete and current. | |
| Signature (Authorized Agent) | Date: |
| Print Name: | Print Title: |

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

The attached form in PDF fillable format is available for download at:

<https://www.caloes.ca.gov/cl-oes-divisions/grants-management/homeland-security-prop-1b-grant-programs/homeland-security-grants-program>

Attachment C – FFATA Financial Disclosure | 2018

Federal Funding Accountability and Transparency Act (FFATA) Financial Disclosure

Public Law (PL) 109-282 Federal Funding Accountability and Transparency Act of 2006, 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 |
|----------------|-------|---------------|---------------------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

☐ Not Subject to FFATA Financial Disclosure

Printed Name and Title

Signature of Authorized Agent

Date

Attachment D – Sample Governing Body Resolution | 2018

BE IT RESOLVED BY THE _____
(Governing Body)
OF THE _____ THAT
(Name of Applicant)
_____, OR
(Name or Title of Authorized Agent)
_____, OR
(Name or Title of Authorized Agent)
_____,
(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, any 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:

(List Grant Year and Program)

Passed and approved this _____ day of _____, 20 _____

Certification

I, _____, duly appointed and
(Name)

(Title) Of the _____
(Governing Body)

do hereby certify that the above is a true and correct copy of a resolution passed and approved by the

_____ day of _____, 20 _____

(Official Position)

(Signature)

(Date)

Attachment E – FY 2018 EMPG Timeline | 2018

| | |
|---|---|
| DHS Announcement of FY 2018 EMPG NOFO | May 21, 2018 |
| Cal OES Application due to DHS | June 20, 2018 |
| Subrecipient performance period begins | July 1, 2018 |
| FY 2018 EMPG California Supplement release | September 2018* |
| Subrecipient Workshops | October 2018* |
| Multi Year-Training and Exercise Plans due | September 30, 2018 |
| Subrecipient Final Applications due to Cal OES | November 16, 2018* |
| Submission of the FY 2018 EMPG Performance Report for the period of 7/1/18 – 9/30/18 | October 16, 2018 |
| All FY 2018 EMPG EHP-related documents must be received by Program Representative | December 31, 2018 |
| Submission of the FY 2018 EMPG Performance Report for the period of 7/1/18 – 12/31/18 | January 16, 2019 |
| Submission of the FY 2018 EMPG Performance Report for the period of 7/1/18 – 3/31/19 | April 16, 2019 |
| Subrecipient performance period ends | June 30, 2019 |
| Submission of the FY 2018 EMPG Performance Report for the period of 7/1/18 – 6/30/19 | July 20, 2019 |
| Final Request for Reimbursement due | Within 20 calendar days of the subaward expiration date |
| Cal OES's performance period ends | September 30, 2019 |

* These dates are approximate and based on anticipated date of DHS award to California

Attachment F – FY 2018 EMPG Program Checklist | 2018

Subrecipient: _____ **FIPS#:** _____

Program

Representative: _____

Financial Management Forms Workbook:

| | |
|-------|--------------------------------------|
| _____ | Grant Subaward Face Sheet |
| _____ | Authorized Agent and Contact |
| _____ | Project Descriptions |
| _____ | Project Ledger |
| _____ | Planning Ledger |
| _____ | Organization Ledger |
| _____ | Equipment Ledger |
| _____ | Training Ledger |
| _____ | Exercise Ledger |
| _____ | Management and Administration Ledger |
| _____ | Indirect Cost Ledger |
| _____ | Consultant-Contractor Ledger |
| _____ | Personnel Ledger |
| _____ | Match Ledger |
| _____ | Indirect Cost Rate Summary |
| _____ | Authorized Agent Sheet |

Required Documents:

| | |
|-------|---|
| _____ | Environmental Planning and Historic Preservation (EHP) Screening Form |
| _____ | FFATA Financial Disclosure |
| _____ | Governing Body Resolution |
| _____ | Subrecipient Grants Management Assessment form |
| _____ | 2018 EMPG Grant Assurances |
| _____ | Indirect Cost Rate Agreement (If Applicable) |

Emergency Management Performance Grant 2018

Section C- Governing
Body Resolution

EMS-OES

Governing Body Resolution

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

Chairman, Board of Supervisors, OR
(Name or Title of Authorized Agent)

Director, Department of Public Health, OR
(Name or Title of Authorized Agent)

Assistant Director, Department of Public Health
(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, any actions necessary for the purpose of obtaining federal financial assistance provided by the federal Department of Homeland Security and subawarded through the State of California.

