

Cal OES FORM 2-202 Instructions

1. **SUBRECIPIENT:**
Enter the Subrecipient name as it appears on the approved Grant Subaward Face Sheet.
2. **IMPLEMENTING AGENCY:**
Enter the implementing agency as it appears on the approved Grant Subaward Face Sheet.
3. **PROGRAM TITLE:**
Enter the program, title as it appears on the approved Grant Subaward Face Sheet.
4. **ADDRESS:**
Enter the payment mailing address where the Subrecipient payments are to be mailed as specified on the approved Grant Subaward Face sheet or subsequent approved modifications.
5. **SUBAWARD NUMBER:**
Enter the Subaward number as it appears on the approved Grant Subaward Face Sheet.
6. **FEDERAL EMPLOYER IDENTIFICATION NUMBER:**
Enter the Federal Employer Identification Number (FEIN) for your Agency.
7. **CONTACT PERSON:**
Enter the person to be contacted regarding questions on this claim.
8. **PHONE NUMBER:**
Enter the area code and phone number for the contact person.
9. **E-MAIL ADDRESS:**
Enter the e-mail address for the contact person.
10. **FAX NUMBER:**
Enter the area code and fax number for the contact person.
11. **AGENCY TYPE:**
Enter the appropriate type of agency and percentage of advance requested.
12. **ADVANCE REQUEST:**
In the column heading, select the state fund source (i.e. DVP0) from the drop-down list for the program to which the activity applies. Enter the state allocations by category. Enter the amount of advance requested in the appropriate column. The advance is for state funds (not including match funds), and the percentages are only for the state portion and not for the total Grant Subaward.
13. **CERTIFICATION:**
Enter the typed name of the current Project Director and the current Financial Officer who have the authority to sign. Enter the date the 2-202 is signed. **Original signatures are REQUIRED.**

STATE PROJECT ACRONYMS							
CASV	CA Sexual Violence Victim Services	CDVV	CA Domestic Violence Victims	CSAE	Child Abuse and Exploitation Program	CSAP	Child Sexual Abuse Treatment Program
CVHT	Child Victims of Human Trafficking	DVP0	Domestic Violence Program	EHAF	Emergency Housing and Assistance Funds	FJC0	Family Justice Centers Program
FV00	Family Violence Prevention Program	HTVA	Human Trafficking Victims Assistance	HY00	Homeless Youth Program	HY05	Homeless Youth Program
ICAC	Internet Crimes Against Children Program	PPPD	Local Prosecutor/Local Public Defender Program	RCP0	Rape Crisis Program	RCP5	Rape Crisis Program
VLRC	Victims Legal Resource Center Program	VWAO	Victim Witness Assistance Program	VWR0	Victim Witness Assistance Program (Restitution)	YET0	Youth Emergency Telephone Program

CERTIFICATION AND REQUEST FOR ADVANCE OF GRANT FUNDS

MAIL TO: CAL OES ACCOUNTING
 3650 SCHRIEVER AVENUE
 MATHER, CA 95655

(1) SUBRECIPIENT:

(2) IMPLEMENTING AGENCY:

(3) PROGRAM TITLE:

(4) ADDRESS:

(5) GRANT SUBAWARD #:

(6) FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):

(7) CONTACT PERSON:

(8) PHONE NUMBER:

(9) E-MAIL ADDRESS:

(10) FAX NUMBER:

(11) AGENCY TYPE:				
<input type="checkbox"/> City Government Agency (25% Advance)	<input type="checkbox"/> County Government Agency (25% Advance)	<input type="checkbox"/> Public School District (25% Advance)	<input type="checkbox"/> Indian Tribal Government (25% Advance)	<input type="checkbox"/> Community Based Organization
				<input type="checkbox"/> 17% Advance Monthly Monthly Submissions
				<input type="checkbox"/> 25% Advance Quarterly Submissions (Cal OES 2-203 Required)

NOTE: Per Subrecipient Handbook Section 6311.1 OR 6311.2.

(12) ADVANCE - REQUEST	STATE FUND SOURCE:	ADVANCE REQUESTED
(A) PERSONAL SERVICES		
(B) OPERATING EXPENSES		
(C) EQUIPMENT		
	TOTAL TO BE PAID	

(13) Under penalty of perjury, I certify that I am the duly authorized officer of the claimant herein; this advance is in all respects true, correct, and all expenditures were made in accordance with all applicable laws, rules, regulations including, but not limited to Government Code Sections 1090 – 1096, and Grant conditions, as provided for in the applicable year Budget Act authority. By signing below, the project director of the implementing agency and the financial officer certify the project is currently unable to pay its outstanding debts and obligations.

TYPED NAME	SIGNATURE	DATE
PROJECT DIRECTOR:		
FINANCIAL OFFICER:		