



# **FY 2024 California State Nonprofit Security Grant Program (CSNSGP) Application Webinar**

**Presented by  
Cal OES Infrastructure Protection Grant Units II, IV**

Please Mute Your Audio For The Presentation



# Agenda



**Cal OES**  
GOVERNOR'S OFFICE  
OF EMERGENCY SERVICES

- Infrastructure Protection Grants Units Overview
- Allocation Letters
- Application Documents
- Procurement Requirements
- Allowable vs Unallowable
- Payment Process and Modification
- Accountability Requirements
- Grants Central System (GCS) Application Process
- Closing



# Infrastructure Protection Grants Units



**Cal OES**  
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The Infrastructure Protection Grants Units (IPGU) II and IV are responsible for management of the California State Nonprofit Security Grant Program (CSNSGP).

**CSNSGP Units Email: [CSNSGP@CalOES.ca.gov](mailto:CSNSGP@CalOES.ca.gov)**





There are **two phases** in the application process.

## **Phase I: NOTIFICATION OF SUBRECIPIENT ALLOCATION**

- Funding Amount
- Subrecipient Period of Performance
- Additional Application Requirements
- Reporting Requirements
- Cal OES Contact Information

## **Phase II: NOTIFICATION OF APPLICATION APPROVAL**

- Issued when your Application has been submitted and approved by Cal OES via Grants Central System (GCS).





1. Payee Data Record (STD 204) \*
2. IRS Determination Letter \*
3. Governing Body Resolution \*
4. Standard Assurances
5. State Grant Program Standard Assurances Addendum
6. Approved Application submitted in Grants Central System (GCS)

**Should be consistent with your original submitted proposal**

**\*Forms will be uploaded into GCS**



# 1) Payee Data Record/STD 204



- Required when receiving payment from the State of California in lieu of IRS W-9.
- Available for download [here](#).
- Required for all non-governmental entities and will be kept and filed within Cal OES.
- Section 6 of the STD Form must include:  
Cal OES  
Infrastructure Protection Grants Unit II/IV  
3650 Schriever Avenue  
Mather, CA 95655



# 1) Payee Data Record/STD 204



The **Correct Name** as stated on the Federal Employer Identification Number (FEIN) or 501(c)(3) letter must be listed identically on each document that is submitted to Cal OES.

- Subrecipients must verify that the name and address listed on the STD 204 is **identical with how the organization is registered with the Franchise Tax Board (FTB), Secretary of State (SOS), Internal Revenue Service's Federal Employer Identification Number (FEIN), and the Department of Justice (DOJ) (as required.)**
- It is the Subrecipient's responsibility to ensure that the **name** and **address** are consistent between the STD 204, FTB, DOJ, and SOS.
- All changes to an organization's name and/or address must be provided to Cal OES in writing and must include an updated STD 204.



# 1) Payee Data Record/STD 204



The **Correct Name** must be listed **identically** on each document that is submitted to Cal OES and match the organization's record. Cal OES will verify organizations using their Employer Identification number to ensure that their record is in good standing, and their legal name and address are accurate. To check on your organization status, please visit:

- **Internal Revenue Service (IRS):** <https://apps.irs.gov/app/eos/>
- **California Secretary of State (SOS):** <https://bizfileonline.sos.ca.gov/search/business>
- **Franchise Tax Board (FTB):** <https://webapp.ftb.ca.gov/eletter/?Submit=Check+Status>
- **California Department of Justice(DOJ):**  
<http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>



# 1) Payee Data Record/STD 204



STATE OF CALIFORNIA – DEPARTMENT OF FINANCE

## PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 03/2021)

Print Form

Reset Form

**EXAMPLE**

### Section 1 – Payee Information

**NAME** (This is required. Do not leave this line blank. Must match the payee's federal tax return)

**BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME** (If different from above)

**MAILING ADDRESS** (number, street, apt. or suite no.) (See instructions on Page 2)

**CITY, STATE, ZIP CODE**

**E-MAIL ADDRESS**

### Section 2 – Entity Type

**Check one (1) box only that matches the entity type of the Payee listed in Section 1 above.** (See instructions on page 2)

☐ **SOLE PROPRIETOR / INDIVIDUAL**

☐ **SINGLE MEMBER LLC** *Disregarded Entity owned by an individual*

☐ **PARTNERSHIP**

☐ **ESTATE OR TRUST**

**CORPORATION** (see instructions on page 2)

☐ **MEDICAL** (e.g., dentistry, chiropractic, etc.)

☐ **LEGAL** (e.g., attorney services)

☐ **EXEMPT** (e.g., nonprofit)

☐ **ALL OTHERS**

### Section 3 – Tax Identification Number

Enter your Tax Identification Number (TIN) in the appropriate box. The TIN must **match** the name given in Section 1 of this form. Do not provide more than one (1) TIN. The TIN is a 9-digit number. **Note:** Payment will not be processed without a TIN.

- For **Individuals**, enter SSN.
- If you are a **Resident Alien**, and you do not have and are not eligible to get an SSN, enter your ITIN.
- Grantor Trusts (such as a Revocable Living Trust while the grantors are alive) may not have a separate FEIN. Those trusts must enter the individual grantor's SSN.
- For **Sole Proprietor or Single Member LLC (disregarded entity)**, in which the **sole member is an individual**, enter SSN (ITIN if applicable) or FEIN (FTB prefers SSN).
- For **Single Member LLC (disregarded entity)**, in which the **sole member is a business entity**, enter the owner entity's FEIN. Do not use the disregarded

**Social Security Number (SSN) or  
Individual Tax Identification Number (ITIN)**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**OR**

**Federal Employer Identification Number  
(FEIN)**

\_\_\_\_\_ - \_\_\_\_\_



## 2) IRS Determination Letter



The IRS determination letter notifies a nonprofit organization that its application for federal tax exemption under Section 501(c)(3) has been approved.



**Note: The IRS Determination Letter will be uploaded in the Organizational Profile module in GCS under 501(c)(3).**



### 3) Governing Body Resolution



The [Governing Body Resolution](#) is an official document, originating from the Subrecipient, declaring the nonprofit organization's intention to accept the award and abide by the terms of the grant. Cal OES encourages Subrecipients to use the GBR template posted on our website.

When submitting the GBR on a different form other than the Cal OES GBR Form, the requirements are:

- A header that clearly displays the name of the nonprofit organization.
- The names of the governing body board members.
- The name(s) of the authorized agent(s) who will represent the nonprofit organization for all official transactions and requests.

**Note: The Authorized Agent(s) indicated on this form cannot vote or appoint themselves, and whomever is appointed cannot certify the vote or Sign the Governing Body Resolution. All assigned AA's must be identified in GCS.**



# 3) Governing Body Resolution



Governing Body Resolution

BE IT RESOLVED BY THE \_\_\_\_\_  
(Governing Body)  
OF \_\_\_\_\_ THAT  
(Name of Applicant)  
\_\_\_\_\_, OR  
(Name or Title of Authorized Agent)  
\_\_\_\_\_, OR  
(Name or Title of Authorized Agent)  
\_\_\_\_\_  
(Name or Title of Authorized Agent)

is hereby authorized to execute for and on behalf of the named Applicant, a public entity established under the laws of the State of California, any actions necessary for the purpose of obtaining state financial assistance provided by the State of California for the following Grant Award:

\_\_\_\_\_  
FY 2024 California State Nonprofit Security Grant Program  
(List Grant Year and Program)

Passed and approved this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**Certification**

I, \_\_\_\_\_, duly appointed and  
(Name)

\_\_\_\_\_  
(Title) Of the \_\_\_\_\_  
(Governing Body)

do hereby certify that the above is a true and correct copy of a resolution passed and approved by the  
\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Official Position)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**EXAMPLE**



## 4) Standard Assurances



The Standard Assurances lists the requirements to which the Subrecipients will be held accountable. All subrecipient will be required to certify the Standard Assurances as part of their FY 2024 CSNSGP Application Documents in GCS.

Policies may be developed during the course of the Grant Subaward performance period. Subrecipients will be notified of these changes via Grant Management Memoranda (GMM), phone, or email messages from Cal OES Grants Analysts.

**Note: Subrecipients will read and certify the Standard Assurances via GCS.**



## 4) Standard Assurances



**EXAMPLE**



**Cal OES**  
GOVERNOR'S OFFICE  
OF EMERGENCY SERVICES

### State Grant Program Standard Assurances

**As the duly authorized representative of the Applicant, I hereby certify** that the Applicant has the legal authority to apply for State assistance and the institutional, managerial and financial capability to ensure proper planning, management, and completion of the project described in this application, within prescribed timelines.

**I further acknowledge that the Applicant is responsible for reviewing and adhering to all requirements within:**

- (a) Applicable Federal Regulations (see below);
- (b) State programmatic and financial guidelines stipulated by Cal OES;
- (c) California State Nonprofit Security Grant Program Guidance; and
- (d) Federal and State Grant Program Guidelines.

#### **Federal Regulations**

Government cost principles, uniform administrative requirements, and audit requirements for federal grant programs are set forth in Title 2, Part 200 of the Code of Federal Regulations (C.F.R.). Updates are issued by the Office of Management and Budget (OMB) and can be found at <http://www.whitehouse.gov/omb/>.

In the event Cal OES determines that changes are necessary to the subaward after a subaward has been made, including changes to period of performance or terms and conditions, Applicants will be notified of the changes in writing. Once notification has been made, any subsequent request for funds will indicate Applicant acceptance of the changes to the subaward.

**State award requirements are set forth below. The Applicant hereby agrees to comply with the following:**



## 5) State Grant Program Standard Assurances Addendum



The Program Standard Assurances Addendum lists additional requirements to which the Subrecipients will be held accountable. All Subrecipients will be required to certify the Program Standard Assurances Addendum as part of the FY 2024 CSNSGP application in GCS.

**Note: Subrecipients will read and certify the Standard Assurances Addendum via GCS.**



# 5) State Grant Program Standard Assurances Addendum



**EXAMPLE**



**Cal OES**  
GOVERNOR'S OFFICE  
OF EMERGENCY SERVICES

## Program Standard Assurances Addendum

**As the duly authorized representative of the Applicant/Subrecipient, I hereby certify that the Applicant/Subrecipient, and any of its second-tier subrecipients or representatives, will comply with all applicable local, state, and federal statutes, including but not limited to the following state and federal statutes prohibiting hate-based conduct:**

- (a) California Penal Code section 422.6(a);
- (b) California Penal Code section 404.6;
- (c) California Penal Code section 422(a);
- (d) California Civil Code section 52.1;
- (e) 18 U.S.C. § 249;
- (f) 42 U.S.C. § 3631;
- (g) 18 U.S.C. § 247; and
- (h) 18 U.S.C. § 241, 245.

Additionally, Applicant/Subrecipient will not engage, and certifies that it will take steps to ensure that its second-tier subrecipients and representatives do not engage, in conduct contrary to the purposes of the grant program and/or that threatens the safety and security of Californians, including, but not limited to, acts of violence or unlawful intimidation on the basis of race, gender, religion, national origin, sexual orientation, or other protected classifications. Prohibited conduct includes, but is not limited to, violation of the federal and state laws identified herein.

