

WORKBOOK INSTRUCTIONS

This worksheet provides instructions on how to complete the **FY 2022 Financial Management Forms Workbook (FMFW), EMPG v.22**. It is divided into sections throughout the workbook. The first section describes the macros used in this workbook and can be ignored if you are using the non-macro version of this FMFW. For further guidance, see the [Instructions](#) worksheet.

Section 1: MACROS

Below is a table with instructions on how to enable macros in Microsoft Excel, depending on the version.

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

Version	Instructions
Excel 2003	<ol style="list-style-type: none"> 1) From the menu bar, click on TOOLS > MACRO > SECURITY. 2) From SECURITY LEVEL tab, select the MEDIUM. 3) Save, Close, and Re-open the workbook. <p>NOTE: The MEDIUM setting will prompt you to enable or disable macros each time the file is opened. The LOW setting will enable macros without a prompt.</p>
Excel 2007	<ol style="list-style-type: none"> 1) Click the round "Office" button in upper left corner of the window. 2) Click "Excel Options" button near lower-right corner. 3) From "Excel Options" window, select "Trust Center" on left pane. 4) Click on the "Trust Center Settings" button on the right pane, which will open a new "Trust Center" window. 5) From the new "Trust Center" window, pick "Macro Settings" on left pane. 6) Choose "Disable all macros with notification" radio button on the right pane, then click OK. <p>NOTE: Each time a workbook with macros is opened, a security alert will appear. This alert may be a pop-up window. You must choose to enable for macros to function.</p>
Excel 2010/2013/2016/2019/365	<ol style="list-style-type: none"> 1) Click on the File tab, then choose Options, which will then open a new "Excel Options" window. 2) From the new window, click "Trust Center" on the left pane. 3) Click "Trust Center Settings..." button on the right pane, which will then open a new "Trust Center" window. 4) From the "Trust Center" window, pick "Macro Settings" on left pane. 5) Choose "Disable all macros with notification" radio button on the right pane, then click OK. 6) Save, Close, and Re-open the workbook. <p>NOTE: Each time a workbook with macros is opened, a security alert will appear. This alert may be a pop-up window. You must choose to enable for macros to function.</p>

Below is a table of the macro buttons available on many of the worksheets in this workbook.

Button	Function
Sort (A-Z)	Sorts table by project letter, from A to Z.
Spellcheck	Spellchecks the worksheet.
Clear Filters	Clears all filters applied to any of the tables.
Calculate M&A	Calculates maximum allowable M&A based on total cost of all non-M&A projects.
Black Font	Selects the entire row(s) of the selected cell(s) and changes the font color to black. Any strikethrough:

Red Strikethrough	Selects the entire row(s) of the selected cell(s) and changes the font color to red. A red strikethrough
Blue Font	Selects the entire row(s) of the selected cell(s) and changes the font color to blue. Any strikethroughs
Add Row	Adds row below the selected cell.
Delete Row	Deletes entire row(s) of selected cell(s). Selection must be contiguous if multiple cells are selected.
Validate Worksheet	Restores formulas and formatting to default values in the appropriate cells. This macro does not erase
New Request	Duplicates the active worksheet for reimbursement and modification requests, placing it immediately to name the new worksheet. Remember to use the most recent version of the worksheet when creatir
New Mod Item	Copies the selected line and inserts it immediately below. The font color of the selected row will char line item has been changed. The duplicated line will have blue font color, without a strikethrough, inc
Initial Application	Populates the Ledger Type field with "Initial Application" and the Date field with today's date.
Reimbursement Request	Populates the Ledger Type field with "Reimbursement Request" and the Date field with today's date. /
Modification	Populates the Ledger Type field with "Modification" and the Date field with today's date. A new "Requ

Below is a table that lists macros that can be activated by using a keyboard shortcut. A shortcut requires the user to press 2 keys simultaneously: the control k

Keyboard Shortcut	Function
Ctrl + Shift + G	Creates a new worksheet with a pivot table that aggregates Budgeted Costs by Solution Area. Only v
Ctrl + Shift + I	Resets information on top of each tab to reflect name, FIPS, subaward number, POP dates from Face .
Ctrl + Shift + L	Breaks all links to external sources.
Ctrl + Shift + S	Spellchecks worksheet.
Ctrl + Shift + Y	Duplicates the active sheet, then deletes the red lines and changes blue font to black font.

