



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

Subrecipient: _____

FIPS ID #: _____

Mail Reimbursement Request to:

Disaster/Subaward #: _____

California Governor's Office of Emergency Services
 Recovery Financial Processing Unit
 3650 Schriever Avenue
 Mather, CA 95655

Please mark this box to indicate a change in the Mailing Address in the Authorized Agent section below

Project Number	Cumulative Subrecipient Management Costs to date	Reimbursement Request for the period of _____ to _____
	\$	\$

NOTE: This form is for subrecipient management costs only. Do not include any project expenditures or other costs that were approved as part of your initial grant application.

Under penalty of perjury, I certify that:

- I am the duly authorized officer of the claimant herein and this claim is for costs incurred within the Grant Performance Period
- By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729–3730 and 3801–3812)

Authorized Agent (Per Governing Body Resolution)

 Printed Name Title Phone Number

 Signature Date Email Address

New Mailing Address Only

Cal OES 400SRMC (this section is for Cal OES use only)	
Obligated Funding for Subrecipient Management Costs	
Subrecipient Management Costs to Date	
Prior Payments Made	
Amount Allowable for Payment	

 Reviewer Title Date Approver Title Date



Instruction Sheet

Subrecipient	The subrecipient is the entity as identified in the original grant application. Do not identify any sub-departments or offices as the subrecipient.
FIPS ID #	This is the subrecipient's identification number as identified on the Notification of Approval Letter.
Disaster/ Subaward #	The disaster/subaward number can be found on the Notification of Approval Letter.
Address Change	Indicate a change in address by checking the box shown and noting the new address on the line labeled "New Mailing Address Only" in the Authorized Agent section.
Project Number	The project number can be found on the Notification of Approval Letter.
Cumulative Subrecipient Management Costs to Date	Identify total subrecipient management costs incurred to date for this project. Include only costs covered under FEMA's award for subrecipient management cost funding. Do not include any project expenditures or other costs that were approved as part of the initial grant application for this project.
Reimbursement Request Period	The subrecipient may request reimbursement of all, or a portion of, subrecipient management costs incurred since the last Reimbursement Request. Indicate the month, day, and year for the beginning of the period covered to the end of the period covered during which these costs were incurred. <i>This is not the Project/Budget Period listed on the subaward.</i> HMGP Disaster Grants: No fiscal year restrictions. All other grants: A request period cannot cross the State fiscal year, which ends June 30 and begins July 1.
Authorized Agent Information	Complete all line items as requested and ensure that the form is signed by an Authorized Agent named on the Governing Body Resolution. The signature date must be on or after the final day of the indicated request period.
Mail	This form can be sent to Cal OES via email or regular mail. The subrecipient should maintain duplicate records of all documents sent to Cal OES.
Supporting Documents	Supporting documents are not required to be submitted with the Subrecipient Management Cost Reimbursement Request Form; however, Cal OES reserves the right to request documentation at any time. Subrecipients are reminded to maintain documents that support the expenditures and reimbursement amounts shown on the request.
Additional Assistance	For additional assistance regarding this Reimbursement Request Form, please contact the Recovery/Hazard Mitigation Financial Processing Unit at (916) 845-8110 or at HMGrantsPayments@CalOES.ca.gov .