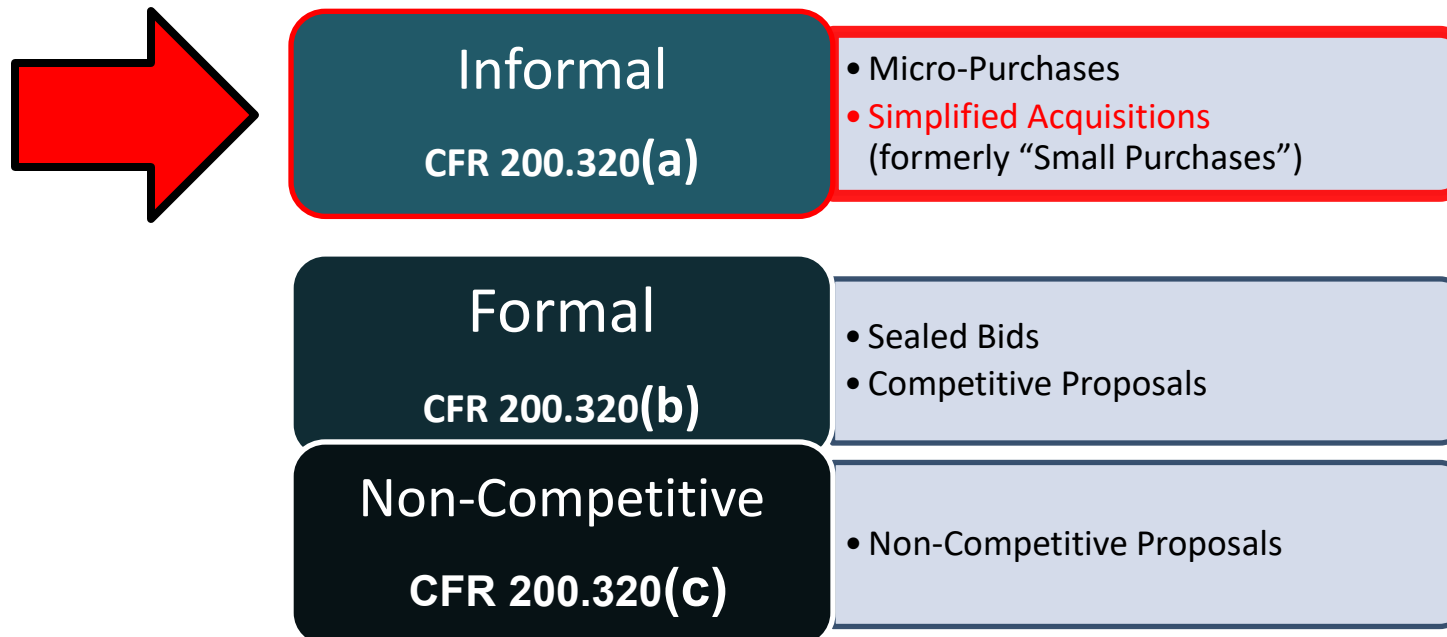
**The undersigned represents that he/she is authorized to enter into this Addendum for and on behalf of the Applicant/Subrecipient. Applicant/Subrecipient understands that failure to comply with this Addendum or any of the assurances may result in suspension, termination, reduction, or de-obligation of funding. Applicant/Subrecipient agrees to repay funds in the event there is a violation of grant assurances.**



In accordance with [2 C.F.R. § 200.319](#), all procurement transactions must be conducted in a manner providing full and open competition consistent with the standards of this section.

## **Procurement Methods Grouped into 3 Categories:**

CSNSGP award amounts qualify under Informal Procurements





# Procurement Requirements



## Informal

[2 C.F.R. § 200.320\(a\)](#)

- Micro-Purchases
- Simplified Acquisitions

Micro Purchases § 200.320(a)(1)	Simplified Acquisitions § 200.320(a)(2)
<ul style="list-style-type: none"><li>• Purchases up to \$10,000</li><li>• Price/Rate Quotations <b>Not Required</b></li></ul>	<ul style="list-style-type: none"><li>• Purchases \$10,001 to \$250,000</li><li>• <b>2</b> Price/Rate Quotations (3 is <u>Best Practice</u>)</li></ul>
<ul style="list-style-type: none"><li>• Reasonableness of Price/Rate <b>must be documented</b></li></ul> <p>Reasonableness can be determined by research, experience, purchase history or other information</p>	<ul style="list-style-type: none"><li>• <b>Maintain all procurement records</b>, these include but are not limited to:  <b>WHO</b> – List of vendors <b>WHEN</b> – Dates <b>WHAT</b> – Quotes received <b>WHY</b> – Reason for selection of vendor</li></ul>





- All procurement activities must be conducted using written procedures that comply with 2 C.F.R. §200.318 – 200.327
- If there is any conflict between the procurement procedures used and the Federal procurement standards, you **must follow the more restrictive provision**
- Procurement procedures must meet the minimum requirements of:
  - Procedures must be documented
  - Price/Rate quotations from an adequate number of qualified sources for procurements over \$10,001 (or a lower threshold as set in the procedures being used – whichever is more restrictive)
  - Retention of all procurement records





## For **Procurements Equal to or Greater than \$25,000**

You must verify that the vendor is not suspended or debarred from participating in federal grant awards - prior to making a purchase or entering into a contract for services. It is strongly recommended that you use licensed contractors.

Visit the Federal Excluded Parties List System, under the [System for Award Management](#). Enter the vendor's name and federal identification number (or individual's social security number).

Download a screenshot that shows the result "No Records Found" and place it in your grant binder.





## Contract Provisions

- Contracts must contain the applicable provisions described in [Appendix II to Part 200 of the CFR](#)
- [Contract Provisions Guide](#)
  - This document helps recipients and Subrecipients understand which clauses are required for their contracts and includes sample language for those clauses.



# Written Standards of Conduct and Procurement



It is required that each Subrecipient have written standards of conduct covering conflicts of interest in procurements and contracting, [Title 2 CFR §200.318 \(c\)\(1\)](#). The non-Federal entity must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of the contract.

No employee, officer, or agent may participate in the selection, award, or administration of a project supported by a Federal award if he or she has a real or apparent conflict of interest. The standards of conduct must provide for disciplinary actions to be applied for violation of such standards by offers, employees, or agents of the non-Federal entity. Please see Title 2 CFR, Part 200 for the full language of the requirement.



# Conflict of Interest



In accordance with [2 C.F.R. § 200.112](#), in order to eliminate and reduce the impact of conflicts of interest in the Grant Subaward process, recipients and pass-through entities must follow their own policies and procedures regarding the elimination or reduction of conflicts of interest when making Subawards.

Subrecipients must disclose to their Grants Analyst, in writing, any real or potential conflict of interest as defined by the federal, state, local, or Tribal statutes or regulations, which may arise during the administration of the CSNSGP Grant Subaward within five days of learning of the conflict of interest.

- The Conflict of Interest policy must include any disciplinary actions for violations.
- Per federal regulations found in [CFR 200.318\(c\)](#), the standard of conducts covering conflict of interest must include disciplinary actions for noncompliance.



# Allowable Costs Categories



Allowable Costs Categories must correspond to what your organization requested in your Proposal Application.

- Equipment
  - Maintenance and Sustainment
- Contracted Security Personnel
- Management and Administration (M&A)
- Planning
- Training
- Construction and Renovation
- Support Services



# Allowable Costs: Equipment



Equipment is limited to what was requested in the Application. However, these projects may require adjustments or be removed altogether in order to be in alignment with the policies of the CSNSGP. Being awarded does not mean all the projects listed in the Application were allowable under the grant program.

If purchasing maintenance agreement/service contract/extended warranty for equipment not purchased with the grant funding, it must not extend beyond the performance period of the grant.



# Allowable Costs: Equipment



**However**, if maintenance agreement/service contract/extended warranty is purchased incidental (i.e. at the same time under the same Grant Subaward) to the original purchase of the system or equipment, Subrecipients may procure maintenance or warranty coverage which exceeds the period of performance only if that is the single option available from the vendor.

Equipment costs are accounted for on the **Equipment Costs** of the **Budget Forms** in GCS.

**Note: Equipment Costs budgeted <\$10,001 must be accounted for on the “Other Operating Costs” section of the Budget Forms in GCS.**



# Allowable Costs: Contracted Security



Contracted security personnel are allowed under this program only as described in the FY 2024 CSNSGP Request for Proposal (RFP) and Guidance.

- Funds may not be used to purchase equipment for contracted security.
- Virtual monitoring or professional 24/7 monitoring by security system companies are not considered contracted security personnel.
- Funds may be used for contracted security personnel, totaling no greater than **50%** of the total award.
- The Subrecipient must be able to sustain this capability in future years without CSNSGP funding.
- Funds may not be used to pay individuals who are not licensed security professionals.

**Note: Contracted Security must be accounted for on the “Other Operating Costs” section of the Budget Forms in GCS.**



# Allowable Cost: Management and Administration (M&A)



Subrecipients may use up to 5% of the amount awarded to them solely for Management and Administration (M&A) purposes associated with the Grant Subaward if that was requested at the time of application.

- Paying third party contractors/consultants, or full-time or part-time internal staff to assist with the management and administration of CSNSGP funds.
- M&A costs must be justified through invoices or payroll records showing payment of services.
- M&A must be requested at the **same rate, or less**, than target hardening activities and/or physical security enhancements.
- **M&A costs paid to third party consultants/contractors accounted for on the Other Operating Costs section of the Budget Forms in GCS.**
- **M&A costs paid to internal staff are to be accounted for on the Personnel Costs section of the Budget Forms in GCS.**



# Allowable Cost: Management and Administration (M&A)



- **Some examples of M&A include:**
  - Preparing and submitting required programmatic and financial reporting,
  - Maintaining equipment inventory,
  - Documenting expenditures for financial purposes, and
  - Responding to requests for programmatic and financial data.
- Project Management tasks are **not** considered M&A and are not an allowable cost under the CSNSGP. Other activities such as contacting vendors, reviewing bids, selecting vendors, and overseeing vendor work are not considered M&A.

Note: The rate at which M&A can be drawn down is dependent on the **overall expended percentage of all the other target hardening projects.**





Allowable planning activities are limited to what was requested at the time of application, must be related to the protection of the facility and the people within the facility, and should include access and functional needs as well as those with limited English proficiency. Examples of allowable planning activities are costs associated with:

- Development and enhancement of security plans and protocols;
- Emergency contingency plans;
- Evacuation/Shelter in-place plans

**Note: Planning must be accounted for on the Other Operating Costs section of the Budget Forms in GCS.**



# Allowable Costs: Training



Allowable training courses are limited to what was requested at the time of application, such as:

- Protection of critical infrastructure key resources
- Physical and cybersecurity
- Target hardening
- Terrorism awareness/employee preparedness:
  - Active Shooter training
  - Emergency first aid training

Training costs are limited to attendance fees for training, and related expenses, such as materials and/or supplies and should include access and functional needs as well as those with limited English proficiency.

**All training activities must receive Cal OES approval prior to starting the event via the Cal OES [Training Request Form](#).**

**Note: Training must be accounted for on the Other Operating Costs section of the Budget Forms in GCS.**





## Construction and Renovation:

Construction and Renovation costs must be done in support of approved target hardening activities and is limited to \$100,000 of the total award. (Equipment installation is not considered construction or renovation). All Construction or Renovation activities must comply with state standards, including:

- California Environmental Quality Act (CEQA) (California Public Resources Code §§ 21000 - 21177), to include coordination with the city or county planning agency; and
- CEQA Guidelines (California Code of Regulations, Title 14, Division 6, Chapter 3 §§ 15000 – 15387).