Passed and approved this 29th day of January, 20 19

Certification

I, Ernest Buddy Mendes, duly appointed and
(Name)

Vice-Chairman of the County of Fresno
(Title) (Governing Body)

do hereby certify that the above is a true and correct copy of a resolution passed and approved by

the Board of Supervisors of the County of Fresno on the
(Governing Body) (Name of Applicant)

29th day of January, 20 19

ATTEST:
BERNICE E. SEIDEL
Clerk of the Board of Supervisors
County of Fresno, State of California

By [Signature] Deputy

Vice-Chairman

(Official Position)

[Signature]
(Signature)

January 29, 2019
(Date)

Instruction Sheet

Governing Body Resolution, Meeting Minutes, & Addendum to GBR

Purpose

The purpose of the Governing Body Resolution (GBR) is to appoint individuals to act on behalf of the governing body and the OA.

Note: Self Certifications are not accepted as a valid Governing Body Resolution. You cannot self certify that you are an authorized agent. Another Board member will need to sign the lower portion of the GBR.

Required GBR-related Application Documents

- Governing Body Resolution (GBR)
 - Meeting Minutes (associated with GBR)
 - Addendum to the GBR
-

Authorized Agent(s)

The Governing Body Resolution allows for the appointment of individuals or positions. **For each person or position appointed by the governing body, you must submit the following information, with the resolution, to Cal OES on the applicant's letterhead:**

- | | |
|---|--|
| <input type="checkbox"/> Name | <input type="checkbox"/> Title |
| <input type="checkbox"/> Jurisdiction | <input type="checkbox"/> E-Mail Address |
| <input type="checkbox"/> Street Address (City & Zip Code) | <input type="checkbox"/> Phone & Fax Numbers |
-

Authorized Agent Changes

- If the Governing Body Resolution identified Authorized Agents by position and/or title, changes can be made by submitting new Authorized Agent information to Cal OES, as indicated above.
- If the Governing Body Resolution identified Authorized Agents by name, a new Resolution is needed when any changes are made. The information list above must also be submitted with the new Resolution.

Emergency Management Performance Grant 2018

Section D- Workbook

EMS-OES

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 |
|---------------------------------|--|---|
| 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 Facesheet. | |
| | 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. Indicated N/A if you will not be claiming indirect costs under the award. Indirect costs may or may not be allowable under all Federal fund sources. |
| | 8. - 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 Grant Subrecipient | Enter the name, title, telephone number, and e-mail address of the official authorized to enter into the Grant Award Agreement for the Grant Recipient as stated in Block 1 of the Grant Award Face Sheet (Cal OES 2-101). 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 Ledger | Project Milestone | Provide estimates on milestones for your projects in terms of percentage completeness and amounts expended for the next 6, 12, and 15 months. Leave ____ month blank. |
| | Use this ledger to submit funding information for projects, as well as submitting Reimbursement Requests and Modifications. | |
| | Ledger Type | Using the drop-down list, 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 REIMB/MOD Request | A copy of the Project Ledger can be created manually by performing the following steps: Right click on the 'Project Ledger' tab -> Select MOVE OR COPY... from the list of options -> Place the copy before the Planning tab but after the last working Project Ledger -> Check CREATE A COPY -> Click OK . Rename the copied Project Ledger appropriately to reflect a Reimbursement request or Modification. |
| | 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. |

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| 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 | For new Reimbursement requests, enter the amount that was approved on the previous Reimbursement request here. | |
| 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. |

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| 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 | For new Reimbursement requests, enter the amount that was approved on the previous Reimbursement request here. | |
| 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. |

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| 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 | For new Reimbursement requests, enter the amount that was approved on the previous Reimbursement request here. | |
| Amount This Request | For Reimbursement requests, enter the requested amount of reimbursement in this column. | |
| Reimbursement Request Number | Enter the Reimbursement Request number for this organizational activity. | |
| Total Approved | Automatic calculation of total reimbursed. | Warning! Do not enter information in this column, contains formulas. |
| Remaining Balance | Automatic calculation of Remaining Balance. | Warning! Do not enter information in this column, contains formulas. |

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| 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. | |
| 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). | |

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| 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. Subrecipient 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 | For new Reimbursement requests, enter the amount that was approved on the previous Reimbursement request here. | |
| 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. |

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| 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. |
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|---------------------------------|---|--|
| 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 Tripper | 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 | For new Reimbursement requests, enter the amount that was approved on the previous Reimbursement request here. | |
| 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. |

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| 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. |
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| | |
|----------------------------|---|
| 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. |
| Amount Approved Previous | For new Reimbursement requests, enter the amount that was approved on the previous Reimbursement request here. |
| EHP Approval Date | Enter the EHP (Environmental and Historic Preservation) 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 | For new Reimbursement requests, enter the amount that was approved on the previous Reimbursement request here. |
| 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.

