



FY 2025 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/Subaward Letters
- Application Documents
- Procurement Requirements
- Allowable vs Unallowable
- Payment Process and Modification
- Accountability Requirements
- Grants Central System (GCS) Application Process
- Closing



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



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
- Conditional Holds (if applicable)
- 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. Verification from the Secretary of State (SOS)*
4. Verification from the Franchise Tax Board (FTB)*
5. Verification from the Department of Justice (DOJ)*
6. Governing Body Resolution (GBR)*
7. Standard Assurances
8. Approved Application submitted in Grants Central System (GCS)

Should be consistent with your organization's legal name

***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).**
- **The organization's legal name must match the name registered with the IRS.** 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.
- If titles are added in the GBR, ensure they match the titles in GCS.

3) Governing Body Resolution



EXAMPLE

Governing Body Resolution

BE IT RESOLVED BY THE _____
(Governing Body)
OF THE _____ THAT
(Name of Applicant)
_____ OR
(Name or Title of Authorized Agent)
_____ OR
(Name or Title of Authorized Agent)
_____ OR
(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 2025 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)

Note: The person certifying the Governing Body Resolution must not also be a listed Authorized Agent (AA).

4) Standard Assurances

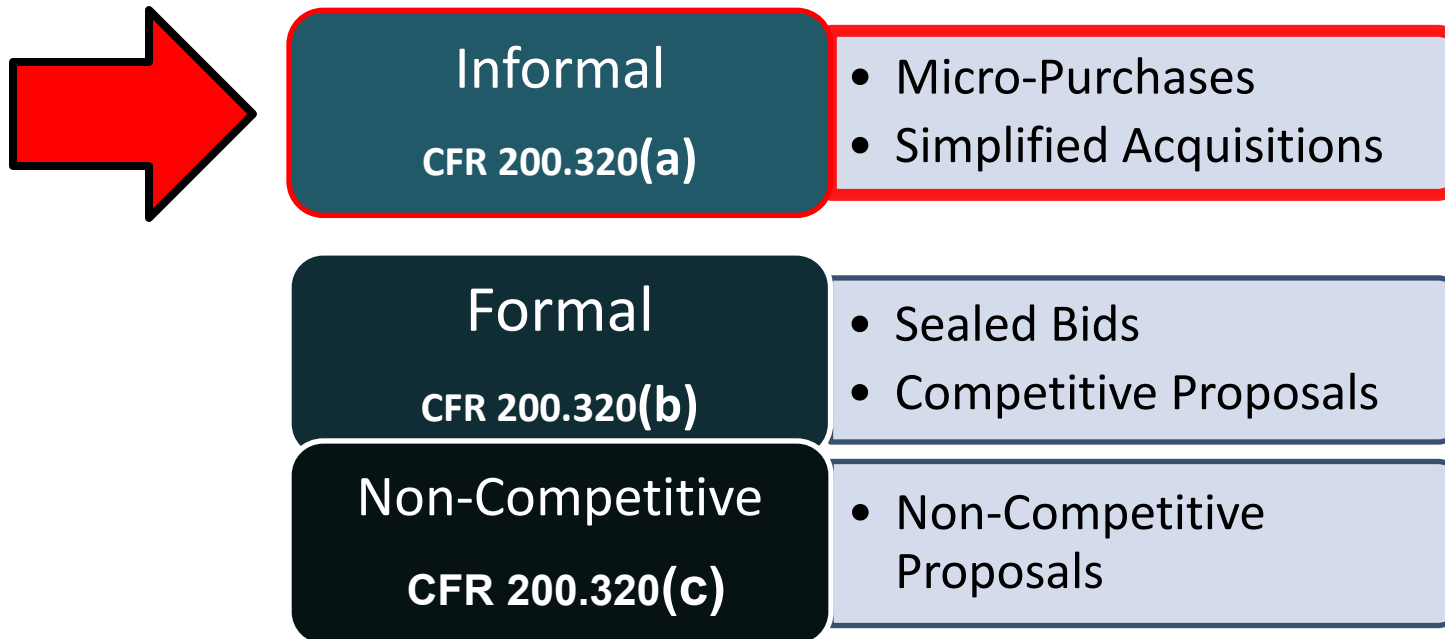


The Standard Assurances lists the requirements to which the Subrecipients will be held accountable. All subrecipients will be required to certify the Standard Assurances as part of their **FY 2025 CSNSGP Application Documents in GCS**.