**Note: Construction/Renovation must be accounted for on the Other Operating Costs section of the Budget Forms in GCS.**



# Allowable Costs: Support Services



Subrecipients may use and expend up to five percent (5%) of their funds for Support Services activities. This cost consists of providing support services to another nonprofit organization or a cluster of other nonprofit organizations for the following:

- Vulnerability Assessments
- Security Trainings
- Mass Notification Alert Systems
- Monitoring and Response Systems
- Lifesaving Emergency Equipment

**Note: Support Services must be accounted for on the Other Operating Costs section of the Budget Forms in GCS.**



# Unallowable Costs



- Purchase of equipment, tools or personal protective equipment for contracted security personnel
- Weapons, weapon parts and accessories, and ammunition
- Travel costs; and **permanent** Personnel Costs
- Hiring of Public Safety Personnel (ex: Police Officer, Firefighter, and EMTs)
- General-Use Expenditures
- Travel expenses
- Organizational operating expenses, overtime, and backfill
- Initiatives that are unrelated to prevention and protection-focused capabilities directed at identified facilities and/or the surrounding communities
- Initiatives in which government agencies are the beneficiary
- Any expenses incurred on your projects **OUTSIDE OF THE GRANT SUBAWARD PERFORMANCE PERIOD**



# Period of Performance



The Period Of Performance (POP) for the FY 2024 CSNSGP is **December 1, 2024 through December 31, 2026**. All projects must be completed and all invoices must be paid by no later than **December 31, 2026**.

You may refer to the **FY 2024 CSNSGP Guidance** for a timeline of dates related to this grant program.



# Report of Expenditures & Payment Requests



The CSNSGP is a reimbursement program. To request payment of CSNSGP funds, Subrecipients must submit the Bids/Quotes, Invoices, and Proof of Payment.

**Note: Report of Expenditures & Payment Requests will be requested through GCS.**





CSNSGP Subrecipients are selected through a competitive proposal process. Projects are rated and ranked based on the proposal as submitted. Therefore, any changes to the scope of work are generally not permitted. The expectation is for each Subrecipient to thoroughly plan out the entire process of each proposed project, from project conception to completion. Funds remaining at the end of the period of performance will be disencumbered and returned to Cal OES.

Scope/objective changes will be considered on a case-by-case basis, provided the change does not negatively impact the competitive process used to recommend CSNSGP awards.

**Note: Modifications will be requested through GCS.**





If a Subrecipient requires a modification, they must submit an Explanation for the Modification in GCS, outlining the following:

- The requested change & why the change is necessary.
  - Include supporting documents, i.e. assessments, bids, estimates, regulations that are prompting the change.
- Include projects from the approved Application, the funds currently allocated, and relative significance allocated to those projects.
- Include the proposed changes to the approved projects, and any resulting reallocations as a result of the change.
- Address whether the proposed changes will impact its ability to complete the project within the award's period of performance.

**Please note:**

- **You cannot request anything that is not identified in the Application Proposal.** Cal OES will verify any deviations from the approved Application are addressed in the Application submitted by the Subrecipient at the time of Proposal Submission.
- As such, solely being on the Application will not deem it an allowable change or addition. Proposed modifications are subject to the policy of this grant program and if determined to be unallowable will be denied.



# Estimate/Invoice Requirements



## **Must include the following:**

**Contractor/Service Providers License Number Invoice/Estimate Number**

**Make** - (manufacturer/brand name)

**Model** - (manufacturer's model name and number)

**Quantity** - (amount purchased)

**Unit Cost** – (dollar amount per item)

- Signature of Preparer/Representative of the Contractor/Service Provider
- Any miscellaneous/installation equipment should be listed separately and include the details of what is included (This expense must be verifiable and reasonable)
- Labor/installation cost should be listed separately and detailed
- State/Local taxes should be listed separately
- Bids/Invoices must be issued by the vendor who installed the equipment or performed the service. Bids/Invoices may not be created by the Subrecipient or Representatives of the Subrecipient.



# Sample Bid/Invoice



**EXAMPLE**

Company Name

License# 1234567

Your Logo Here

[Your Company Name]  
[Street Address]  
[City, ST ZIP Code]  
[Phone]  
Fax [000-000-0000]  
[E-mail address]

TO [Name]  
[Company Name]  
[Street Address]  
[City, ST ZIP Code]  
[Phone]  
Customer ID [ABC12345]

SALESPERSON	JOB	SHIPPING METHOD	SHIPPING TERMS	DELIVERY DATE	PAYMENT TERMS	DUE DATE
John A. Doe	Contractor	Delivery	N/A	June 15, 2017	Due on receipt	June 20, 2017

QTY	ITEM #	DESCRIPTION	UNIT PRICE	DISCOUNT	LINE TOTAL
7	1000009	Sony DX25 Camera	\$109.00	\$0.00	\$763.00
1	1000006	Sony HD45 2TB HardDrive	\$89.00	\$0.00	\$89.00
1	1000011	Sony D320 DVR	\$240.00	\$0.00	\$240.00
3	1000007	Sony LX240, 24in HD Monitor	\$125.00	\$0.00	\$375.00
1	1000008	RG58 C/U Coaxial Cable, Std 1000ft Roll	\$300.00	\$0.00	\$300.00
1	1000005	Installation	\$1,500.00	\$0.00	\$1,500.00
TOTAL DISCOUNT				0.00	
				SUBTOTAL	\$3,267.00
				SALES TAX	\$285.86
				TOTAL	\$3,552.86

Quotation prepared by: John A. Doe

This is a quotation on the goods named, subject to the conditions noted below: (Describe any conditions pertaining to these prices and any additional terms of the agreement. You may want to include contingencies that will affect the quotation.)





You must keep an internal inventory control system for all equipment as well as all supporting documentation such as bids, contracts, invoices, software licenses and payment records.

Conduct and document a physical inventory once every 2 years.

**Equipment inventory records should contain all of the following;**

- Equipment Description
- Equipment Condition
- Equipment Location
- Equipment ID Number
- Disposition data/sales price (if applicable)
- Vendor Identification
- Equipment Cost
- Acquisition Date
- Title/Title Holder



# Proof(s) of Payment



- Must be Legible
- Bank Names
- Routing Dates
- Routing Sequence
- Routing Batch
- "For"= Invoice #
- Vendor Endorsement
- Checks must be drawn from Subrecipient's Business accounts not from personal account

8/10/2015 SchoolsOnline

View Check: #00751 Amount: \$28.44 Date: 6/22/2015 [Print Check](#)

Check Front

**EXAMPLE**

NO. 1142 3211 7518  
6-16 2015

PAY SAC. HEART & VASCULAR \$28.44  
TO THE ORDER OF  
TWENTY EIGHT & 44/100

SCHOOLS FINANCIAL CREDIT UNION  
FOR 71697

7518

Check Back

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE  
REDIRECT FOR FINANCIAL INSTITUTION USE

PAY TO THE ORDER OF  
FIRST CITIZENS BANK  
SACRAMENTO, CA 95814  
12237780  
FOR DEPOSIT ONLY  
SACRAMENTO HEART AND VASCULAR

Seq: 14  
Batch: 013182  
Date: 06/19/15

06/19/15 Batch 13, 182

The security of the United States, as well as the peace and stability of the world, are dependent upon the security of our financial institutions. The security of our financial institutions is dependent upon the security of our financial institutions. The security of our financial institutions is dependent upon the security of our financial institutions.





Acceptable Proofs of payment are:

- Bank Checks
- Cashier's Checks
- Money Orders
- Credit/Debit charges must be supported by transaction slip or bank statement. This must clearly show it is the Subrecipient's Business account.

**Note:** All invoices must be accompanied by a proof of payment and required estimates/bids for closing out a Report of Expenditures & Payment Request.



# Equipment Disposition



- Equipment purchased with CSNSGP funds must only be used for the program or project it was acquired through.
- If equipment is to be replaced, the Subrecipient may use the previously purchased equipment as trade-in or sell the property and use the proceeds towards the replacement equipment,
- Must maintain property records to include serial numbers, source of funding, acquisition date, property owner, and disposition including dates of disposal or sale prices.
- Subrecipient must ensure appropriate safeguards exist to prevent loss, damage, or theft.





The State of California, Contractor's State License Board requires that anyone charging \$500 or more to perform construction work must be licensed. In accordance with [CA Business and Professions Code Division 3, Chapter 9, Article 3, Exemption 7048](#).

Make sure your contractor possesses the correct license certification (is qualified to install your equipment)

- Alarm installers are licensed through the [Bureau of Security & Investigative Services](#).

Contractors are required to place their license number on business cards, bids, and contracts.

Licensing information and status can be verified at the Department of Consumer Affairs, [Contractors State License Board](#).





- Suspension or Termination
- Noncompliance
- Semi-Annual Performance Reports
- Record Retention
- Semi-Annual Drawdown Requirements
- Grants Monitor Review





**Cal OES may suspend or terminate Subrecipient funding, in whole or in part, or other measures may be imposed for any of the following reasons:**

- Failure to submit required reports.
- Failure to expend funds in a timely manner consistent with the Grant Subaward milestones, guidance, and assurances.
- Failure to comply with the requirements or statutory progress toward the goals or objectives of federal or state law.
- Failure to make satisfactory progress toward the goals or objectives set forth in the Subrecipient application.
- Failure to follow Grant Subaward agreement requirements or special conditions.
- Proposing or implementing substantial plan changes to the extent that, if originally submitted, the application would not have been selected for funding.
- False certification in the application or document.
- Failure to adequately manage, monitor or direct the Grant Subaward funding activities of their Subrecipients.





In response to noncompliance, Cal OES could:

- Impose additional conditions if the Subrecipient fails to comply with state/federal statutes,
- Temporarily withhold cash payments until deficiencies are resolved,
- Disallow (deny) funds for all or part of the activity or action not in compliance,
- Wholly or partly suspend or terminate the Grant Subaward,
- Initiate disbarment proceedings

Cal OES could withhold further Grant Subawards or take other remedies that may be legally available.





- The Purpose of the Semi-Annual Performance Reports is to measure performance of the Subrecipients in utilization of the grant funding over the course of the period of performance until your Grant Subaward is officially closed.
- Each Subrecipient in accordance with the **FY 2024 CSNSGP Guidance**, Monitoring and reporting program performance, will submit a Semi-Annual Performance Report.
- The reporting requirement begins once the organization receives the approved Grant Subaward notice from Cal OES.

[FY 2024 CSNSGP Performance Report](#)





- Reporting cycle for the Performance Report is every 6 months
  - Summer: January 1 through June 30
  - Winter: July 1 through December 31
- Provides progress on implementation of project
- **Timely submission is a requirement of the CSNSGP.** Failure to submit a Performance Report could result in award reduction, termination, or suspension of the Grant Subaward.