Section 2: 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. Please convert format and provide a digital signature from the authorized official. **The use of white out, tape, or digital redaction is prohibited and will invalidate the signature**

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 b

Form Field	Instructions
1. Subrecipient	The Subrecipient is the unit of government or community based organization (CBO) that will have legal authority (e.g. County of Alameda, City of Fresno or Women's Place of Merced). Enter the legal name of the Subrecipient that will be receiving the funds. PLEASE NOTE: All CBOs must be registered, active, and current with the IRS, Department of Justice (DC) and the FBI. If not current will result in funds being withheld by Cal OES.
1a. Unique Entity Identifier (UEI)	Effective April 4, 2022, the Federal Government transitioned from using the Data Universal Numbering System (DUNS) to a unique identifier known as a Unique Entity Identifier or UEI. For entities that have an active registration in the System for Award Management (SAM), the UEI has automatically been assigned and no action is necessary. For all entities filing a new registration, a UEI must be assigned to that entity as part of the SAM.gov registration process. UEI registration information is available at SAM.gov . PLEASE NOTE: GSA .
2. Implementing Agency	Enter the complete name of the agency responsible for the day-to-day operation of the grant (e.g. State of California Department of Social Services). If the Implementing Agency is the same as the Subrecipient, enter the same title again.
2a. Unique Entity Identifier (UEI)	Effective April 4, 2022, the Federal Government transitioned from using the Data Universal Numbering System (DUNS) to a unique identifier known as a Unique Entity Identifier or UEI. For entities that have an active registration in the System for Award Management (SAM), the UEI has automatically been assigned and no action is necessary. For all entities filing a new registration, a UEI must be assigned to that entity as part of the SAM.gov registration process. UEI registration information is available at SAM.gov . PLEASE NOTE: GSA .
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 Subaward. A disaster may be a specific event or a program. 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 Subaward. (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 a negotiated indirect cost rate agreement. A copy of the approved negotiated indirect cost rate agreement must be enclosed with the application. Indirect costs may or may not be allowable under all Federal awards.
8-12. 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 menu. Enter the amount of cash and/or in-kind match contributed and the resulting totals. Please do not include the Total Project Cost row should correspond to the total project cost specified in the budget.
13. Certification Paragraph	Please review the Certification Paragraph.

14. CA Public Records Act	Please review, and if applicable, provide the necessary documentation.
15. Official Authorized to sign for the Subrecipient	Enter the name and title of the official authorized to enter into the Grant Subaward for the Subrecipient Sheet (Cal OES 2-101). Enter the Payment Mailing Address where grant funds should be sent. Provide th
16. Federal Employer ID Number	Enter the nine digit Federal Employer Identification Number for the Implementing Agency.

Section 3: AUTHORIZED AGENT CONTACT INFORMATION

Provide the contact information of any additional Authorized Agents (AA) or staff related to grant activities. It is recommended that more than one person be available, a second AA can sign the requests for reimbursements and modifications.

Section 4: PROJECT LEDGER

Use this ledger to submit funding information for projects, as well as submitting Cash Requests and Modifications.

Ledger Column Name	Instructions
Request Type	Using the Macro buttons, specify what type of ledger is being completed (Application, Advance, Reimbursement, etc.) and enter the request number.
State Goals	Select the State Goals from the drop-down list.
Direct/Subaward	Use the drop-down list to identify if the Project is Direct or Subaward
Project	Enter the project letter from the drop-down list.
Project Title	Enter a short, but descriptive name for the project.
Project Description	Enter the project description, citing specific and measurable objectives.
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 Solution Area Sub-Category will not display the drop-down list unless a Solution Area Category is selected.
Core Capabilities	Select a Core Capabilities from the drop-down list.
Capability Building	Select Capability Building from the drop-down list.
Deployable/Shareable	Select from the drop down list.
Total Budgeted Cost	Enter the total amount obligated for the project.
Previously Approved Amount	This field auto-populates with the cumulative expenditures of all reimbursement requests prior to the current request amount.
Amount This Request	This field is for Cash Requests only: Enter the requested dollar amount for the line item.
Total Approved	This field auto-populates with the cumulative amount expended for the line item. This value does not include cash requests.
Expenditures To Date	This field auto-populates with the total expenditures to date for the line item. This value includes matched cash requests.
Remaining Balance	This field auto-populates with the remaining balance allowed for the line item. This value does not include cash requests.
Percent Expended	This field auto-populates with the amount expended, to-date, as a percentage of the budgeted amount.