Additional 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.

All procurement transactions must be conducted to ensure full and open competition ([2 C.F.R. § 200.319](#))

Procurement Methods Grouped into 3 Categories:



CSNSGP awards are typically subject to the Informal procurement method due to their maximum award amounts

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)
• Purchases up to \$15,000 • Price/Rate Quotations Not Required	• Purchases \$15,001 to \$350,000 • A minimum of 3 Price/Rate Quotations is recommended
• Reasonableness of Price/Rate must be documented • Reasonableness may be supported by research, experience, purchase history, or other relevant information	• Maintain all procurement records, these include but are not limited to: WHO – List of vendors solicited WHEN – Procurement activity dates WHAT – Quotes received WHY – Reason for selection of vendor

Important: Intentionally dividing or splitting a procurement to avoid applicable procurement thresholds is a compliance violation. Such procurements may result in a monitoring finding and the disallowance of associated costs.



- All procurement activities must be conducted using **written procedures** that comply with 2 C.F.R. §§ 200.318 – 200.327
- When internal procurement procedures conflict with Federal procurement standards, **the more restrictive requirement must be followed**
- Procurement procedures must, at a minimum:
 - Be documented
 - Require price or rate quotations from an adequate number of qualified sources for procurements over \$15,000 (or a lower organizational threshold, if more restrictive)
 - Include procedures for evaluating contractor responsibility and capability
 - Address conflicts of interest in the procurement process
 - Retention of all procurement records



For Procurements of \$25,000 or more

- Verify that the vendor or contractor is not suspended, debarred, or otherwise excluded from participating in Federal awards **before making a purchase or awarding a contract**
- Search [SAM.gov | Exclusions](#) using the vendor's name and UEI, Tax ID/EIN, or SSN (for individuals)
- Document the date the verification was performed
- Retain documentation of the search results (e.g., a screenshot showing **"No Records Found"**) in the procurement file.



Use of Responsible and Licensed Contractors

- Contractors must hold all required Federal, State, and local licenses applicable to the work being performed
 - **Verify licenses** are current and valid before awarding the procurement
- Evaluate and document the contractor's qualifications, experience, and ability to successfully perform the work
 - **Maintain documentation** supporting the rationale for contractor selection, including all evaluation factors considered, not solely price or cost



Conflict of Interest

- Real and apparent conflicts of interest are prohibited
 - **Real conflict of interest:** An individual has a financial, personal, or organizational interest that could influence the procurement decision.
 - **Apparent conflict of interest:** The circumstances create the appearance that the individual's procurement decision may not be impartial.
- Establish written standards of conduct and **implement procedures to identify, evaluate, document, and resolve conflicts of interest** before and throughout the procurement process.
 - No employee, officer, or agent may participate in the selection, award, or administration of a grant funded contract if they have a real or apparent conflict of interest
 - Standards of conduct must also provide for disciplinary actions to be applied for violations by its employees, officers, agents, or board members.



Contract Provisions

- Contracts must contain the applicable provisions described in Appendix II to Part 200 of the CFR
- Contract Provisions Guide
 - This guide helps subrecipients identify the contract provisions required for their contracts and provides sample contract language to assist with compliance.

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 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 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.

Individual Applicant 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

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.

Equipment must be installed as part of your reimbursement request or within the Period of Performance. Proof of installation will be requested by CalOES.

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 2025 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.
- Vendors must be actively licensed in California by the Bureau of Security and Investigative Services. Search here: [Search - DCA](#)

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 is 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 Costs: Planning



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.

Allowable Costs: Construction and Renovation



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.



Support Services (SS)

Support Services is a **separate funding opportunity** for organizations that provide security support to other eligible nonprofits. Allowable Costs Categories for SS must correspond to what your organization requested in your Proposal Application.