The records retention period is three years from the end of the Subrecipient period of performance. You must track grant expenditures and equipment in your organization's General Ledger/Chart of Accounts and have documents readily available upon request. You must keep the following:

- Copy of the State Request for Funding Proposal
- The Proposal Documents
- The State of California's grant guidance
- Official letters; Subrecipient award letters, and all Cal OES transmittals of information
- Copies of the required application documents submitted to Cal OES
- Copies of each transaction, such as Report of Expenditures & Payment Requests and modifications
- All other correspondence and official announcements

You must keep, and make available for review: all receipts, invoices, contracts, bids/quotes - all grant-related documents – during the performance period and for a period of 3 years after the close of the Grant Subaward.





Closed grants may still be monitored and audited. Failure to maintain all grant subaward records for the required retention period could result in a reduction of grant funds, and an invoice to return costs associated with the unsupported activities.



# Semi-Annual Drawdown Requirements



- All Subrecipients must report expenditures and request funds at least semi-annually throughout the performance period. Exceptions will be considered on a case-by-case basis and must be specifically authorized in writing *in advance* by Cal OES.
- Semi-annual drawdowns must occur no later than **June 30** and **December 31** of each calendar year following **final approval** of the subaward application, with the exception of the final Report of Expenditures & Payment Request, which must be submitted within 20 days of the end of the performance period.





Cal OES reviews all Subrecipients who received Grant Subawards.

Reviews may include, but are not limited to:

- Eligibility of and support for expenditures, typically covering two to three years of data;
- Comparing actual Subrecipient activities to those approved in the Grant Subaward application and subsequent modifications, including the review of timesheets as appropriate;
- Ensuring Report of Expenditures & Payment Requests have been disbursed in accordance with applicable guidelines;
- Confirming compliance with:
  - Grant Assurances, and
  - Information provided on performance reports and Report of Expenditures & Payment Requests.





Cal OES will closeout Subrecipient Grant Subawards when it determines all applicable administrative actions and all required work of the state award have been completed. Subawards will be closed after:

- Receiving any applicable Subrecipient Performance Report indicating that all approved work has been completed, and all funds have been distributed;
- All funds have been requested and reimbursed, or disencumbered;
- Completing a review to confirm the accuracy of reported information;
- Reconciling actual costs to subawards, modifications and payments; and
- Verifying the Subrecipient has submitted a final Performance Report showing all grant funds have been expended.





- [Bureau of Security & Investigative Services](#)
- [California State Nonprofit Security Grant Program \(CSNSGP\) Documents](#)
- [Department of Consumer Affairs, Contractors State License Board](#)
- [FY 2024 CSNSGP Request For Proposal \(RFP\)](#)





Contact us at  
[CSNSGP@CalOES.ca.gov](mailto:CSNSGP@CalOES.ca.gov)





*Cal* OES  
GOVERNOR'S OFFICE  
OF EMERGENCY SERVICES

**NEW! GRANTS CENTRAL SYSTEM**  
**Application Process**



# Organization Registration

**WE'RE HERE TO HELP**

Email [GrantsCentralInfo@caloes.ca.gov](mailto:GrantsCentralInfo@caloes.ca.gov) for registration assistance.

Contact [CSNSGP@caloes.ca.gov](mailto:CSNSGP@caloes.ca.gov) for programmatic and GCS assistance.



<https://www.caloes.ca.gov>



Be Ready ▾

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## Serving Californians



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Grants and funding opportunities



[COVID-19 Response](#)

Find testing sites, get vaccinated



https://www.caloes.ca.gov



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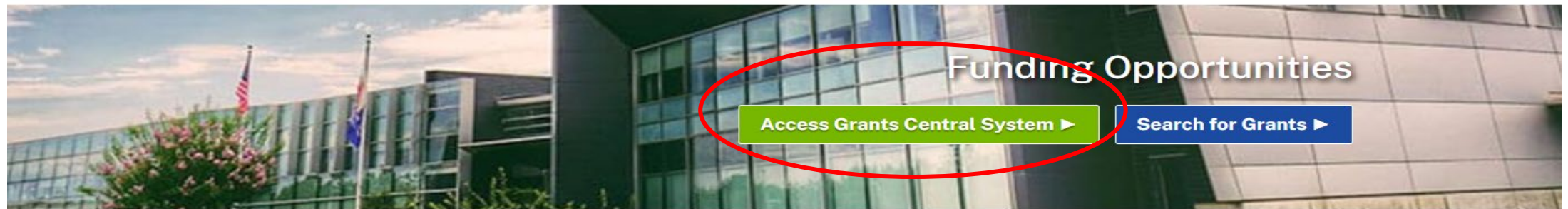
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[Home](#) > [Office of the Director](#) > [Policy & Administration](#) > [Finance & Administration](#) > [Grants Management](#)

[Search](#)

## Grants Management



### Explore this Section

#### Homeland Security & Emergency Management Programs

HSGP, EMPG, Infrastructure Protection, Cybersecurity Grant, and Emergency Operations Center (EOC) Program. Memos, and Reports

#### Victim Services

Support to Victim Service providers.

#### Grants Processing

Victim Services Grants Processing and Payments, and Homeland Security Grant Processing

#### Grants Monitoring

Fiscal and Administrative oversight of grant subawards.

#### Community Resiliency & Listos California Grant Programs

Listos California Grant, and Community Power Resiliency

#### Grants Rules & Regulations

Requirements, consistency, and guidance.



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[Home](#) > [Office of the Director](#) > [Policy & Administration](#) > [Finance & Administration](#) > [Grants Management](#) > [Grants Central System](#)

 [Search](#)

## Grants Central System



**Cal OES**  
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### ► Grants Central System (GCS) is live!

The California Governor's Office of Emergency Services announces a new automated system that will provide a streamlined and efficient way to apply for and manage grant funding.

#### KEY FEATURES AND BENEFITS

- Automate the grant application process
- Provide the applicant notifications and status updates
- Improve subrecipient experience by simplifying the payment process

#### Prior to Fiscal Year 2024 Grants

GCS is live as of July 2024 for Fiscal Year 2024 applications going forward. As a note, any existing open Grant Subawards will not be migrated into GCS, so Subrecipients will not be able to manage existing grants in the system. To view grant opportunities prior to FY 2024 that are not housed in GCS, [click here](#).

### Access Grants Central System

[Search/Register/Log In](#)

#### Frequently Asked Questions

[FAQs](#)



# Organization Registration

## Cal OES Grants Central System

All organizations need to register for an GCS account

Steps to Get Started:

- The initial registration for your organization must be completed by an Authorized Agent (AA) (i.e., person approved to enter into Grant Subaward Agreement on behalf of an organization).
- To register use the **New User? Register Here!** link under Log In on the right.
- Once the AA registers the organization, they will receive the *Notification of Access Approval* email.
- The AA can then designate access to additional staff members.

## Announcements

**ATTENTION! All Subrecipients! Organization Category selection is required for opportunities to be available to initiate in the dashboard.**

Navigation Instructions

- Select your name in the upper right corner.
- Choose profile in the menu.
- Select **Organization Category** located the left navigation.
- Select a category for your organization on the **Organization Category** page.
- Select **SAVE**.

After the category selection is complete for your organization, available funding opportunities for your organization will display in the **My Opportunities** panel.

## Login

Username

Password



**Log In**

[Forgot Username/Password!](#)

[New User? Register Here!](#)

[SSO Login](#)

If you need assistance with the Log In, please contact [GrantsCentralInfo@caloes.ca.gov](mailto:GrantsCentralInfo@caloes.ca.gov)



All FY 2024 CSNSGP Subrecipients have been pre-registered in GCS. You will need to log in to update your profile.



# Organization Category Selection

Home Searches ▾

LOGGED IN AS: Dana Thanksgiving ▾

Profile  
Messages  
Log Out

## Organization Categories

Instructions:

- Select one or more Categories you wish to associate with this Organization and save.
- Edit Categories using edit button.

### Categories

Selected Status	Category	Description
<input type="checkbox"/>	For-Profit	
<input type="checkbox"/>	Governmental - CERT Program	
<input type="checkbox"/>	Governmental - City	
<input type="checkbox"/>	Governmental - County	
<input type="checkbox"/>	Governmental - Court	
<input type="checkbox"/>	Governmental - Emergency Operations Center	
<input type="checkbox"/>	Governmental - Fusion Center	
<input type="checkbox"/>	Governmental - Law Enforcement	
<input type="checkbox"/>	Governmental - Probation	
<input type="checkbox"/>	Governmental - Prosecution	
<input type="checkbox"/>	Governmental - School Districts	
<input type="checkbox"/>	Governmental - Special District	
<input type="checkbox"/>	Governmental - State Agency	
<input type="checkbox"/>	Governmental - Tribes	
<input type="checkbox"/>	Governmental - Tribes - Emergency Operations Center	
<input type="checkbox"/>	Governmental - UASI	
<input type="checkbox"/>	Non-Profit	
<input type="checkbox"/>	Non-Profit - CERT Program	
<input type="checkbox"/>	Non-Profit - Tribal Organization	
<input type="checkbox"/>	Non-Profit - Tribal Organizations - Emergency Operations Center	
<input type="checkbox"/>	Tribal/Tribal Organizations - Emergency Operations Center	

To select your Organization Category, click on your name then select "Profile".

As a Nonprofit, you will only need to click the "Non-Profit" Category.



# Organization Information

Person Information

Cindy Logan

Organization Information

▼ Cal OES

Organization Information

Organization Members

Organization Categories

▼ Bullying and Violence in School Advocacy - XB24 Support

Organization Information

Organization Members

Organization Categories

▼ California Advancing the Prison Rape Elimination Act - AP24 Support

Organization Information

Organization Members

Organization Categories

▼ California CASA Association Training and Recruitment - KR24 Support

Organization Information

Organization Members

## Organization Information

### Instructions:

- From this page, you can edit the organization's General Information, Contact Information, and Business Address.
- To view current organization members or add a new organization member, click the option for "Organization Members" in the left side navigation.
- To edit a organization's currently designated category, click the option for "Organization Categories" in the left side navigation.

### Information

#### General Information

Name \*

Cal OES

FEIN

UEI #

Search

#### Contact Information

Primary Phone \*

(916) 845-8510

Email \*

caloes@intelligrants.com

Fax

Website

#### Additional Information

Organization ID

9438

501(c)(3) Proof of Non-Profit Status

Browse

Organizational Chart

Browse

#### Business Address

Address \*

3650 Schriever Ave

Address2

City \*

Mather

State \*

California

ZIP Code \*

95655

County \*

Sacramento County



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# Organization Members

[Home](#) [Searches ▾](#)

Person Information

Kennedy Christmas

Organization Information

▼ Christmas Shop

Organization Information

Organization Members

Organization Categories

Organization Members

Instructions:

- Use the available search criteria to filter the members table.
- To add a new member, click the Add New button and follow the instructions.
- You can limit system access by setting the Active/Inactive dates.

Members Search

Name

Role

Active

Both

Clear

Search

▼ Members

Person Name	Role Name	Active Date	Inactive Date	Last Modified By	Last Modified By Date
<a href="#">Berkeley, Cindy</a>	Organization Authorized Agent	12/24/24		Schroeder, Marilyn	12/24/24
<a href="#">Christmas, Kennedy</a>	Organization Authorized Agent	10/23/24		Schroeder, Marilyn	10/23/24

1

How can I check the roles of my Organization's Members?

To view, add or update Organization's Members, from the profile page you will click on "Organization Members."