Section 5: PLANNING

Ledger Column Name	Instructions
Project	Select the project letter from the drop-down list that corresponds with the Project Ledger.
Direct/Subaward	Use the drop down list to identify if the project is Direct or Subaward.
Planning Activity	Enter the planning activity.
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list that corresponds with the Project Ledger
Expenditure Category	Select an Expenditure Category from the drop-down list. This list is dependent on a selection from the : Expenditure Category will not display the drop-down list unless a Solution Area Sub-Category is selecte
Final Product	Enter a description of the final product for this Planning activity. This must be a tangible item such as a Program Representative for further examples of final products.
Noncompetitive Procurement over 250k	Select YES or NO from the drop-down list.
Hold Trigger	If project is subject to a Hold, select the Hold type from drop-down list.
Approval Date	If applicable, enter date when hold was released/approved.
Budgeted Cost	Enter the total amount of grant funding budgeted for the line item.
Previously Approved Amount	This field auto-populates with the cumulative expenditures as of all reimbursement requests prior to the match amounts.
Amount This Request	This field is for Cash Requests only: Enter the requested dollar amount for the line item.
Total Approved	This field auto-populates with the total expenditures to-date for the line item. This value does not inclu
Remaining Balance	This field auto-populates with the remaining balance allowed for the line item. This value does not inc

Section 6: ORGANIZATION

Ledger Column Name	Instructions
Project	Select the project letter from the drop-down list that corresponds with the Project Ledger.
Direct/Subaward	Use the drop down list to identify if the project is Direct or Subaward.
Organization	Enter the name of the organization.
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list that corresponds with the Project Ledger
Expenditure Category	Select an Expenditure Category from the drop-down list. This list is dependent on a selection from the : Expenditure Category will not display the drop-down list unless a Solution Area Sub-Category is selecte
Detail	Select a Detail option from the drop-down list.
Budgeted Cost	Enter the total amount of grant funding budgeted for the line item.

Previously Approved Amount	This field auto-populates with the cumulative expenditures as of all reimbursement requests prior to the match amounts.
Amount This Request	This field is for Cash Requests only: Enter the requested dollar amount for the line item.
Total Approved	This field auto-populates with the total expenditures to-date for the line item. This value does not inclu
Remaining Balance	This field auto-populates with the remaining balance allowed for the line item. This value does not inc

Section 7: EQUIPMENT

Ledger Column Name	Instructions
Project	Select the project letter from the drop-down list that corresponds with the Project Ledger.
Equipment Description	Provide a description of equipment and quantity. If Item is Mobile or Portable identify as such.
AEL Number & Title	Place the AEL Number and Title in these columns. The AEL Number and Title can be obtained from the <u>Authorized Equipment List</u>
SAFECOM Compliance	Select YES, NO, or N/A from the drop-down list.
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list that corresponds with the Project Ledger
Invoice Number	Enter the Invoice Number for the equipment.
Vendor	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 a product's serial number for equipment. ID Tag Number must be available during monitoring visits.
% of Federal Funds Used in the Purchase	Select 50% or 100% from the drop-down list, or enter the appropriate percentage.
Condition and Disposition	Enter the condition of equipment by selecting the appropriate drop-down item. If the equipment is not in use, select "Not in Use" to explain current status.
Deployed Location	Enter the equipment's current location.
Acquisition Date	Enter the date that this equipment was acquired from vendor.
Noncompetitive Procurement over 250k	Select YES or NO from the drop-down list.
Hold Trigger	If project is subject to a Hold, select the Hold type from drop-down list.
Approval Date	If applicable, enter date when hold was released/approved.
Budgeted Cost	Enter the total amount of grant funding budgeted for the line item.
Previously Approved Amount	This field auto-populates with the cumulative expenditures as of all reimbursement requests prior to the current request. This value does not include match amounts.
Amount This Request	This field is for Cash Requests only: Enter the requested dollar amount for the line item.
Total Approved	This field auto-populates with the total expenditures to-date for the line item. This value does not include match amounts.
Remaining Balance	This field auto-populates with the remaining balance allowed for the line item. This value does not include match amounts.

