

California Governor's Office of Emergency Services

Hazard Mitigation Grants Unit

Award/Disaster # \_\_\_\_\_

Advance Request Form

Mail Reimbursement Request to:

California Governor's Office of Emergency Services Hazard Mitigation Program Section
3650 Schriever Avenue
Mather, CA 95655

Applicant: \_\_\_\_\_

FIPS ID# \_\_\_\_\_

Please mark this box to indicate a change in the authorized Agent's Mailing Address below

Table with 3 columns: Project Number, Advance Requested Amount, Reimbursement Request for the period of \_\_\_\_ to \_\_\_\_.

Under penalty of perjury, I certify that:

- I am the duly authorized officer of the claimant herein.
By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate...
This claim is for costs incurred within the Grant Performance Period.

Authorized Agent (Per Governing Body Resolution)

Printed Name, Phone Number, Fax Number, Title, E-Mail Address, Signature, Date

New Mailing Address

For Cal OES Only Cal OES 400

Obligated Amount, Expenditures To Date, 10% of Obligated Amount, Amount Allowable for Payment, Date, Reviewer, Title, Date, Approval, Title

**California Governor's Office of Emergency Services**

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**Instruction Sheet for Reimbursement Request**

<b>Term</b>	<b>Explanation</b>
<b>Subaward #</b>	The subaward # can be found on the Notification of Approval Letter.
<b>Subrecipient</b>	The subrecipient is the entity, as identified in the original grant application. Do not identify any sub-departments or offices as the applicant.
<b>FIPS ID#</b>	This is the subrecipient's identification number as identified on the Notification of Approval Letter.
<b>Address Changes</b>	Indicate a change in address by checking the box shown and noting the new address in the area marked "mailing address."
<b>Project Number</b>	The project number can be found on the Notification of Approval Letter.
<b>Expenditures to Date</b>	Identify total grant expenditures incurred to date for each project number (including local share).
<b>Reimbursement Request for the Period of:</b>	<p>The subrecipient may request reimbursement of all, or a portion of, <i>Grant Expenditures incurred since the last Reimbursement Request</i>. Indicate the month, day, and year for the beginning of the period covered to the end of the period covered during which these expenditures were incurred. <i>This is not the Project/Budget Period listed on the subgrant.</i></p> <p><i>HMGP Disasters Grants: No Fiscal Year restrictions.</i></p> <p><i>All other Grants: This request period cannot cross state fiscal years. Therefore, separate requests Must be submitted for expenditures incurred on or before June 30, and on or after July 1.</i></p>
<b>Authorized Agent Information</b>	Complete all line items requested and ensure that the form is signed by an Authorized Agent named in the Governing Body Resolution.
<b>Mail</b>	Mail the original to the address identified at the top of the request form.
<b>Supporting Documents</b>	Supporting documents are not required to be submitted with the Reimbursement Request; however, California Governor's Office of Emergency Services reserves the right to request documentation at any time. Applicants are reminded to maintain documents that support the expenditures and reimbursement amounts shown on the request.