How can I add or update my Organization's Members?

ONLY the Organization Authorized Agent(s) can change the role assignments.







APPLICATION



# Dashboard – My Opportunities

**Cal OES**  
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OF EMERGENCY SERVICES

**GRANTS  
CENTRAL  
SYSTEM**

HomeSearches ▾

LOGGED IN AS: [REDACTED]

## Dashboard

### Navigation Instructions:

- Subrecipients must have an **Organization Category** selection for funding opportunities to display in the **My Opportunities** panel.
- Click on an **Opportunity Name** to start applying for the funding opportunity.
- The **My Tasks** panel will show documents that are currently in process or are in need of attention.

#### Announcements

**ATTENTION!** All Subrecipients! Organization Category selection is required for opportunities to be available to initiate in the dashboard.

Navigation Instructions

- Select your name in the upper right corner.
- Choose profile in the menu.
- Select **Organization Category** located the left navigation.
- Select a category for your organization on the **Organization Category** page.
- Select **SAVE**.

After the category selection is complete for your organization, available funding opportunities for your organization will display in the **My Opportunities** panel.

#### My Opportunities

> Filters

▼ **My Opportunities**

Name	Provider	Availability	Type
<a href="#">Flexible Assistance for Survivors Pilot - FA24</a>	Cal OES	10/15/2024 12:00:00 AM - 1/24/2025 11:59:00 PM	Competitive

◀ ◁ 1 ▷ ▶

#### My Tasks

Initiate Related Document

> Filter

Once you arrive at your Dashboard you will see any available opportunities for your organization listed under “My Opportunities.”



Home Searches -

LOGGED IN AS: Angela Siskiyou -

# Dashboard

## Navigation Instructions:

- Subrecipients must have an **Organization Category** selection for funding opportunity.
- Click on an **Opportunity Name** to start applying for the funding opportunity.
- The **My Tasks** panel will show documents that are currently in process or are in need of action.

## Announcements

### California State Nonprofit Security Grant Program (CSNSGP) - CN24

Provided By: Cal OES

Provided To: Siskiyou School

Applications Availability Dates: 1/1/2025 12:00:00 AM - 5/31/2025 11:59:00 PM

Due Date: 5/31/2025 11:59:00 PM

Description:  
The purpose of the CSNSGP is to provide funding support for target hardening and other physical security enhancements to nonprofit organizations that are at high risk for violent attacks and hate crimes due to ideology, beliefs, or mission.

Program Requirements/Additional Documentation  
[FY 2024 CSNSGP RFP.pdf](#)

**Proceed** **Cancel**

Availability	Type
1/1/2025 12:00:00 AM - 5/31/2025 11:59:00 PM	Non-Competitive

**Once you select an opportunity, in this case CSNSGP, the details of the program will appear which include:**

- Application Availability Dates
- Due Date
- Description

**Under Program Requirements/Additional Documentation you will find a link to the Program Supplemental which can be viewed for eligibility, etc. before you proceed with your application. This section may include additional links to other applicable forms per Program.**



# Application Process

## California State Nonprofit Security Grant Program (CSNSGP) - CN24

Provided By: Cal OES  
Provided To: Siskiyou School  
Applications Availability Dates: 1/1/2025 12:00:00 AM - 5/31/2025 11:59:00 PM  
Due Date: 5/31/2025 11:59:00 PM

### Description:

The purpose of the CSNSGP is to provide funding support for target hardening and other physical security enhancements to nonprofit organizations that are at high risk of violent attacks and hate crimes due to ideology, beliefs, or mission.

Program Requirements/Additional Documentation  
[FY 2024 CSNSGP RFP.pdf](#)

Proceed

Cancel

After selecting Proceed, you will arrive at the document landing page and begin to build your application.



**Cal OES**  
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Home Searches



LOGGED IN AS: Kennedy Christmas

New Note

DF24027901

Forms

Standard Forms

Application Information ☐

Contact Information ☐

Grant Subaward Assurances ☐

Program Narrative ☐

Subrecipient Risk Assessment ☐

Application Information Summary  
[Download]

Budget Forms

Funding Source Allocation ☒

Budget Cost Categories ☒

Budget Narrative ☒

Contractor/Consultant Costs ☒

Other Operating Costs ☐

Budget Summary [Download]

Service Area Forms

Counties ☐

Congressional Districts ☐

State Assembly Districts ☐

## Document Landing Page

### Instructions:

- The table below represents high-level data points about the current document.
- The bold fields are labels that describe the specific data point.
- Template:** The type of template of the current document.
- Instance:** The type of instance of the current document. For example, if an Application, the instance is the Program name.
- Process:** The process flow the current document follows.
- Document Name:** The unique document identifier of the current document. This is also found in the upper left navigation ("Forms Menu") as a hyperlink, which will bring the person navigating back to this "Document Landing" page.
- Document Status:** The process flow status step name of the current document.
- Organization:** The organization name of the current document.
- Your Role:** The name of the current document role of the person navigating; if the person is not added to the document, no role will display.
- Period Date:** The period dates of the current document. For example, if an Application, the Grant Subaward Performance Period begin date and end dates will display here.
- Due Date:** The due date set for the current document.

**Template**  
Applications

**Instance**  
Physical and Digital Infrastructure Security Grant Program for Facilities - DF24

**Process**  
Applications

**Document Name**  
DF24027901

**Document Status**  
Application in Progress

**Organization**  
Christmas Shop

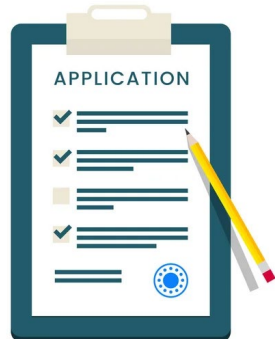
**Your Role**  
Organization Authorized Agent

**Period Date**  
11/1/2024 12:00:00 AM  
12/31/2025 12:00:00 AM

**Due Date**  
12/31/2024 11:59:00 PM

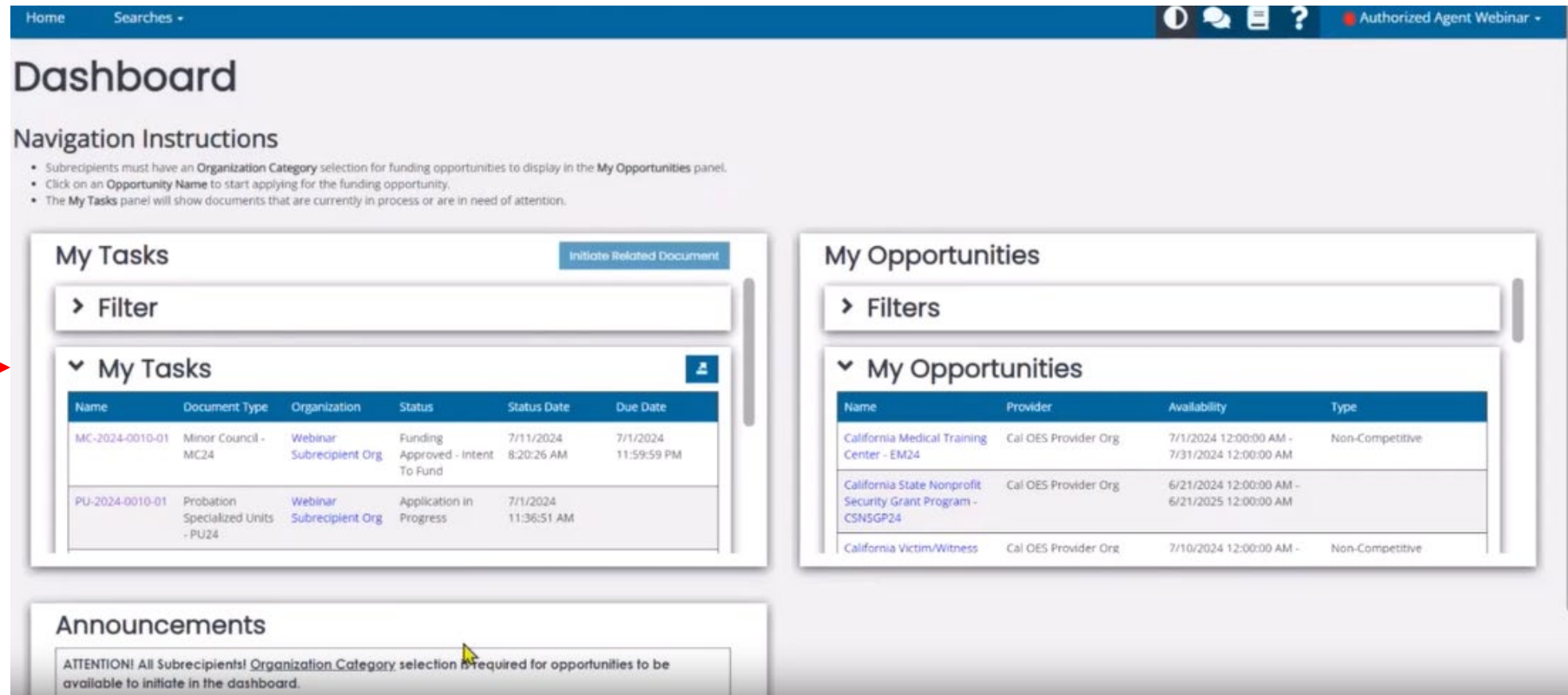
### Program Supplemental

[1. FY24 RFP - PDIS - Health Care Facilities \(FINAL\).docx](#)





# Application Process - My Tasks



The screenshot shows a web dashboard with a blue header bar containing 'Home', 'Searches', and user information 'Authorized Agent Webinar'. The main content area is titled 'Dashboard' and includes 'Navigation Instructions' with three bullet points. Below this are two main panels: 'My Tasks' and 'My Opportunities'. The 'My Tasks' panel has a 'Filter' button and a table with columns: Name, Document Type, Organization, Status, Status Date, and Due Date. A red arrow points to this table. The 'My Opportunities' panel has a 'Filters' button and a table with columns: Name, Provider, Availability, and Type. At the bottom, an 'Announcements' box contains a message about the 'Organization Category' selection requirement.

Home Searches Authorized Agent Webinar

## Dashboard

**Navigation Instructions**

- Subrecipients must have an **Organization Category** selection for funding opportunities to display in the **My Opportunities** panel.
- Click on an **Opportunity Name** to start applying for the funding opportunity.
- The **My Tasks** panel will show documents that are currently in process or are in need of attention.

### My Tasks

Initiate Related Document

> Filter

My Tasks

Name	Document Type	Organization	Status	Status Date	Due Date
MC-2024-0010-01	Minor Council - MC24	Webinar Subrecipient Org	Funding Approved - Intent To Fund	7/11/2024 8:20:26 AM	7/1/2024 11:59:59 PM
PU-2024-0010-01	Probation Specialized Units - PU24	Webinar Subrecipient Org	Application in Progress	7/1/2024 11:36:51 AM	

### My Opportunities

> Filters

My Opportunities

Name	Provider	Availability	Type
California Medical Training Center - EM24	Cal OES Provider Org	7/1/2024 12:00:00 AM - 7/31/2024 12:00:00 AM	Non-Competitive
California State Nonprofit Security Grant Program - CSNSGP24	Cal OES Provider Org	6/21/2024 12:00:00 AM - 6/21/2025 12:00:00 AM	
California Victim/Witness	Cal OES Provider Org	7/10/2024 12:00:00 AM -	Non-Competitive

**Announcements**

ATTENTION! All Subrecipients! Organization Category selection is required for opportunities to be available to initiate in the dashboard.