Allowable Support Services:

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

Nonprofits that apply as **Individual Applicants** are **not eligible** to receive **Support Services**.

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
- Personnel Costs, such as overtime and backfill costs
- Hiring of Public Safety Personnel (ex: Police Officer, Firefighter, and EMTs)
- General-Use Expenditures
- Travel costs/expenses
- Organizational operating expenses
- 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 2025 CSNSGP is **March 1, 2026 through December 31, 2027**. All projects must be completed, and all invoices must be paid by no later than **December 31, 2027**.

You may refer to the **FY 2025 CSNSGP Guidance** for a timeline of dates related to this grant program.



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 the approved projects, their current funding allocations, and their original priority in the approved Application.
- 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 review the GCS application does not deviate from the original approved funding proposal project(s) and scope.
- 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.

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.

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 - (units 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.
- For project(s) over \$15,000, a minimum of 2 to 3 bids is required.

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.)

Proof(s) of Payment



Acceptable proofs of payment are:

- Check: A copy of the cleared check (front and back) is required.
- Credit/Debit/Electronic Payments: These **must** be supported by a bank statement showing the transaction.
- All payment transactions must be debited or withdrawn from the Subrecipient's business account. **(Not personal account.)**
- All copies must be clear, legible, and **not** altered.

Note: To help avoid processing delays, we strongly recommend submitting a bank statement with all proof of payment.

Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

- 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: #0075 Amount: \$28.44 Date: 6/22/2015 [Print Check](#)

Check Front

EXAMPLE

90 7562 3211 7518
6-16 2015

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

SCHOOLS FINANCIAL CREDIT UNION
FOR 71697

7518

TO DEPOSIT: 1-800-969-4444 www.schoolsfinancial.com PRINTED ON RECYCLED PAPER

Check Back

ENDORSE HERE

PAY TO THE ORDER OF
FIRST CITIZENS BANK
SACRAMENTO, CA 95814
12203780
FOR DEPOSIT ONLY
SACRAMENTO HEART AND VASCULAR

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

Branch: 492
Seq: 14
Batch: 013182
Date: 06/19/15

06/19/15 Batch 19, 182

The amount of this check is \$28.44 (Twenty Eight and 44/100).
I hereby certify that the amount of this check is correct.
I hereby certify that the amount of this check is correct.
I hereby certify that the amount of this check is correct.

Signature of Treasurer
Signature of Secretary
Signature of Treasurer
Signature of Secretary

ATTEST: OFFICIAL BOARD OF DIRECTORS, SACRAMENTO HEART AND VASCULAR



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



The State of California, Contractor's State License Board requires that anyone charging \$1,000 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/classifications (e.g. A, B, C-13) and is qualified to install your equipment type.

- Licensing information and status can be verified at the Department of Consumer Affairs, [Contractors State License Board](#).
- Contracted Security is licensed through the [Bureau of Security & Investigative Services](#).

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



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

Suspension or Termination



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.
- Failure to use certified contractor and/or vendor with qualified classification(s).



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 2025 CSNSGP Guidance**, Monitoring and reporting program performance, will submit a Semi-Annual Performance Report **via the GCS portal**.
- The reporting requirement begins once the organization receives the approved Grant Subaward notice from Cal OES.

[FY 2025 CSNSGP Performance Report](#)

Semi-Annual Progress Reporting Cont.



- 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 (expended), 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 2025 CSNSGP Request For Proposal \(RFP\)](#)
- [BBB | Better Business Bureau](#)



Contact us at
CSNSGP@CalOES.ca.gov



Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

NEW! GRANTS CENTRAL SYSTEM
Application & Registration Process

Organization Registration

WE'RE HERE TO HELP

Email GrantsCentralInfo@caloes.ca.gov for registration assistance.

Contact CSNSGP@caloes.ca.gov for programmatic and GCS assistance.

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

https://www.caloes.ca.gov

PDIS - Sharepoint D... EDD Anti Fraud Pro... SRH GCS GMS GDS Forms Cindy Forms Library - Home Human Resources Inside Cal OES Wha... Concur MissionEdge ECOS DOJ Verification

Los Angeles Fires Go to CA.gov/LAfires for latest information and resources

CA Cal OES GOVERNOR'S OFFICE OF EMERGENCY SERVICES

About News Contact Us Settings

Be Ready Get Assistance Disaster Response Divisions Initiatives

I'm looking for...

