

GRANT AWARD FACE SHEET INSTRUCTIONS

Cal OES Section: The top portion of the form contains blocks for five (5) important numbers.
Please do not fill in these blocks. These numbers will be entered by Cal OES.

1. Grant Recipient

The Grant Recipient 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 Grant Recipient. This term also refers to the Grantee, Sub-grantee or Sub-Recipient.

1a. Federal DUNS Number (Grant Recipient)

Enter the full 9-digit Federal Data Universal Numbering System (DUNS) ID number for the Grant Recipient. If the Grant Recipient 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 requirement applies to federally funded grants only.

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 Recipient, 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 requirement applies to federally funded grants only.

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/yy)

7A . – 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 funds requested, the amount of cash *and/or* in-kind match contributed and the resulting totals. If the source does not appear on the list, enter the acronym for the source in box 11. 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. Official Authorized to sign for the Applicant/Grant Recipient

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.

15. Federal Employer ID Number

Enter the 9-digit Federal Employer Identification Number for the Implementing Agency.

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 Award Face Sheet.

Cal OES# _____ FIPS# _____ VS _____ CFDA# _____ Grant# _____

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES GRANT AWARD FACE SHEET (Cal OES 2-101)

The California Governor's Office of Emergency Services hereafter designated Cal OES, hereby makes a Grant Award of funds to the following:

1. Grant Recipient: _____ 1a. DUNS# _____

In the amount and for the purpose and duration set forth in this Grant Award.

2. Implementing Agency: _____ 2a. DUNS# _____

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

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

5. Disaster/Program Title: _____ 6. Performance Period: _____ to _____

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
7.								
8.								
9.								
10.								
11.								
12. TOTALS								12G. Total Project Cost:

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

14. Official Authorized to Sign for Applicant/Grant Recipient: _____ 15. Federal Employer ID Number: _____

Name: _____ Title: _____

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

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

Signature: _____ Date: _____

[FOR Cal OES USE ONLY]

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

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