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|------------------------------|---|
| 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 C, 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 D, 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 | For new Reimbursement requests, enter the amount that was approved on the previous Reimbursement request here. |
| 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 C, Row 21). |
| ICR Base | Select an ICR Base from the drop-down list. |
| Rate | Select an Percentage Rate 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. |
| 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.

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|-----------------------------------|---|
| 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. |
| 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. |

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| 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 | For new Reimbursement requests, enter the amount that was approved on the previous Reimbursement request here. | |
| 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 Complete. | Warning! Do not enter information in this column, contains formulas. |

| Authorized Agent | Authorized Agent sheet must accompany ALL Cash Reimbursement Requests, Modifications and the Initial Application. | |
|--------------------------|---|--|
| Type | Select from the drop-down list 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

*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

County of Fresno

2018-0008

Additional Authorized Agent Contact Information

| Authorized Agent's Name | Title | Mailing Address | City | State | Zip | Phone | Email |
|-------------------------|---|-------------------------------|--------|-------|-------|----------------|--|
| David Pomaville | Director, Department of Public Health | P.O. Box 11867 | Fresno | CA | 93775 | 559-600-3200 | dpomaville@co.fresno.ca.us |
| David Luchini | Assistant Director, Department of Public Health | P.O. Box 11867 | Fresno | CA | 93775 | 559-600-3200 | dluchini@co.fresno.ca.us |
| Nathan Magsig | Chairman, Board of Supervisors | 2281 Tulare Street, Suite 300 | Fresno | CA | 93721 | (559) 600-5000 | District5@co.fresno.ca.us |
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| Contact's Name | Title | Mailing Address | City | State | Zip | Phone | Email |
| Angel Lopez | Staff Analyst | P.O. Box 11867 | Fresno | CA | 93775 | 559-600-4065 | angellopez@co.fresno.ca.us |
| Ken Austin | Emergency Services Coordinator | P.O. Box 11867 | Fresno | CA | 93775 | 559-600-4065 | kaustin@co.fresno.ca.us |
| David Pomaville | Director, Department of Public Health | P.O. Box 11867 | Fresno | CA | 93775 | 559-600-4065 | dpomaville@co.fresno.ca.us |
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CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES (Cal OES)

PROJECT DESCRIPTIONS

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

CFDA # EMPG 97.042

County of Fresno

2018-0008

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|---|---------------------|
| LEDGER TYPE: | Initial Applicatoin |
| Today's Date: | |
| Request #: | |
| Approval: Cal OES ONLY Date & Initial (Pgmr REP.): | |

