



## **Lodging Rate Exemption Request**

### Information and Instructions

Subrecipients unable to secure a rate consistent with the written travel policy (see Subrecipient Handbook Section 4.070) must request advance approval for reimbursement of a higher rate using this form.

Complete all sections of the form, including required attachments. The Grant Subaward Director, or their designee identified on the Grant Subaward Signature Authorization (Cal OES Form 2-103), must sign this form.

This form can be submitted as part of the Grant Subaward Application and/or with a Grant Subaward Modification (Cal OES Form 2-223), if not previously approved as part of the Grant Subaward Application.



## Lodging Rate Exemption Request

Grant Subaward #: \_\_\_\_\_

Subrecipient: \_\_\_\_\_

Traveler(s): \_\_\_\_\_

Travel Dates: \_\_\_\_\_ to \_\_\_\_\_ Destination: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Lodging Name: \_\_\_\_\_ Nightly Room Rate: \_\_\_\_\_

Lodging Address (City, State, Zip Code: \_\_\_\_\_

☐ Emergency/short-notice travel

☐ Employee requires a reasonable accommodation

☐ No alternative lodging available

☐ Transportation cost to alternative lodging brings overall cost to an amount equal to or greater than requested lodging

☐ Other

Attach the following:

- Three lodging quotes
- Narrative justifying the reason checked above

.....

**I hereby certify that the Subrecipient has made a good faith effort to obtain lodging at or below the General Services Administration lodging rates for the travel destination.**

\_\_\_\_\_  
Grant Subaward Director Name

\_\_\_\_\_  
Grant Subaward Director Signature

\_\_\_\_\_  
Date

.....

Cal OES Approval

☐ Approved

☐ Denied

\_\_\_\_\_  
Program Specialist Signature

\_\_\_\_\_  
Date

☐ Approved

☐ Denied

\_\_\_\_\_  
Unit Chief Signature

\_\_\_\_\_  
Date