Section 8: TRAINING

Ledger Column Name	Instructions
Project	Select the project letter from the drop-down list that corresponds with the Project Ledger.
Direct/Subaward	Use the drop down list to identify if the project is Direct or Subaward.
Course Name	Enter course name.
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list that corresponds with the Project Ledger
Expenditure Category	Select an Expenditure Category from the drop-down list. This list is dependent on a selection from the : Expenditure Category will not display the drop-down list unless a Solution Area Sub-Category is selecte
Feedback Number	Enter the Feedback Number for the Training activity. To request a training Feedback Number, contac CSTI Tracking Number Request Form
Training Activity	Please identify your training activity from the drop-down list.
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 Progrc
Noncompetitive Procurement over \$250k	Select YES or NO from the drop-down list.
Hold Trigger	If project is subject to a Hold, select the Hold type from drop-down list.
Approval Date	If applicable, enter date when hold was released/approved.
Budgeted Cost	Enter the total amount of grant funding budgeted for the line item.
Previously Approved Amount	This field auto-populates with the cumulative expenditures as of all reimbursement requests prior to the match amounts.
Amount This Request	This field is for Cash Requests only: Enter the requested dollar amount for the line item.
Total Approved	This field auto-populates with the total expenditures to-date for the line item. This value does not inclu
Remaining Balance	This field auto-populates with the remaining balance allowed for the line item. This value does not inc

Section 9: EXERCISE

Ledger Column Name	Instructions
Project	Select the project letter from the drop-down list that corresponds with the Project Ledger.
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.
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list that corresponds with the Project Ledger
Expenditure Category	Select an Expenditure Category from the drop-down list. This list is dependent on a selection from the : Expenditure Category will not display the drop-down list unless a Solution Area Sub-Category is selecte
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 Progr
Date of Exercise	Enter the date of when this exercise was conducted.
Date of AAR/IP E-mailed into HSEEP	Enter the date that the After Action Report (AAR) / Improvement Plan (IP) was e-mailed to hseep@fem
Noncompetitive Procurement over \$250k	Select YES or NO from the drop-down list.
Hold Trigger	If project is subject to a Hold, select the Hold type from drop-down list.
Approval Date	If applicable, enter date when hold was released/approved.
Budgeted Cost	Enter the total amount of grant funding budgeted for the line item.
Previously Approved Amount	This field auto-populates with the cumulative expenditures as of all cash request requests prior to the c match amounts.
Amount This Request	This field is for Cash Requests only: Enter the requested dollar amount for the line item.
Total Approved	This field auto-populates with the total expenditures to-date for the line item. This value does not inclu
Remaining Balance	This field auto-populates with the remaining balance allowed for the line item. This value does not inc

Section 10: M&A

Ledger Column Name	Instructions
Project	Select the project letter from the drop-down list that corresponds with the Project Ledger.
Activity	Provide detailed information on M&A activity.
Solution Area Sub-Category	Select "Grant Administration" 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 : Expenditure Category will not display the drop-down list unless a Solution Area Sub-Category is selecte

Detail	Select a Detail option from the drop-down list.
Budgeted Cost	Enter the total amount of grant funding budgeted for the line item.
Previously Approved Amount	This field auto-populates with the cumulative expenditures as of all reimbursement requests prior to the match amounts.
Amount This Request	This field is for Cash Requests only: Enter the requested dollar amount for the line item.
Total Approved	This field auto-populates with the total expenditures to-date for the line item. This value does not inclu
Remaining Balance	This field auto-populates with the remaining balance allowed for the line item. This value does not inc

Section 11: INDIRECT COST

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 charged. You must 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 Cost (TDC), Minimum Rate of 10% of MTDC (10% MTDC), or another base (Other).

Ledger Column Name	Instructions
Project	Select the project letter from the drop-down list that corresponds with the Project Ledger.
Activity	Provide detailed information on Indirect Cost activity.
Solution Area Sub-Category	Select "Facilities & Administration " from the drop-down list.
ICR Base	Select an ICR Base from the drop-down list.
Rate	Enter the Percentage Rate.
Budgeted Cost	Enter the total amount of grant funding budgeted for the line item.
Previously Approved Amount	This field auto-populates with the cumulative expenditures as of all reimbursement requests prior to the current request.
Amount This Request	This field is for Cash Requests only: Enter the requested dollar amount for the line item.
Total Approved	This field auto-populates with the total expenditures to-date for the line item. This value does not include the current request.
Remaining Balance	This field auto-populates with the remaining balance allowed for the line item. This value does not include the current request.