Search

Note: Please provide either board minutes or letter from your organization's Board authorizing you to register and apply on behalf of the organization. Once the authorized individual has registered, they may add additional members to the organization's account.

Serving Californians

 **Prepare California**
Resources for community hardening

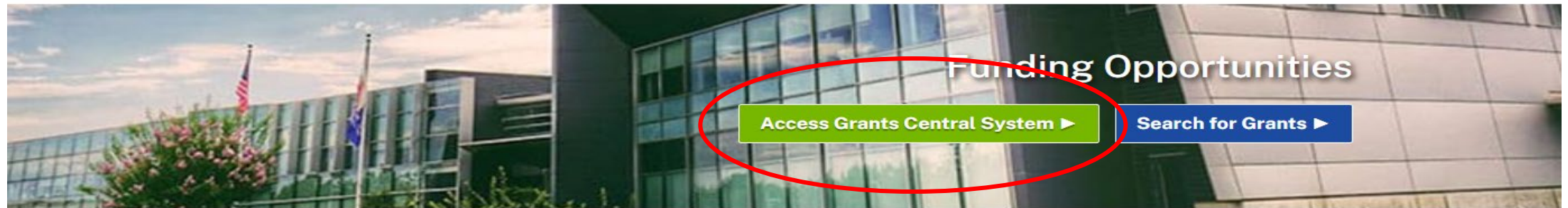
 **Apply for Grants**
Grants and funding opportunities

 **COVID-19 Response**
Find testing sites, get vaccinated

The individual registering on behalf of an organization must be authorized by the organization's Board to register on its behalf.

[Home](#)[Be Ready ▾](#)[Get Assistance ▾](#)[Disaster Response ▾](#)[Divisions ▾](#)[Initiatives ▾](#)[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.





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

 [Search](#)

Grants Central System



Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES



► 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

New users, please select, **New User? Registration Here!**

Some FY 2025 CSNSGP Subrecipients have been pre-registered in GCS. You will need to log in to update your profile.



Organization Registration

Cal OES Grants Central System

All organizations need to register for an GCS account

Steps to Get Started:

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Login

Username

Password



Log In

[Forgot Username/Password!](#)

[New User? Register Here!](#)

[SSO Login](#)



Note: After your organization is selected for funding, we need to verify your organizations legal name and FEIN number to complete your registration. Please provide official documentation, such as an IRS letter, so our registration unit can finalize your review and registration.

Organization Category Selection

Home

Searches ▾

LOGGED IN AS: Dana Thanksgiving ▾

Person Information

Dana Thanksgiving

Organization Information

Thanksgiving Shop

Organization Information

Organization Members

Organization Categories

Organization Categories

Instructions:

- To update your categories, please contact grantscentralinfo@caloes.ca.gov

If organization's need to update category they must email GCS shared in-box and request the change. We will ask for supporting documentation to see if the change make sense or requires further verification.

Categories

Selected Status	Category	Description
☐	For-Profit	
☐	Governmental - CERT Program	
☐	Governmental - City	
☐	Governmental - County	
☐	Governmental - Court	
☐	Governmental - Emergency Operations Center	
☐	Governmental - Fusion Center	
☐	Governmental - Law Enforcement	
☐	Governmental - Probation	
☐	Governmental - Prosecution	
☐	Governmental - School Districts	
☐	Governmental - Special District	
☐	Governmental - State Agency	
☐	Governmental - Tribes	
☐	Governmental - Tribes - Emergency Operations Center	
☐	Governmental - UASI	
☒	Non-Profit	
☐	Non-Profit - CERT Program	
☐	Non-Profit - Tribal Organization	
☐	Non-Profit - Tribal Organizations - Emergency Operations Center	
☐	Tribe/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

Add determination letter/ 501c3 proof if applicable

CSNSGP does not require Org charts

Organization Members

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

LOGGED IN AS: Kennedy Christmas

[Profile](#)
[Messages](#)
[Log Out](#)

[Person Information](#)
Kennedy Christmas
[Organization Information](#)
Christmas Shop
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

Members

Person Name	Role Name	Active Date	Inactive Date	Last Modified By	Last Modified By Date	
Berkeley, Cindy	Organization Authorized Agent	12/24/24		Schroeder, Marilyn	12/24/24	
Christmas, Kennedy	Organization Authorized Agent	10/23/24		Schroeder, Marilyn	10/23/24	

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.