| Project | NPG Mission Area | NPG Core Capabilities | Project Description | Match Description | Need | Project Milestone & Justification |
|-----------|------------------|--------------------------|---|--|---|--|
| Project A | Response | Operational Coordination | Emergency Management staff will be responsible for all aspects of the day to day operations of the Operational Area's emergency management program. Staff will carry out functions such as maintaining the EOC and other response resources, participating in scheduled meetings and exercises with other local partner agencies, facilitating emergency management training, updating and development of plans and responding to emergency events. | The cash match will come from County realignment funds used to pay for 100% of the Project A total costs. Project A costs will be paid for by 100% Federal funds (EMPG) and 100% realignment funds (Match). | Staffing and support activities are required to maintain a basic level of operational capability to carry out the Operational Area's day to day emergency management functions. | At the 6 month mark, this project will be 50% complete and \$150,000 funds will be expended. At the 12 month mark, this project will be 100% complete and \$251,039 funds will be expended. At the 15 month mark, this project will be ____% complete and \$____ funds will be expended. |
| Project A | Response | Operational Coordination | Provide training opportunities for emergency management staff to enhance their abilities to carry out their responsibilities. | Project A costs will be paid for by 100% Federal funds (EMPG). Other EMPG-eligible costs and activities will be used to meet Project A's match requirement. The Local funds (Match) for this project will be cash match and come from County general funds used to pay for emergency management salaries and benefits. | Emergency Management program staff are expected to keep current on a wide variety of subjects. Providing training through approved training organizations and vendors will allow staff to develop and maintain the needed capabilities to their jobs. | At the 6 month mark, this project will be ____% complete and \$____ funds will be expended. At the 12 month mark, this project will be 100% complete and \$10,000 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 & Justification |
|-----------|------------------|--------------------------|---|--|---|---|
| Project A | Response | Operational Coordination | Continue ongoing implementation of the Crisis Information Management System (WebEOC) to enable more effective sharing of information both day to day and during emergencies. Funding will be used to pay annual support fees. AEL #: 04AP-05-CDSS AEL Title: Systems and tools, ICS | Project A costs will be paid for by 100% Federal funds (EMPG). Other EMPG-eligible costs and activities will be used to meet Project A's match requirement. The Local funds (Match) for this project will be cash match and come from County general funds used to pay for emergency management salaries and benefits. | This system enables the Operational Area and its partner agencies to share situational and resource information during disaster events and also allow all agencies to work from a common operational picture. AEL #: 04AP-05-CDSS AEL Title: Systems and tools, ICS Duration of Service: 7/1/18 to 6/30/19 | At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be 100% complete and \$19,500 funds will be expended. At the ___ month mark, this project will be ___% complete and \$___ funds will be expended. |
| Project A | Response | Operational Coordination | Subscribe to Complete-EM for use by EM staff in performing assessments, developing and updating plans and managing projects. AEL #: 04AP-05-CDSS AEL Title: Systems and tools, ICS Duration of Service: 7/1/18 to 6/30/19 Pre-existent equipment | Project A costs will be paid for by 100% Federal funds (EMPG). Other EMPG-eligible costs and activities will be used to meet Project A's match requirement. The Local funds (Match) for this project will be cash match and come from County realignment funds used to pay for emergency management salaries and benefits. | OES is required to carry out a wide variety of tasks and projects including assessments, developing and updating plans, maintaining contact resources and equipment and managing grants. Complete-EM provides tools and resources to help complete these tasks in a more efficient and organized manner | At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be 100% complete and \$17,950 funds will be expended. At the ___ month mark, this project will be ___% complete and \$___ funds will be expended. |
| Project A | Response | Operational Coordination | Indirect costs associated with administration and facilities | Project A costs will be paid for by 100% Federal funds (EMPG). Other EMPG-eligible costs and activities will be used to meet Project A's match requirement. The Local funds (Match) for this project will be cash match and come from County realignment funds used to pay for OES operational costs. | OES is required to carry out a wide variety of tasks and projects including assessments, developing and updating plans, maintaining contact resources and equipment and managing grants. Complete-EM provides tools and resources to help complete these tasks in a more efficient and organized manner | At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be 100% complete and \$29,765 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 LEDGER

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

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| CFDA #: | EMPG | 97.042 |
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County of Fresno

2018-0008

| | | | |
|------------------------------------|--|-----------|--|
| LEDGER TYPE: | Initial Application | | |
| Today's Date | | | |
| Subgrant Performance Period | Start Date: | 7/1/2018 | |
| | End Date: | 6/30/2019 | |
| Request # | | | |
| Approval: Cal OES ONLY | Date & Initials (Prog. REP.): | | |

[illegible]

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

PLANNING

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.

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

CFDA #:

EMPG

97.042

County of Fresno

2018-0008

LEDGER TYPE:

Initial Application

Today's Date

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| Subgrant | |
| Performance | |
| Period | |

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| Start Date: | |
| End Date: | |

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| 7/1/2018 |
| 6/30/2019 |

Request #

Approval: OES ONLY

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

ORGANIZATION

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.

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CFDA #:

EMPG

97.042

County of Fresno

2018-0008

LEDGER TYPE:

Initial Application

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| Today's Date |
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Performance

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Request #

**Approval: Cal
OES ONLY**

Date & Initials
(Prog. REP.):

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2018-0008

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| LEDGER TYPE: | | Initial Application | |
| Today's Date | | | |
| Subgrant Performance Period | Start Date: | 7/1/2018 | |
| | End Date: | 6/30/2019 | |
| Request: # | | | |
| Approval: Cal OES ONLY | Date & Initials (PROG, REP.): | | |

FMFW v1.18 - 2018

TRAINING

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

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| LEDGER TYPE: | Initial Application |
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| Request # | |
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2018-0008

EXERCISE

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

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| EMPG | 97.042 |
|------|--------|

2018-0008

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

M&A

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.

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CFDA #:

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|------|--------|
| EMPG | 97.042 |
|------|--------|

97.042

County of Fresno

2018-0008

LEDGER TYPE:

Initial Application

Today's Date

Start Date:

7/1/2018

Perform
Period

End Date:

6/30/2019

Request #

Approval: Ca
OES ONLY

Date & Initials
(Prog. REP.):

[illegible]

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

PERSONNEL

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.