Section 12: CONSULTANT / CONTRACTOR

Ledger Column Name	Instructions
Project	Select the project letter from the drop-down list that corresponds with the Project Ledger.
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. If your consultant/contractor is providing a deliverable, then describe the product in the Deliverable column. (e.g.: \$10,000 for a reverse 911/telephone emergency notification system)
Deliverable	If your consultant/contractor invoiced you for their services using a fee for each deliverable, then describe the deliverable. (e.g.: \$10,000 for a reverse 911/telephone emergency notification system)
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 that corresponds with the Project Ledger Area Category drop-down list. The Solution Area Sub-Category will not display the drop-down list unless a Solution Area is selected.
Expenditure Category	Select an Expenditure Category from the drop-down list. This list is dependent on a selection from the Solution Area Sub-Category. The Expenditure Category will not display the drop-down list unless a Solution Area Sub-Category is selected.
Noncompetitive Procurement over \$250k	Select YES or NO from the drop-down list.
Hold Trigger	If project is subject to a Hold, select the Hold type from drop-down list.
Approval Date	If applicable, enter date when hold was released/approved.
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, then fill in this column. <i>(e.g.: \$10,000 for a reverse 911/telephone emergency notification system)</i>
Total Cost Charged to this Grant	Enter the Total Cost Charged to the Grant in this column.

Section 13: PERSONNEL

Ledger Column Name	Instructions
Project/Deliverable	Select the project letter from the drop-down list that corresponds with the Project Ledger.
Employee Name	Provide the name of the employee.
Project/Deliverable	Provide detailed information on the project and description of services.
Funding Source	Select the appropriate funding source used for this project. Funds from one funding source cannot be
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 Solution Area Sub-Category will not display the drop-down list unless a Solution Area Category is selec
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.
Total Cost Charged to this Grant	Enter the Total Cost Charged to the Grant in this column.

Section 14: MATCH

Ledger Column Name	Instructions
Project	Select the project letter from the drop-down list that corresponds with the Project Ledger.
Direct/Subaward	Use the drop-down list to identify if the Project is Direct or Subaward
Project Title	Enter the name of the project.
Match Description	Enter the description of the Match activity.
Solution Area	Select a Solution Area from the drop-down list that aligns to the activities/costs used to meet the EMPG
Solution Area Sub-Category	Select a Solution Area Sub-Category from the drop-down list that aligns to the activities/costs used to dependent on a selection from the Solution Area Category drop-down list. The Solution Area Sub-Cate Solution Area Category is selected.
Type of Match	Select the Type of Match: Cash or In-Kind
Total Budgeted Match	Enter the total budgeted match amount for this project in this column.
Previously Approved Amount	This field auto-populates with the cumulative match expenditures as of the reimbursement request pri
Current Match	This field is for Cash Requests only: Enter the match amount for the line item.
Total Match Expended	This field auto-populates with the total match expenditures to-date for the line item.

Remaining Balance	This field auto-populates with the remaining match balance for the line item.
Percentage Expended	This field auto-populates with the match amount expended, to-date, as a percentage of the budgete

Section 15: ICR SUMMARY

Ledger Column Name	Instructions
Period	Enter the time period for which the indirect cost rate is valid. Use the format: Month/Year through Mor
Indirect Cost Rate for Period	Enter the indirect cost rate for period
ICR Base	Select ICR Base from the drop-down
Total Costs	Enter Total Costs.
Less Distorting Costs	Enter Less Distorting Costs.
Costs Applicable to ICR	This field auto-populates.
Total Direct Costs	This field auto-populates.
Total Allowable Indirect Costs	This field auto-populates.
Total Budgeted Indirect Costs	Enter Total Indirect Costs Budgeted; this value should be not be greater than the Total Allowable Indire

Section 16: AA APPROVAL

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

Form Field	Instructions
Request Type	Enter the type of request that is being made. Use one of the following types: INITIAL APPLICATION, REIMBURSEMENT REQUEST, FINAL REIMBURSEMENT REQUEST and MODIFICATION
Performance Period	This field is auto-populated with the grant Performance Period as described on the Face Sheet Tab
Request #	Enter the "Cash Request" or "Modification" number associated with this request.
Amount This Request	This field is for Cash Requests only: Enter the requested dollar amount for this request.
Authorized Agent	Enter the Name and Title of Authorized Agent. Sign and date.