Please note: This action does not automatically add users to the Application Opportunity.



APPLICATION

Dashboard – My Opportunities



Home Searches ▾

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
[Redacted]			

◀ ◁ 1 ▷ ▶

My Tasks

Initiate Related Document

▸ Filter

Important: Please complete your Registration!

The GCS FY25 CSNSGP Opportunity has **NOT** been posted.

Please make sure to register as soon as possible! This will give you access to the Opportunity once it becomes available.

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) - CN25

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 2025 CSNSGP REP.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) - CN25

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.

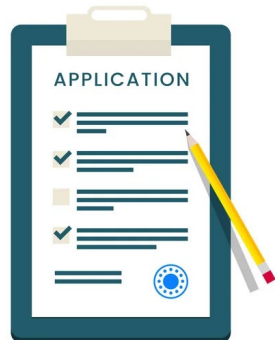
Program Requirements/Additional Documentation

[FY 2024 CSNSGP RFP.pdf](#)

Proceed

Cancel

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



Home

Searches

LOGGED IN AS: Kennedy Christmas

New Note

DF24027901

Forms

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Subrecipient Risk Assessment

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Contractor/Consultant Costs

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Budget Summary [Download]

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Document Landing Page

Instructions:

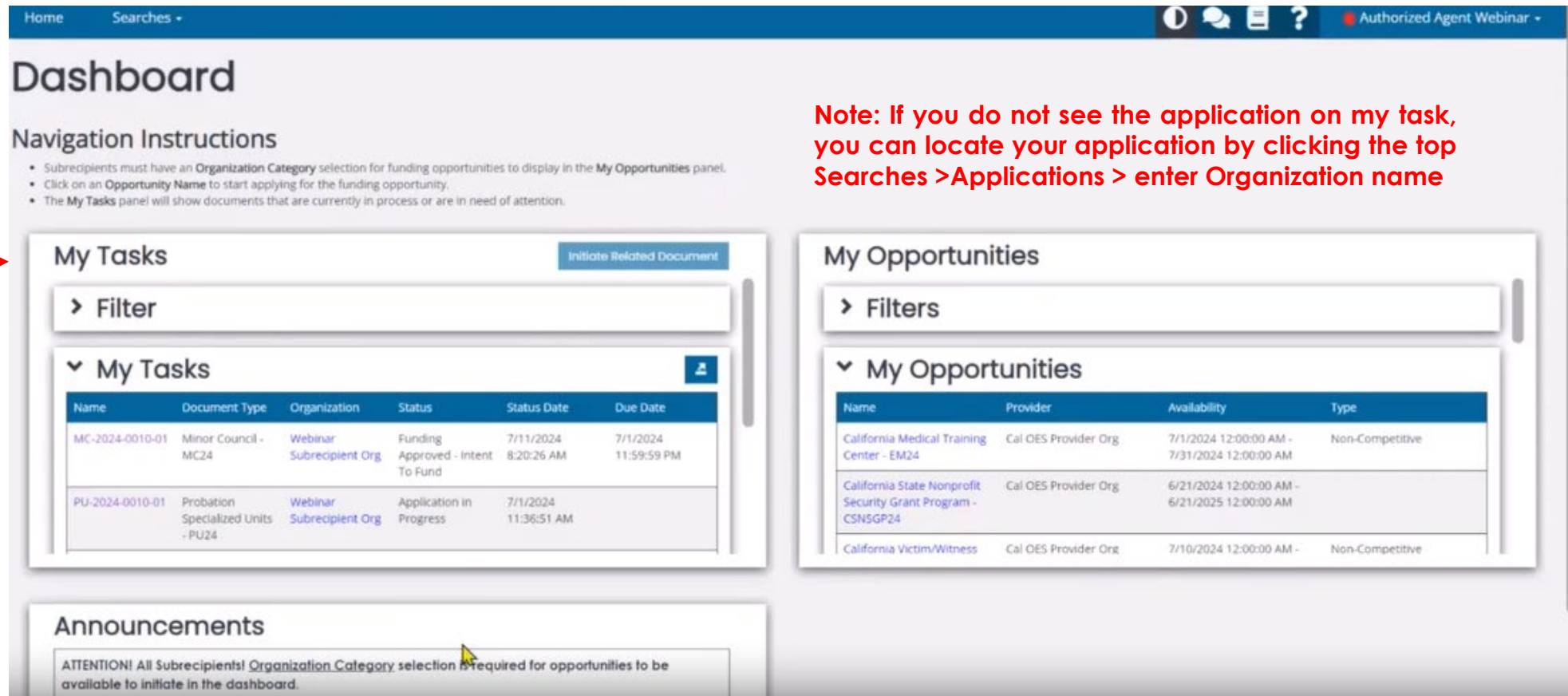
- The table below represents high-level data points about the current document.
- The bold fields are labels that describe the specific data point.
- Template:** The type of template of the current document.
- Instance:** The type of instance of the current document. For example, if an Application, the 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



