

**California Emergency Management Agency**

**GRANT AWARD NO.** \_\_\_\_\_

**GRANT AWARD AMENDMENT**

**AMENDMENT NO.** \_\_\_\_\_

THIS AMENDMENT, made and entered into on \_\_\_\_\_ by and between the  
 (Date)  
**California Emergency Management Agency**, hereafter designated CalEMA, and the following Administrative Agency  
 \_\_\_\_\_ hereafter called the Recipient.

WITNESSETH: That the Recipient agrees to the amendment of this Grant Award Agreement as specified below:

IN WITNESS WHEREOF, this Grant Award Amendment has been executed by the parties hereto, upon the date written above.

|   |  |            |                                   |  |                |                         |             |
|---|--|------------|-----------------------------------|--|----------------|-------------------------|-------------|
| <b>CALIFORNIA EMERGENCY MANAGEMENT AGENCY</b><br>(for CalEMA use only)  |  |            |                                   | <b>RECIPIENT</b>                         |                |                         |             |
| BY (AUTHORIZED SIGNATURE)   |  |            |                                   | RECIPIENT                                |                |                         |             |
| PRINTED NAME OF PERSON SIGNING  |  |            |                                   | BY (AUTHORIZED SIGNATURE)                |                | DATE                    |             |
| TITLE   |  |            |                                   | PRINTED NAME AND TITLE OF PERSON SIGNING |                |                         |             |
| DATE  |  |            |                                   | ADDRESS                                  |                |                         |             |
| AMOUNT ENCUMBERED BY THIS DOCUMENT  |  |            | PROGRAM/CATEGORY (CODE AND TITLE) |  | FUND TITLE     |                         |             |
| \$  |  |            |                                   |  |                |                         |             |
| PRIOR AMOUNT ENCUMBERED FOR THIS GRANT AWARD  |  | MATCH      | ITEM                              |  | CHAPTER        | STATUTE                 | FISCAL YEAR |
| \$  |  |            |                                   |  |                |                         |             |
| TOTAL AMOUNT ENCUMBERED TO DATE   |  | PCA NUMBER |                                   |  | PROJECT NUMBER |                         |             |
| \$  |  |            |                                   |  |                |                         |             |
| I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above. |  |            |                                   |  |                | FEDERAL CATEGORY NUMBER |             |
| SIGNATURE OF CalEMA FISCAL OFFICER  |  |            |                                   |  |                | DATE                    |             |
|   |  |            |                                   |  |                |                         |             |