(Cal OES Use Only)

Cal OES #		FIPS #	075-00000	VS#		Subaward #	2022-0005
-----------	--	--------	-----------	-----	--	------------	-----------

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

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

- 1. **Subrecipient:** City and County of San Francisco **1a. UEI:** MYM4VNNBN6T9
- 2. **Implementing Agency:** San Francisco Department of Emergency Management **2a. UEI:** MYM4VNNBN6T9
- 3. **Implementing Agency Address:** City Hall, 1 Dr Carlton B Goodlett Pl, Suite 344 San Francisco 94102-4605
(Street) (City) (Zip+4)
- 4. **Location of Project:** San Francisco CA 94102-4605
(City) (County) (Zip+4)
- 5. **Disaster/Program Title:** Emergency Management Performance Grant **6. Performance / Budget Period:** July 1, 2022 **to** June 30, 2024
(Start Date) (End Date)
- 7. **Indirect Cost Rate:** N/A **Federally Approved ICR (if applicable):** %

Item Number	Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Cost
8.	2022	EMPG		\$350,321	\$350,321	\$350,321		\$350,321	\$700,642
9.									
10.									
11.									
12.									
Total	Project	Cost		\$350,321	\$350,321	\$350,321		\$350,321	\$700,642

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

14. CA Public Records Act - Grant applications are subject to the California Public Records Act, Government Code section 6250 et seq. Do not put any personally identifiable information or private information on this application. If you believe that any of the information you are putting on this application is exempt from the Public Records Act, please attach a statement that indicates what portions of the application and the basis for the exemption. Your statement that the information is not subject to the Public Records Act will not guarantee that the information will not be disclosed.

15. Official Authorized to Sign for Subrecipient:

Name: Mary Ellen Carroll Title: Executive Director
 Payment Mailing Address: City Hall, 1 Dr Carlton B Goodlett Pl, Suite 344 City: San Francisco Zip Code+4: 94102-4605
 Signature: _____ Date: 12/30/22

16. Federal Employer ID Number: 94-6000417

(FOR Cal OES USE ONLY)

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

(Cal OES Fiscal Officer) (Date)

(Cal OES Director or Designee) (Date)

AUTHORIZED AGENT AND CONTACT INFORMATION

APPLICATION

MODIFICATION

CLEAR

City and County of San Francisco

075-00000
2022-0005

Request Type

Initial Application

Cal OES Approval

YY-12/30/22

Salutation	Authorized Agent Name	Title	Address	City	Zip	Phone	Email
Ms.	Mary Ellen Carroll	Executive Director	City Hall, 1 Dr Carlton B Goodlett Pl, Suite 344	San Francisco	94102-4605	(415) 558-2745	maryellen.carroll@sfgov.org
	Adrienne Bechelli	Deputy Director	City Hall, 1 Dr Carlton B Goodlett Pl, Suite 344	San Francisco	94102-4605	(415) 806-2058	adrienne.bechelli@sfgov.org
	William Lee	Chief Financial Officer	1011 Turk Street	San Francisco	94102-3192	(415) 558-3866	william.lee@sfgov.org
	Kimberley Bowman	Assistant Deputy Director	City Hall, 1 Dr Carlton B Goodlett Pl, Suite 344	San Francisco	94102-4605	(415) 554-4840	kimberley.bowman@sfgov.org

NOTE: Authorized Agents must be designated, by name or title, in the Governing Body Resolution. Modifications will require additional documentation.

Salutation	Point of Contact (POC) Name	Title	Address	City	Zip	Phone	Email
	Emily Wang	Grants Manager	City Hall, 1 Dr Carlton B Goodlett Pl, Suite 344	San Francisco	94102-4605	(415) 554-4881	emily.wang@sfgov.org
	Fermi Chau	Grants Accountant	City Hall, 1 Dr Carlton B Goodlett Pl, Suite 344	San Francisco	94102-4605	(415) 554-4895	fermi.chau@sfgov.org

PROJECT LEDGER

City and County of San Francisco

Request Type	Initial Application
--------------	---------------------

075-00000
2022-0005

Award	Total M&A Expended	% Total M&A Exp of Total Exp
\$350,321		

POP Start Date	July 1, 2022
POP End Date	June 30, 2024

Cal OES Approval YY-12/30/22

State Goals	Direct / Subaward	Project	Project Title	Project Description	Solution Area	Solution Area Sub-Category	Core Capabilities	Capability Building	Deployable / Shareable	Total Budgeted Cost	Previously Approved Amount	Amount This Request	Total Approved	Expenditures To Date (w/Match)	Remaining Balance	Percent Expended
										\$350,321					\$350,321	
Goal #6	Direct	A	Emergency Management Response Plan	This project enhances planning efforts with emphasis toward catastrophic events. By funding an Emergency Planner, the Emergency Management efforts continue in development of recovery planning, vulnerable populations planning, and multi-hazard emergency response planning. For this grant cycle, work will be focused on the Hazard Mitigation Plan, Emergency Response Plan, ESF Plans, and Fleet Week.	Planning	Develop and Enhance Plans, Protocols, Programs, and Systems	Operational Coordination	Sustain	Both	120,000					120,000	
Goal #6	Direct	B	Emergency Management Response and Coordination	This project will enhance operational coordination and information sharing through updates of notification systems, Duty Officer Program, and EOC activation plans for large scale events. For this grant cycle, work will be focused on operational plans for Watch Center, Fleet Week, trainings, and community outreach.	Organization	Staffing	Operational Coordination	Sustain	Both	230,321					230,321	