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.

Note: If you do not see the application on my task, you can locate your application by clicking the top Searches > Applications > enter Organization name

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

Application Process

Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

**GRANTS
CENTRAL
SYSTEM**

UAT

LOGGED IN AS: Angela Siskiyou

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.
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- Process:** The process flow the current document follows.
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- 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 California State Nonprofit Security Grant Program (CSNSGP) - CN24	Process Applications
Document Name CN24008806	Document Status Application In Progress	
Organization Siskiyou School	Your Role Organization Authorized Agent	
	Period Date 4/1/2025 12:00:00 AM 3/31/2027 12:00:00 AM	Due Date 5/31/2025 11:59:00 PM

Program Supplemental

[FY 2024 CSNSGP RFP.pdf](#)

The circled number above is your application #/Name.
If your organization was awarded one location the Application # should end with 1, if your organization was awarded for two locations one location will end with 1 and the second with 2.

Please Avoid creating multiple application sequence numbers.

Application Information

[Home](#) [Searches](#) LOGGED IN AS: Kennedy Christmas [New Note](#) [Print](#) [Save](#)

DF24027901

Forms

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Program Narrative

Subrecipient Risk Assessment

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Budget Narrative

Contractor/Consultant Costs

Other Operating Costs

Budget Summary [Download]

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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:
47-747474

Implementing Agency: *
Rubber Ducks

*select the **Organization** link below to update the UEI/ Federal Employer ID on the Organization Information page.*
My Organization

Payment Address

Next Form >

Please make sure to add your organization name on Implementing Agency

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.

If operating under a parent organization's exemption, enter the parent organization's name in the Implementing Agency field. The Implementing Agency should always match the first name listed on the Payee Data Record STD 204.

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 *

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**

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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:
47-747474 select the Organization
My Organization

Implementing Agency: *
Rubber Ducks

Payment Address

Next Form >

IMPORTANT!

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

Contact Information

Home

Searches -

CN24008806

Forms

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Contact Information

Grant Subaward Assurances

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State Assembly Districts

State Senate Districts

Service Area [Download]

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Application Signatures

Rating Team

Rating Scoresheet

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Landing Page

Add/Edit People

Status History

Attachment Repository

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."

< Previous Form

Next Form >

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)

Home Searches

CN24008806

Forms

Standard Forms

Application Information ☐

Contact Information ☒

Grant Subaward Assurances ☐

Subrecipient Risk Assessment ☐

Application Information Summary (Download)

Budget Forms

Funding Source Allocation ☐

Budget Cost Categories ☐

Budget Summary (Download)

Service Area Forms

Countries ☐

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State Assembly Districts ☐

State Senate Districts ☐

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Application Signatures ☐

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Contact Information Form

Navigation Instructions:

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- 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 Siskiyau

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New Note | Print | Save

Attention

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

Ensure all AAs and POCs are also added in the Add/Edit People section.