Once you have started an application, it will appear in "My Tasks" on your Dashboard and include the status.



# Application Process

**Cal OES**  
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OF EMERGENCY SERVICES

**GRANTS  
CENTRAL  
SYSTEM**

**UAT**

LOGGED IN AS: Angela Siskiyou

**CN24008806**

## Document Landing Page

**Instructions:**

- The table below represents high-level data points about the current document.
- The **bold** fields are labels that describe the specific data point.
- Template:** The type of template of the current document.
- Instance:** The type of instance of the current document. For example, if an Application, the instance is the Program name.
- Process:** The process flow the current document follows.
- Document Name:** The unique document identifier of the current document. This is also found in the upper left navigation ("Forms Menu") as a hyperlink, which will bring the person navigating back to this "Document Landing" page.
- Document Status:** The process flow status step name of the current document.
- Organization:** The organization name of the current document.
- Your Role:** The name of the current document role of the person navigating; if the person is not added to the document, no role will display.
- Period Date:** The period dates of the current document. For example, if an Application, the Grant Subaward Performance Period begin date and end dates will display here.
- Due Date:** The due date set for the current document.

<b>Template</b> Applications	<b>Instance</b> California State Nonprofit Security Grant Program (CSNSGP) - CN24	<b>Process</b> Applications
<b>Document Name</b> CN24008806	<b>Document Status</b> Application In Progress	
<b>Organization</b> Siskiyou School	<b>Your Role</b> Organization Authorized Agent	
	<b>Period Date</b> 4/1/2025 12:00:00 AM 3/31/2027 12:00:00 AM	<b>Due Date</b> 5/31/2025 11:59:00 PM

**Program**  
[FY 2024 CSNSGP RB](#)

The number displayed in the top left corner of your screen is your subaward number.

To maintain the proper sequence of your subaward number, please avoid canceling your initial application and starting over. Instead, attempt to edit the original application you began.



# Application Information

[Home](#) [Searches -](#)

DF24027901

Forms

Standard Forms

Application Information ☐

Contact Information ☐

Grant Subaward Assurances ☐

Program Narrative ☐

Subrecipient Risk Assessment ☐

Application Information Summary [Download]

Budget Forms

Funding Source Allocation ☒

Budget Cost Categories ☒

Budget Narrative ☒

Contractor/Consultant Costs ☒

Other Operating Costs ☐

Budget Summary [Download]

Service Area Forms

Counties ☐

Congressional Districts ☐

State Assembly Districts ☐

Application Information Form

Navigation Instructions:

- All required fields are marked with an \*.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- When done, click the **SAVE** button.

Application Information

Program:  
Physical and Digital Infrastructure Security Grant  
Program for Facilities - DF24

Grant Subaward Performance Period:  
11/01/2024 to 12/31/2025

Subrecipient:  
Christmas Shop

Subrecipient Federal Employer ID:  
47-747477  
select the **Organization** link below to update the UEI/ Federal Employer ID on the Organization Information page  
[My Organization](#)

Implementing Agency: \*

These fields auto populate

Payment Address

Next Form >

New Note | Print | Save

LOGGED IN AS: Kennedy Christmas

The Implementing Agency is the agency/ organization, identified on the Grant Subaward Face Sheet that is responsible for the day-to-day operation of the Grant Subaward. The Implementing Agency and Subrecipient may either be identical or distinct entities.



# Application Information

After entering your payment address, select "Validate Address." If you are unable to validate the provided address, select the corresponding box indicating this.

Zip code must be 9 numbers

Enter all information in the Primary Location of Project/Services section – this is where security enhancements will be installed

New Note | Print | Save

### Payment Address

Please select "Validate Address" after entering your payment address.  
If you are unable to validate the provided address, select the corresponding box indicating this.

Address \* Not Validated Validate Address

City \*

ZIP Code \*

Address 2

State \*

Alabama

County \*

☐ By selecting this checkbox, I am verifying that the provided address was unable to be validated.

### Primary Location of Project/Services

Enter the City and County/Operational Area where the project is located. Provide the complete nine digit ZIP code.

Address \*

City: \*

County: \*

ZIP Code: \*

Does the Subrecipient own or lease the building at the primary location? \*

At the time of application, is the Subrecipient actively occupying and functioning out of the primary location? \*

Is the Subrecipient the only nonprofit operating in/from this primary location? \*

Is the primary location in a Urban Area Security Initiative designated urban area? \*

#### Subrecipient Type/Affiliation

Primary Subrecipient type? \*

Function that best describes the Subrecipient? \*



# Remember to Save

[Home](#) [Searches -](#)

DF24027901

Forms

Standard Forms

Application Information ☐

Contact Information ☐

Grant Subaward Assurances ☐

Program Narrative ☐

Subrecipient Risk Assessment ☐

Application Information Summary [Download]

Budget Forms

Funding Source Allocation ☒

Budget Cost Categories ☒

Budget Narrative ☒

Contractor/Consultant Costs ☒

Other Operating Costs ☐

Budget Summary [Download]

Service Area Forms

Counties ☐

Congressional Districts ☐

State Assembly Districts ☐

## Application Information Form

New Note | Print **Save**

Navigation Instructions:

- All required fields are marked with an \*.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- When done, click the **SAVE** button.

### Application Information

Program:  
Physical and Digital Infrastructure Security Grant  
Program for Facilities - DF24

Grant Subaward Performance Period:  
11/01/2024 to 12/31/2025

Subrecipient:  
Christmas Shop

Subrecipient Federal Employer ID:  
47-747477 select the Organization  
My Organization

Implementing Agency: \*

### Payment Address

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**IMPORTANT! You MUST click save in the top right corner of each page prior to selecting "Next Form" or your progress will not be saved.**



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## Contact Information Form

Navigation Instructions:

- All required fields are marked with an \*.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- When done, click the **SAVE** button.

Form Specific Instructions:

- Individuals identified below will be the official points of contact for the Grant Subaward. For descriptions of these positions see Subrecipient Handbook Section 3.005 or other applicable Program Supplemental guidance.
- Each individual must have a unique email address.
- Organization Authorized Agents must be denoted as being a Grant Subaward Authorized Agent in order to submit the application.

### Grant Subaward Contacts

Point of Contact (POC)

\* First Name:  \* Last Name:

\* Title:

\* Phone:  \* Email:

\* Address:

\* City:  \* State:  \* Zip Code:

Grant Subaward Authorized Agent

☐ Angela Siskiyou

LOGGED IN AS: Angela Siskiyou

Last Saved 2/18/2025 4:33 PM

New Note | Print | Save

Attention

Please complete all fields for the Point of Contact (POC).

If you select "Save" or "Next Form" and a required field is incomplete, you will see an error message under "Attention."

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# Contact Information

**Individuals identified under Contact Information will be the Points of Contact for the Grant Subaward**

**Each Point of Contact must have a unique email address**

**Zip code must be nine numbers (i.e., 95655-1234)**

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Navigation Instructions:

- All required fields are marked with an \*
- Use the SAVE button at least every 30 minutes to avoid losing data.
- When done, click the SAVE button.

Form Specific Instructions:

- Individuals identified below will be the official points of contact for the Grant Subaward. For descriptions of these positions see Subrecipient Handbook Section 3.005 or other applicable Program Supplemental guidance.
- Each individual must have a unique email address.
- Organization Authorized Agents must be denoted as being a Grant Subaward Authorized Agent in order to submit the application.

Grant Subaward Contacts

Point of Contact (POC)

\* First Name:  \* Last Name:

\* Title:

\* Phone:  \* Email:

\* Address:

\* City:  \* State:  \* Zip Code:

Grant Subaward Authorized Agent

☐ Angela Siskiyou

Attention: Please complete all fields for the Point of Contact (POC).

LOGGED IN AS: Angela Siskiyou

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# Contact Information

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First Name: Dana Last Name: Delano

\* Title: Finance Officer

\* Phone: (555) 555-5555 \* Email: D.Delano@caloes.ca.gov

\* Address: 5555 Mather ave

\* City: Rancho Cordova \* State: CA \* Zip Code: 95660-0000

Chair of the Governing Body

\* First Name: Kennedy \* Last Name: Christmas

\* Title: Grants Manager

\* Phone: (916) 555-5555 \* Email: K.Christmas@caloes.ca.gov

\* Address: 5555 Schriever ave

\* City: Rancho Cordova \* State: CA \* Zip Code: 95660-0000

Grant Subaward Authorized Agent

☒ Cindy Berkeley

☐ Kennedy Christmas

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Check the box of the  
Organization  
Authorized Agent that  
will be allowed to  
submit the  
application



# Status Check

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Application Information	<input checked="" type="checkbox"/>
Contact Information	<input type="checkbox"/>
Grant Subaward Assurances	<input checked="" type="checkbox"/>
Program Narrative	<input checked="" type="checkbox"/>
Subrecipient Risk Assessment	<input type="checkbox"/>
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Budget Narrative	<input type="checkbox"/>
Personnel Costs	<input type="checkbox"/>
Contractor/Consultant Costs	<input type="checkbox"/>
Equipment Costs	<input checked="" type="checkbox"/>
Other Operating Costs	<input type="checkbox"/>
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A check mark means all required information is entered in that form

An exclamation mark means there are errors that need to be fixed before you can submit

A folder means there are multiple line items for that budget category (click the folder to see a list of the line items)

A blank box means you have not started this form



# Grant Subaward Assurances Form

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## Grant Subaward Assurances Form

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### Navigation Instructions:

- All required fields are marked with an \*.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- When done, click the **SAVE** button.

### Form Specific Instructions:

- Read all Grant Subaward Assurance and indicate compliance by checking acknowledgement box.

## Applicable Grant Subaward Assurances

This document is a binding affirmation that the Subrecipient will comply with the assurances required by the federal program/fund source.

Assurance	Acknowledgement
<a href="#">2-104 Grant Subaward Certification of Assurance of Compliance.pdf</a>	<input checked="" type="checkbox"/> *
<a href="#">Program Standard Assurance Addendum</a>	<input checked="" type="checkbox"/> *

Subrecipients expending \$1,000,000 or more in federal funds annually must comply with the single audit requirement established by the Federal Office of Management and Budget (OMB) Uniform Guidance 2 CFR Part 200, Subpart F and arrange for a single audit by an independent Certified Public Accountant (CPA) firm annually. Audits conducted under this section will be performed using the guidelines established by the American Institute of Certified Public Accountants (AICPA) for such audits. \*

- ☒ Subrecipient expends \$1,000,000 or more in federal funds annually.
- ☐ Subrecipient does not expend \$1,000,000 or more in federal funds annually.

### Federal Funding Accounting and Transparency Act (FFATA)

In the preceding year, did the Subrecipient receive:

Has the Subrecipient received \$25,000,000 or more in federal funds in the preceding fiscal years? \*

☐ Yes ☒ No

Only applicable Grant Subaward/Federal Fund Assurances will display

Read all Grant Subaward Assurances and indicate compliance by checking acknowledgement box.  
Must click on link(s) to view applicable Grant Subaward Assurances

The amount in question has increased from \$750,000 to \$1,000,000

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# Subrecipient Risk Assessment Form

DF24027901

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## Subrecipient Risk Assessment Form

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### Navigation Instructions:

- All required fields are marked with an \*.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- When done, click the **SAVE** button.

