



Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

Grant Subaward Signature Authorization

Grant Subaward #: _____


Subrecipient: City of Riverside

Implementing Agency: City of Riverside - Office of Emergency Management

The **Grant Subaward Director** and **Financial Officer** are **REQUIRED** to sign this form.

Grant Subaward Director:

Printed Name: Mark Annas

Signature: 

Date: 5/11/22

Financial Officer:

Printed Name: Edward Enriquez

Signature: _____

Date: _____

The following persons are authorized to sign for the **Grant Subaward Director**:

Signature: 

Printed Name: Phillip Stachelski

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

The following persons are authorized to sign for the **Financial Officer**:

Signature: 

Printed Name: Marilene Cabanlit

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____