PLANNING

City and County of San Francisco

075-00000
2022-0005

Request Type: Initial Application

POP Start Date: July 1, 2022

POP End Date: June 30, 2024

Cal OES Approval: YY-12/30/22

Project	Direct / Subaward	Planning Activity	Solution Area Sub-Category	Expenditure Category	Final Product	Noncompetitive Procurement over 250k	Hold Trigger	Approval Date	Budgeted Cost	Previously Approved Amount	Amount This Request	Total Approved	Remaining Balance
									\$120,000				\$120,000
A	Direct	Emergency Planner	Develop and Enhance Plans, Protocols, Programs, and Systems	Staff Salaries	Hazard Mitigation Plan, Emergency Response Plan, and ESF8.	No	No Hold Indicated		120,000				120,000

ORGANIZATION

City and County of San Francisco

075-00000
2022-0005

Request Type **Initial Application**

POP Start Date July 1, 2022

POP End Date June 30, 2024

Cal OES Approval **YY-12/30/22**

Project	Direct / Subaward	Organization	Solution Area Sub-Category	Expenditure Category	Detail	Budgeted Cost	Previously Approved Amount	Amount This Request	Total Approved	Remaining Balance
						\$230,321				\$230,321
B	Direct	City and County of San Francisco Department of Emergency Management	Staffing	Staff Salaries	Staffing	230,321				230,321

EQUIPMENT

City and County of San Francisco

075-00000
2022-0005

Ledger Type	Initial Application
POP Start Date	July 1, 2022
POP End Date	June 30, 2024
Cal OES Approval	YY-12/30/22

Project	Equipment Description (Include Qty.)	AEL#	AEL Title	SAFECOM Compliance	Solution Area Sub-Category	Invoice Number	Vendor	ID Tag Number	% of Federal Funds Used in the Purchase	Condition & Disposition	Deployed Location	Acquisition Date	Noncompetitive Procurement over \$250k	Hold Trigger	Approval Date	Budgeted Cost	Previously Approved Amount	Amount This Request	Total Approved	Remaining Balance
	N/A																			

TRAINING

City and County of San Francisco

075-00000

2022-0005

Ledger Type	Initial Application
-------------	----------------------------

POP Start Date	July 1, 2022
----------------	--------------

POP End Date	June 30, 2024
--------------	---------------

Cal OES Approval	YY-12/30/22
-------------------------	--------------------

Project	Direct / Subaward	Course Name	Solution Area Sub-Category	Expenditure Category	Feedback Number	Training Activity	Total # of Trainee(s)	Identified Host	Noncompetitive Procurement over 250k	Hold Trigger	Approval Date	Budgeted Cost	Previously Approved Amount	Amount This Request	Total Approved	Remaining Balance
		N/A														

EXERCISE

City and County of San Francisco

075-00000
2022-0005

Ledger Type	Initial Application
-------------	----------------------------

POP Start Date	July 1, 2022
----------------	--------------

POP End Date	June 30, 2024
--------------	---------------

Cal OES Approval	YY-12/30/22
-------------------------	--------------------

Project	Direct / Subaward	Exercise Title	Solution Area Sub-Category	Expenditure Category	Exercise Type	Identified Host	Date of Exercise	Date AAR/IP E-mailed to HSEEP	Noncompetitive Procurement over \$250k	Hold Trigger	Approval Date	Budgeted Cost	Previously Approved Amount	Amount This Request	Total Approved	Remaining Balance
		N/A														

M&A

City and County of San Francisco

075-00000

2022-0005

Request Type

Initial Application

POP Start Date

July 1, 2022

POP End Date

June 30, 2024

Cal OES Approval

YY-12/30/22

Project	Activity	Solution Area Sub-Category	Expenditure Category	Detail	Budgeted Cost	Previously Approved Amount	Amount This Request	Total Approved	Remaining Balance
	N/A								