### Form Specific Instructions:

- For purposes of completing this form, grant manager is the individual who has primary responsibility for day-to-day administration of the grant, bookkeeper/accounting staff means the individual who has responsibility for reviewing and determining expenditures to be charged to the grant award, and organization refers to the subrecipient applying for the award, and/or the governmental implementing agency, as applicable.

### Assessment Questions

Per Title 2 CFR § 200.332, Cal OES is required to evaluate the risk of noncompliance with federal statutes, regulations and grant terms and conditions posed by each subrecipient of pass-through funding.

How many years of experience does your current grant manager have managing grants? *	<input type="text"/>
How many years of experience does your current bookkeeper/accounting staff have managing grants? *	<input type="text"/>
How many grants does your organization currently receive? *	<input type="text"/>
What is the approximate total dollar amount of all grants your organization receives? *	\$ <input type="text"/>
Are individual staff members assigned to work on multiple grants? *	<input type="text"/>
Do you use timesheets to track the time staff spend working on specific activities/projects? *	<input type="text"/>
How often does your organization have a financial audit? *	<input type="text"/>
Has your organization received any audit findings in the last three years? *	<input type="text"/>
Do you have a written plan to charge costs to grants? *	<input type="text"/>
Do you have written procurement policies? *	<input type="text"/>
Do you get multiple quotes or bids when buying items or services? *	<input type="text"/>
How many years do you maintain receipts, deposits, cancelled checks, invoices? *	<input type="text"/>
Do you have procedures to monitor grant funds passed through to other entities? *	<input type="text"/>

This form is required for all applications

Question 4 is validated based on the information provided in the Grant Subaward Assurances Form, specifically in the section where Subrecipients indicate whether they spend \$1,000,000 in federal funds each year.

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# Budget





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Funding Source Allocation

Instructions:

- Please be sure to review page for accuracy.

Funding Source Allocation

Funding Source Name	Fiscal Year	Type	Amount Available	Available Funding Total	Funding Requested	Total Project Costs
2024 CSNG	2024	State	\$250,000	\$250,000	\$0	\$0
			\$250,000	\$250,000	\$0	\$0

When you get to the Budget Forms section you will see your funding source allocation page.

The Amount Available column provides the amount allocated by fund source.

The funding requested column will show \$0 at this point until you complete your budget cost categories.

Before the Application can be submitted, Funding Requested must be equal or less than the Amount Available.

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New Note | Print | Save

## Budget Cost Categories

Navigation Instructions:

- Please select the Budget Items that you will need line items for.
- When done, click the SAVE button, the corresponding pages will appear for you to fill out.
- WARNING:** Budget Items will be deleted if they exist and you de-select the associated Budget Item Type on this form.

### Cost Form Selection(s)

<input checked="" type="checkbox"/>	Personnel Costs	←
<input type="checkbox"/>	Volunteer Costs	
<input type="checkbox"/>	Contractor/Consultant Costs	
<input type="checkbox"/>	Rent Costs	
<input type="checkbox"/>	Travel Costs	
<input checked="" type="checkbox"/>	Equipment Costs	←
<input type="checkbox"/>	Financial Assistance For Client's Costs	
<input type="checkbox"/>	Second-Tier Subward Costs	
<input type="checkbox"/>	Audit Costs	
<input type="checkbox"/>	Indirect Costs	
<input checked="" type="checkbox"/>	Other Operating Costs	←

**WARNING:** Upon selecting all Cost Forms that pertain to your Grant Subaward, if you deselect a previously selected form, it will result in deletion of the form's information. You will need to reselect the form and reenter the information.

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You will select ONLY the following Budget Cost Categories for CSNSGP:

- \* Personnel Costs
- \* Equipment Costs
- \* Other Operating Costs

If other categories are selected, your application will be returned for corrections.



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## Personnel Budget Category Form

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Navigation Instructions:

- All required fields are marked with an \*.
- Use the SAVE button at least every 30 minutes to avoid losing data.
- To add another Line Item, click the ADD button.
- To delete this Line Item, click the DELETE button. WARNING: This action cannot be undone.
- When done, click the SAVE button.

### Personnel Costs

Budget/Project Line-Item \*

M&A

3 of 50

Description \*

Management and Administration of the grant.  
5% of \$250,000 = 12,500

67 of 500

☒ Hourly ☐ Salary

Pay per Hour \*    Number of Hours/Week \*    Number of Weeks \*    Hours of Full-Time Workweek \*

\$ 12,500    1    1    1

Full-Time Equivalent in Hours    FTE    Salary Calculation Total

52    1.92%    \$12,500

Does this position provide benefits? \*    ☐ Yes ☒ No

Calculation Total (Includes Benefits if provided)

\$12,500

### Fund Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to support the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2024 CSNG			\$ 12,500	\$	\$	\$0	\$12,500	Not Applicable	+
			\$12,500	\$0	\$0	\$0	\$12,500		

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Management and Administration (M&A) costs paid to internal staff will be entered in the "Personnel Cost" Budget Category Form.

Include a calculation in the Description box, and select "hourly" underneath.

Pay per hour = total amount of M&A. Enter "1" in the next three boxes.

Click "no" for benefits.

Complete the Fund Source Allocations table at the bottom before clicking "save" and exiting.



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New Note | Print | Save | Add | Delete

## Equipment Budget Category Form

**Navigation Instructions:**

- All required fields are marked with an \*.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. **WARNING: This action cannot be undone.**
- When done, click the **SAVE** button.

**Form Specific Instructions**

- If Automobile Purchase or Lease is selected as Cost Type, complete the required Automobile Justification fields.

Equipment Costs Type: ☒ Standard ☐ Automobile Purchase or Lease Costs

Budget/Project Line-Item \*

Fencing

7 of 50

Description \*

300 feet of fence x \$50 per foot = \$15,000

42 of 500

Please indicate cost per unit regardless of the amount budgeted to this Grant Subaward.

Number of Units \*  Cost per Unit \*  Calculation Total \*

### Funding Source Allocations

**Fund Source Allocations Instructions**

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2024 CSNG			\$ 15,000	\$	\$	\$0	\$15,000	Not Applicable	+
			\$15,000	\$0	\$0	\$0	\$15,000		

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Equipment with a unit value of \$10,000 or more will be entered in the "Equipment Costs" Budget Category Form.

Include a description and calculation in the Description box.

Enter the number of units as "1" and the cost per unit as the total amount.

Complete the Fund Source Allocations table at the bottom before clicking "save" and exiting.

Use the "add" button to add additional Equipment Cost items



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Other Operating Budget Category Form

Navigation Instructions:

- All required fields are marked with an \*.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. **WARNING: This action cannot be undone.**
- When done, click the **SAVE** button.

Other Operating Costs

Budget/Project Line-Item \*

Contracted Security

19 of 50

Description/Justification \*

Hiring XYZ Security Firm to provide security patrol coverage for our church during the hours of 7 pm to 7 am on weekends for calendar year 2025.

145 of 500

Calculation Description \*

12 hours x \$15 per hour x 104 weekend days in one calendar year = \$18,720

73 of 500

Calculation Total \*

\$ 18,720

Funding Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2024 CSNG			\$ 18,720	\$	\$	\$0	\$18,720	Not Applicable	+
			\$18,720	\$0	\$0	\$0	\$18,720		

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Contracted Security Personnel costs are accounted for on the "Other Operating" Budget Category Form.

Include a description/justification.

Include a calculation.

Complete the Fund Source Allocations table at the bottom before clicking "save" and exiting.



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## Other Operating Budget Category Form

Navigation Instructions:

- All required fields are marked with an \*.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. **WARNING: This action cannot be undone.**
- When done, click the **SAVE** button.

### Other Operating Costs

Budget/Project Line-Item \*

Contracted Security

19 of 50

Description/Justification \*

Hiring XYZ Security Firm to provide security patrol coverage for our church during the hours of 7 pm to 7 am on weekends for calendar year 2025.

145 of 500

Calculation Description \*

12 hours x \$15 per hour x 104 weekend days in one calendar year = \$18,720

73 of 500

Calculation Total \*

\$ 18,720

### Funding Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	Match Federal Match Requirements	Federal Fund
2024 CSNG			\$ 18,720	\$	\$	\$0	\$18,720	Not Applicable	+
			\$18,720	\$0	\$0	\$0	\$18,720		

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Other projects on the "Other Operating" Budget Category Form

M&A costs paid to third party consultants/contractors accounted for on the "Other Operating" Budget Category Form.

Planning costs are accounted for on the "Other Operating" Budget Category Form.

Training costs are accounted for on the "Other Operating" Budget Category Form.

Construction and Renovation costs are accounted for on the "Other Operating" Budget Category Form.

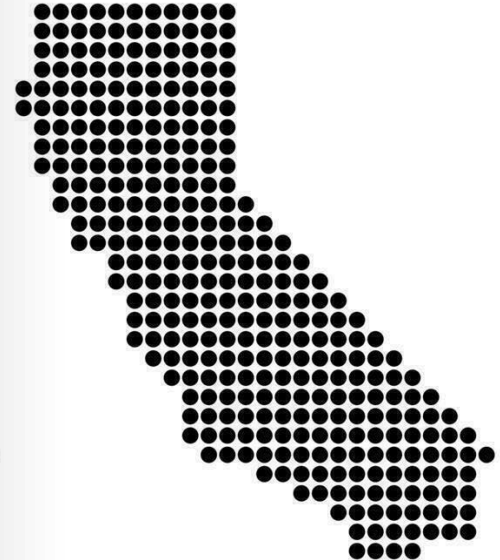
Equipment with a unit value of less than \$10,000 will be entered in the "Other Operating" Budget Category Form.

Support Services are accounted for on the "Other Operating" Budget Category Form.



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## Service Area Form – Counties

**Navigation Instructions:**

- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- When done, click the **SAVE** button.

**Form Specific Instructions:**

- If your project/services benefit the entire State, select the "Statewide" checkbox, and click the **Save** button to automatically populate the percentages and funding amounts among each county.
- If your project/services do not benefit the entire State, fill out the percent of funds you intend to use to benefit each county.

### County(ies) Served

The source of the service area data can be found at the following link: [Offices and Subdivisions \(ca.gov\)](#)

Statewide

N/A

Total Funding Amount:

☐

☐

\$1,000,000.00

*N/A option applies only to federally recognized tribes.*

Counties	%	Funding Amount
Alameda	<input type="text"/> %	\$
Alpine	<input type="text"/> %	\$
Amador	<input type="text"/> %	\$
Butte	<input type="text"/> %	\$
Calaveras	<input type="text"/> %	\$
Colusa	<input type="text"/> %	\$
Contra Costa	<input type="text"/> %	\$

Enter the 100%  
percent for the  
county your project is  
located in.

Do not click  
"Statewide" or "N/A"



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## Service Area Form – Congressional Districts

Navigation Instructions:

- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- When done, click the **SAVE** button.

