

**California Governor's Office of Emergency Services (Cal OES)
REIMBURSEMENT REQUEST FORM**

Email Reimbursement Request to:
HMGrantsPayments@CalOES.ca.gov

Subrecipient: _____
FIPS ID #: _____

Mail Reimbursement Request to:
California Governor's Office of Emergency Services
Recovery Grants Processing Unit
3650 Schriever Avenue
Mather, CA 95655

Disaster/Subaward #: _____
 Please mark this box to indicate a change in the Mailing Address in the Authorized Agent section below

Project Number	Cumulative Expenditures to date	Reimbursement Request for the period of _____ to _____
	\$	\$

Under penalty of perjury, I certify that:

- I am the duly authorized officer of the claimant herein and this claim is for costs incurred within the Grant Performance Period
- 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)

Authorized Agent (Per Governing Body Resolution)

_____ Printed Name	_____ Title	_____ Phone Number
_____ Signature	_____ Date	_____ Email Address

New Mailing Address Only

Cal OES 400 (for Cal OES only)	
Obligated Amount	
Expenditures to Date	
Cost Share at 75%	
Less Retention	
Prior Payments Made	
Amount Allowable for Payment	

_____ Reviewer	_____ Title	_____ Date	_____ Approver	_____ Title	_____ Date
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California Governor's Office of Emergency Services (Cal OES)
REIMBURSEMENT REQUEST FORM Instructions

Subrecipient

The subrecipient is the entity as identified in the original grant application. Do not identify any sub-departments or offices as the subrecipient.

FIPS ID #

This is the subrecipient's identification number as identified on the Notification of Approval Letter.

**Disaster/
Subaward #**

The disaster/subaward number can be found on the Notification of Approval Letter.

**Address
Change**

Indicate a change in address by checking the box shown and noting the new address on the line labeled "New Mailing Address Only" in the Authorized Agent section.

Project Number

The project number can be found on the Notification of Approval Letter.

**Cumulative
Expenditures to
Date**

Provide the full, total grant expenditures incurred to date for this project (including applicable local share).

**Reimbursement
Request Period**

The subrecipient may request reimbursement of all, or a portion of, grant expenditures incurred since the last Reimbursement Request. Indicate the month, day and year for the beginning of the period covered to the end of the period covered during which these expenditures were incurred. *This is not the Project/Budget Period listed on the subaward.* **HMGP Disaster Grants: No fiscal year restrictions. All other grants: A request period cannot cross the State fiscal year, which ends June 30 and begins July 1.**

**Authorized
Agent
Information**

Complete all line items as requested and ensure that the form is signed by an Authorized Agent named on the Governing Body Resolution. **The signature date must be on or after the final day of the indicated request period.**

Mail

This form can be sent to Cal OES via email or regular mail. The subrecipient should maintain duplicate records of all documents sent to Cal OES.

**Supporting
Documents**

Supporting documents are not required to be submitted with the Reimbursement Request; however, Cal OES reserves the right to request documentation at any time. Subrecipients are reminded to maintain documents that support the expenditures and reimbursement amounts shown on the request.

**Additional
Assistance**

For additional assistance regarding this Reimbursement Request Form, please contact the Recovery/Hazard Mitigation Grants Processing Unit at (916) 845-8110 or at HMGrantsPayments@CalOES.ca.gov.