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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**

Ensure that the information on this page matches your Governing Body Resolution and that all designated Authorized Agents (AAs) are selected using the Authorized Agent checkbox (✓) and are also added as Points of Contact (POCs).

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A check mark means all required information is entered in that form

An exclamation mark means there are errors that must be corrected 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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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
2-104 Grant Subaward Certification of Assurance of Compliance.pdf	☒ *
Program Standard Assurance Addendum	☒ *

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

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

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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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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Budget Cost Categories

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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)

☒ Personnel Costs

☐ Volunteer Costs

☐ Contractor/Consultant Costs

☐ Rent Costs

☐ Travel Costs

☒ Equipment Costs

☐ Financial Assistance For Client's Costs

☐ Second-Tier Subward Costs

☐ Audit Costs

☐ Indirect Costs

☒ 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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All 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 all 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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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 *

1 \$ 15,000 \$15,000

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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All 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		

Include a description/justification.

Include a calculation.

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

*This section is only for individual applicants

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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
2024 CSNG			\$ 18,720	\$	\$
			\$18,720	\$0	

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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.

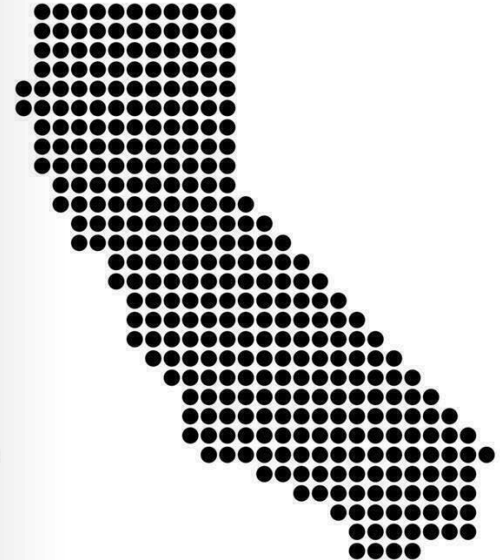
Training costs are accounted for on the "Other Operating" Budget Category Form.

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 Applicants costs for Training(s), Vulnerability Assessment(s) and third Party M&A 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	%	\$
Alpine	%	\$
Amador	%	\$
Butte	%	\$
Calaveras	%	\$
Colusa	%	\$
Contra Costa	%	\$

Make sure to click Counties prior to selecting any other Service Area forms

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

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

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LOGGED IN AS: Kennedy Christmas ▾

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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

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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."

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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	1.25 %	\$12,500.00
AD 2	1.25 %	\$12,500.00
AD 3	1.25 %	\$12,500.00
AD 4	1.25 %	\$12,500.00
AD 5	1.25 %	\$12,500.00
AD 6	1.25 %	\$12,500.00
AD 7	1.25 %	\$12,500.00
AD 8	1.25 %	\$12,500.00
AD 9	1.25 %	\$12,500.00
AD 10	1.25 %	\$12,500.00

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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

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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 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 *

Upload the Governing Body Resolution here

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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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.

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](#)

Once all required boxes are checked and saved, your name, signature, title, and execution date will automatically populate. This is required 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	

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



View Status History for updates. "Grant Subaward Executed" means your application is approved.

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

Add/Edit People

Status History

Attachment Repository

Modification Summary

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



To communicate with your Grant Analyst, use the notes section to send messages or email.



Grant Subaward Executed

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

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

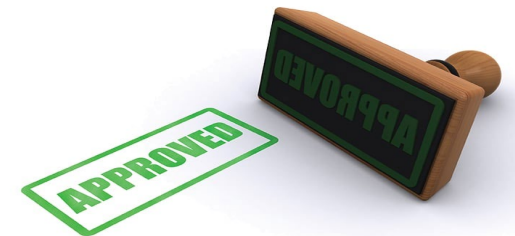
GRANT SUBAWARD APPLICATION APPROVAL

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
Download Face Sheet	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

TECHNICAL QUESTIONS AFTER REGISTERING

CSNSGP@caloes.ca.gov