Form Specific Instructions:

- If your project/services benefit the entire State, select the "Statewide" checkbox, and click the **Save** button to automatically populate the percentages and funding amounts among each Congressional District.
- If your project/services do not benefit the entire State, fill out the percent of funds you intend to use to benefit each Congressional District.

### Congressional District(s) Served

The source of the service area data can be found at the following link: [Offices and Subdivisions \(ca.gov\)](#)

N/A ☐ Total Funding Amount: \$1,000,000.00

Please click the **SAVE** button to automatically populate the percentages and funding amounts, evenly.

Congressional Districts	%	Funding Amount
CD 1	1.92 %	\$19,200.00
CD 2	1.92 %	\$19,200.00
CD 3	1.92 %	\$19,200.00
CD 4	1.92 %	\$19,200.00
CD 5	1.92 %	\$19,200.00
CD 6	1.92 %	\$19,200.00
CD 7	1.92 %	\$19,200.00

< Previous Form

Next Form >

This form is dynamic, the available Congressional Districts are automatically populated based on the county selected on the previous form.

Do not click "N/A."



# Service Area Forms – State Assembly and State Senate Districts

DF24027901

Budget Narrative

Contractor/Consultant Costs

Other Operating Costs

Budget Summary [Download]

Service Area Forms

Counties

Congressional Districts

State Assembly Districts

State Senate Districts

Service Area [Download]

Signatures

Application Signatures

Rating Team

Rating ScoreSheet

Tools

Landing Page

Add/Edit People

Status History

Attachment Repository

Modification Summary

Document Validation

Notes

Print Document

Service Area Form – State Assembly Districts

Last Saved 1/15/2025 2:50 PM

New Note | Save

Navigation Instructions:

- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- When done, click the **SAVE** button.

Form Specific Instructions:

- If your project/services benefit the entire State, select the "Statewide" checkbox, and click the **Save** button to automatically populate the percentages and funding amounts among each State Assembly District.
- If your project/services do not benefit the entire State, fill out the percent of funds you intend to use to benefit each State Assembly District.

State Assembly District(s) Served

The source of the service area data can be found at the following link: [Offices and Subdivisions \(ca.gov\)](#)

N/A

Total Funding Amount:

☐

\$1,000,000.00

Please click the **SAVE** button to automatically populate the percentages and funding amounts, evenly.

State Assembly Districts	%	Funding Amount
AD 1	<input type="text" value="1.25"/> %	\$12,500.00
AD 2	<input type="text" value="1.25"/> %	\$12,500.00
AD 3	<input type="text" value="1.25"/> %	\$12,500.00
AD 4	<input type="text" value="1.25"/> %	\$12,500.00
AD 5	<input type="text" value="1.25"/> %	\$12,500.00
AD 6	<input type="text" value="1.25"/> %	\$12,500.00
AD 7	<input type="text" value="1.25"/> %	\$12,500.00
AD 8	<input type="text" value="1.25"/> %	\$12,500.00
AD 9	<input type="text" value="1.25"/> %	\$12,500.00
AD 10	<input type="text" value="1.25"/> %	\$12,500.00

< Previous Form

Next Form >

These forms are dynamic,  
the available State  
Assembly and State Senate  
Districts are based on the  
Congressional District(s)  
selected on  
the previous form.

Do not click "N/A."



# Final Step! Application Signatures

DF24027901

Service Area Forms

- Counties
- Congressional Districts
- State Assembly Districts
- State Senate Districts
- Service Area [Download]
- Signatures
  - Application Signatures**
- Rolling Team
- Rating ScoreSheet
- Tools
- Landing Page
- Add/Edit People
- Status History
- Attachment Repository
- Modification Summary
- Document Validation
- Notes
- Print Document
- Document Messages
- Status Options
- Cancel Application
- Related Documents

## Application Signatures Form

### Navigation Instructions:

- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- When done, click the **SAVE** button.

### Form Specific Instructions:

- Please complete the following certifications by checking the boxes that apply. Your name, signature, date executed, and title will be automatically be populated upon save once all boxes have been checked.
- If a signature already exists and you resave the form, the pre-existing signature will remain.
- If you uncheck a box and save, the signature will get erased.

## Assurances/Signatures

### Proof of Authority/Governing Body Resolution \*

- ☒ 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 of 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 are for 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 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.

### Upload Proof of Authority/Governing Body Resolution \*

 3. GER.pdf  
File uploaded successfully

### Standard Certification of Compliance \*

- ☒ By checking this box, I certify the Subrecipient will comply with the requirements of the Standard Certification of Compliance. I am fully aware that this certification is made under penalty of perjury under the laws of the State of California.

### Program Standard Assurance Addendum \*

- ☒ The undersigned represents that he/she is authorized to enter into this Addendum for and on behalf of the Applicant/Subrecipient. Applicant/Subrecipient understands that failure to comply with this Addendum or any of the assurances in suspension, termination, reduction, or de-obligation of funding. Applicant/Subrecipient agrees to repay funds in the event there is a violation of grant assurances.

### Grant Subaward Assurances \*

- ☒ By checking this box, I certify I have read all applicable Grant Subaward Assurances and the Subrecipient will comply with the requirements. I am fully aware that this certification is made under penalty of perjury under the laws of the State of California.

### California Public Records Act \*

- ☒ I understand the Grant Subaward applications are subject to the California Public Records Act, Government Code section 7920.000 et seq.

**On the Application Signatures form the OAA will complete the following certifications by checking the boxes that apply.**





# Final Step! Application Signatures

## Assurances/Signatures

### Proof of Authority/Governing Body Resolution \*

☒ 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.

### Upload Proof of Authority/Governing Body Resolution \*

 3. GBR.pdf  
File(s) uploaded successfully.

### Standard Certification of Compliance \*

☒ By checking this box, I certify the Subrecipient will comply with the requirements of the Standard Certification of Compliance. I am fully aware that this certification is made under penalty of perjury under the laws of the State of California.

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☒ By checking this box, I certify I have read all applicable Grant Subaward Assurances and the Subrecipient will comply with the requirements. I am fully aware that this certification is made under penalty of perjury under the laws of the State of California.

### California Public Records Act \*

☒ I understand the Grant Subaward applications are subject to the California Public Records Act, Government Code section 7920.000 et seq.

Additional information: 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.

### Upload California Public Records Act Exemption

Drag Files Here

### Authorized Agent

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[< Previous Form](#)





[Save and Submit Application](#)

**Your name, signature, date executed, and title will automatically be populated upon save once all boxes have been checked. This must be complete before the Application can be submitted**

**FINAL STEP: Save and Submit Application**



# Application Status

Home	Searches ▾
DV24017102	
Service Area [Download]	
Signatures	
Application Signatures 	
Rating Team	
Rating ScoreSheet	
Tools ▾	
Landing Page	
Add/Edit People	
Status History	
Attachment Repository	
Modification Summary	
Document Validation	
Notes 	
Print Document	
Document Messages 	
Status Options ▾	
Initiate Change Request	
Related Documents ▾	
Initiate Related Doc 	
Payment Report	

Document Status History	
Status	Date/Time
Application in Progress	7/15/2024 10:52:06 AM
Application Submitted	8/2/2024 10:44:37 AM
Application in Review	8/2/2024 10:44:39 AM
Application Revisions	8/14/2024 10:22:14 AM
Application Submitted	8/20/2024 10:10:11 AM
Application in Review	8/20/2024 10:10:11 AM
Application Revisions	9/25/2024 8:16:01 AM
Application Submitted	9/26/2024 11:50:58 AM
Application in Review	9/26/2024 11:50:59 AM
Approval Pending	9/26/2024 1:29:37 PM
Grants Analysts Revisions	9/30/2024 2:21:23 PM
Application in Review	9/30/2024 2:21:23 PM
Application Revisions	9/30/2024 2:27:58 PM
Application Submitted	10/1/2024 7:33:12 AM
Application in Review	10/1/2024 7:33:12 AM
Approval Pending	10/1/2024 9:00:54 AM
Financial Ops Review	10/7/2024 8:21:08 AM
Fiscal Officer Signature	10/8/2024 7:54:58 AM
Director Designee Signature	10/23/2024 4:55:10 PM
Grant Subaward Executed	10/25/2024 6:54:18 AM
Grant Subaward Executed	10/30/2024 9:22:13 AM
Grant Subaward Executed	12/20/2024 10:50:34 AM
Grant Subaward Executed	12/20/2024 4:13:49 PM



Once your application has been submitted you can check the status under "Status History."



# Notes (Communicating with your GA)

Home Searches ▾

DF24027901

Congressional Districts ✓

State Assembly Districts ✓

State Senate Districts ✓

Service Area [Download]

▼ Signatures

Application Signatures ✓

▼ Rating Team

Rating ScoreSheet

▼ Tools

Landing Page

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Attachment Repository

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Document Validation

**Notes**

Print Document

Document Messages

## Notes

New Note

Paragraph B I U [List Icons]

Hello,  
Can you please assist me with a modification request?

Browse

Kennedy Christmas - 1/23/2025 2:48:32 PM  
I just wanted to check the status of my application.

Kennedy Christmas - 1/23/2025 2:48:55 PM  
It is currently in review.

Reply

LOGGED IN AS: Kennedy Christmas ▾

To communicate with your Grant Analyst, please use the notes section for sending messages.





# Grant Subaward Executed

Home

Searches ▾

DV24017102

Service Area [Download]

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Rating Scoresheet

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Add/Edit People

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Document Messages

Status Options

Initiate Change Request

Related Documents ▾

Initiate Related Doc

Payment Report

LOGGED IN AS: Randy Zawaideh ▾

Include Messages Associated with  
Only this Document ▾

Archived Messages  
☐

Clear

Search

Messages

Mark All Read

Sender	Recipient	Subject	Document Name	Status	Sent	Open
Grant System	Randy Zawaideh	Notification of Application Approval	DV24017102	Read	10/25/2024 6:55:00 AM	
Grant System	Randy Zawaideh	Successful Submission of Application	DV24017102	Read	8/2/2024 10:45:00 AM	

◀ 1 ▶

Notification of Application Approval

10/25/2024 6:55 AM

To: Randy Zawaideh

GRANT SUBAWARD APPLICATION APPROVAL

Program: Template Instance Name)

Grant Subaward #: DV24017102

The California Governor's Office of Emergency Services (Cal OES) has approved your Grant Subaward application. The full Grant Subaward can be viewed or downloaded in [Grants Central](#). You may request payment for eligible Grant Subaward expenditures incurred during the Grant Subaward performance period/period of performance.

Please contact your Cal OES Program Analyst, through [Grants Central](#)



## Document Landing Page

Face Sheet

Internal Use Only	Historic Face Sheets
<a href="#">Download Face Sheet</a>	09/27/2024 - Executed

Once your Grant Subaward has been fully executed, the Organization Authorized Agent (OAA) can locate your Award letter under “Document Messages” or “Document Landing Page.”



# Important Email and Website Addresses



## **GRANTS CENTRAL SYSTEM LINKS**

<https://caloes.ca.gov>

<https://caloes.intelligrants.com>

## **REGISTRATION QUESTIONS**

[GrantsCentralinfo@caloes.ca.gov](mailto:GrantsCentralinfo@caloes.ca.gov)

## **TECHNICAL QUESTIONS AFTER REGISTERING**

[CSNSGP@caloes.ca.gov](mailto:CSNSGP@caloes.ca.gov)