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CFDA #:

EMPG

97.042

County of Fresno

2018-0008

LEDGER TYPE:

Initial Application

Today's Date

**Subgrant
Performance Period**

Start Date:
End Date:

7/1/2018

5/30/2019

Request #

Approval:
OES ONLY

Date & Initials
(Prog. REP.):

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

MATCH

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CFDA #:

EMPG

97.042

County of Fresno

2018-0008

LEDGER TYPE:

Initial Application

Today's Date

Subgrant

Performance
Period

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|-------------|--|
| Start Date: | |
|-------------|--|

7/1/2018

End Date:

6/30/2019

Request #

Approval: OES ONLY

**Date & Initials
(Prog. REP.):**

[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

County of Fresno

2018-0008

Supporting Information for Reimbursement/Advance of State and Federal Funds

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

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

(Beginning Expenditure Period Date)

through

(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).

Nathan Magsig, Chairman Board of Supervisors

Printed Name and Title

Signature of Authorized Agent

January 29, 2019
Date

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

ATTEST:
BERNICE E. SEIDEL
Clerk of the Board of Supervisors
County of Fresno, State of California

By [Signature] Deputy

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

INDIRECT COSTS - SUMMARY RECAP OF COSTS CLAIMED

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CFDA#

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

County of Fresno

2018-0008

PERIOD (Month/Yr. through Month/Yr.):

INDIRECT COST RATE FOR PERIOD:

ICR Base:

| DIRECT COSTS | Total Costs | Less Excluded Contract Costs | Costs Applicable to ICR |
|--|-------------|------------------------------|-------------------------|
| Planning | | | - |
| Organization | | | - |
| Training | | | - |
| Exercise | | | - |
| M&A | | | - |
| EOC Construction & Renovation | | | - |
| Maintenance & Sustainment | | | - |
| Sub-Total Eligible Direct Costs | - | - | - |

| SUBAWARDS | Total Costs | Less Excluded Subward Costs | Costs Applicable to ICR |
|--|-------------|-----------------------------|-------------------------|
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| Sub-Total Eligible Subaward Costs | - | - | - |

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

Emergency Management Performance Grant 2018

Section E- Proof
of
Authority

EMS-OES

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

| | | |
|---|--|--------------------------|
| Subrecipient: County of Fresno | DUNS # 4969341 | FIPS #: 019-00000 |
| Grant Disaster/Program Title: Emergency Management Performance Grant | | |
| Performance Period: 07/01/2018 to 06/30/2019 | Subaward Amount Requested: \$ 328,254 | |
| 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.

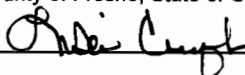
| Assessment Factors | Response |
|---|--|
| 1. How many years of experience does your current grant manager have managing grants? | 3-5 years <input type="button" value="v"/> |
| 2. How many years of experience does your current bookkeeper/accounting staff have managing grants? | 3-5 years <input type="button"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

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: January 29, 2019 |
| Print Name: Nathan Magsig | Print Title: Chairman, Board of Supervisors |

Program Specialist Only: SUBAWARD #

ATTEST:
BERNICE E. SEIDEL
Clerk of the Board of Supervisors
County of Fresno, State of California

By  Deputy

Attachment C – FFATA Financial Disclosure | 2018

Federal Funding Accountability and Transparency Act (FFATA) Financial Disclosure

Public Law (PL) 109-282 Federal Funding Accountability and Transparency Act of 2006, 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.

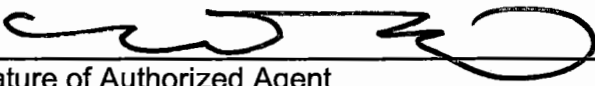
If the Subrecipient in the preceding year received 80 percent or more of its annual gross revenues in federal Awards; **and** \$25,000,000 or more in annual gross revenues from federal awards, **and** the public does not have access to information about the compensation of the senior executives of the 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 |
|----------------|-------|---------------|---------------------------------|--------------------|
| | | | | |
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☒ Not Subject to FFATA Financial Disclosure

Nathan Magsig, Chairman Board of Supervisors

Printed Name and Title

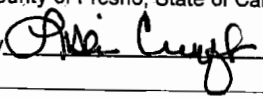


Signature of Authorized Agent

January 29, 2019

Date

ATTEST:
BERNICE E. SEIDEL
Clerk of the Board of Supervisors
County of Fresno, State of California

By  Deputy