MATCH

City and County of San Francisco

075-00000
2022-0005

Request Type **Initial Application**

POP Start Date July 1, 2022

POP End Date June 30, 2024

Cal OES Approval **YY-12/30/22**

Project	Direct / Subaward	Project Title	Match Description	Solution Area	Solution Area Sub-Category	Type of Match	Total Budgeted Match	Previously Expended Match	Current Match	Total Match Expended	Remaining Balance	Percentage Expended
							\$350,321				\$350,321	
A	Direct	Emergency Management Response Plan	Project A is 50% cost share from local funds.	Planning	Develop and Enhance Plans, Protocols, Programs, and Systems	Cash Match	120,000				120,000	
B	Direct	Emergency Management Response and Coordination	Project B is 50% cost share from local funds.	Organization	Staffing	Cash Match	230,321				230,321	

CONSULTANT / CONTRACTOR

City and County of San Francisco

075-00000
2022-0005

Ledger Type Initial Application

POP Start Date July 1, 2022

POP End Date June 30, 2024

Cal OES Approval **YY-12/30/22**

Project	Consulting Firm / Consultant Name	Project / Description of Services	Deliverable	Solution Area	Solution Area Sub-Category	Expenditure Category	Noncompetitive Procurement over \$250k	Hold Trigger	Approval Date	Period of Expenditure	Fee for Deliverable	Total Cost Charged to Grant
	N/A											

PERSONNEL

City and County of San Francisco

075-00000

2022-0005

Ledger Type **Initial Application**

POP Start Date July 1, 2022

POP End Date June 30, 2024

Cal OES Approval **YY-12/30/22**

Project	Employee Name	Project / Deliverable	Solution Area	Solution Area Sub-Category	Dates of Payroll Period	Total Salary & Benefits Charged for this Reporting Period	Total Project Hours	Total Cost Charged to Grant
A	Andrea Jorgensen	Hazard Mitigation Plan, Emergency Response Plan, Fleet Week, and ESF Plans.	Planning	Develop and Enhance Plans, Protocols, Programs, & Systems				
B	Anna Sop	EOC activation for large events and notification protocols.	Organization	Staffing				
B	Jessica Medina	EOC activations for large events and community engagement in ongoing operations support of EOC response.	Organization	Staffing				

INDIRECT COSTS

City and County of San Francisco

075-00000

2022-0005

Ledger Type	Initial Application
-------------	---------------------

POP Start Date	July 1, 2022
----------------	--------------

POP End Date	June 30, 2024
--------------	---------------

Cal OES Approval	YY-12/30/22
-------------------------	--------------------

Project	Activity	Solution Area Sub-Category	ICR Base	Rate	Budgeted Cost	Previously Approved Amount	Amount This Request	Total Approved	Remaining Balance
	N/A								

INDIRECT COSTS - SUMMARY RECAP OF COSTS CLAIMED

APPLICATION MODIFICATION CLEAR

City and County of San Francisco

Ledger Type

Initial Application

075-00000
2022-0005

Cal OES Approval

YY-12/30/22

FUNDING SOURCE	ICR PERIOD (Mo/Yr through Mo/Yr)	INDIRECT COST RATE FOR PERIOD	ICR BASE
EMPG	N/A		(Select)

DIRECT COSTS	TOTAL COSTS	LESS DISTORTING COSTS	COSTS APPLICABLE TO ICR
Planning			
Organization			
Training			
Exercise			
M&A			
SUBTOTAL ELIGIBLE DIRECT COSTS			

SUBAWARDS	TOTAL COSTS	LESS EXCLUDED SUBAWARD COSTS	COSTS APPLICABLE TO ICR
SUBTOTAL ELIGIBLE SUBAWARD COSTS			

TOTAL DIRECT COSTS	
TOTAL ALLOWABLE INDIRECT COSTS	
TOTAL BUDGETED INDIRECT COSTS	

AUTHORIZED AGENT

NOTE: Unauthorized alterations will delay the approval of this request.

City and County of San Francisco

075-00000

2022-0005

ALN

EMPG 97.042

Supporting Information for Application, Modification, or Request for Federal Funds

This claim is for costs incurred within the grant performance period.

This request is for a/an: Initial Application

July 1, 2022

through

June 30, 2024

(Beginning Performance Period Date)

(Ending Performance Period Date)

[Redacted Request #]

(Request #)

[Redacted Amount]

(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 that 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).

Mary Ellen Carroll

Printed Name of Authorized Agent

Executive Director

Title of Authorized Agent

December 30, 2022

Date

Signature of Authorized Agent