

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES (Cal OES)

AUTHORIZED AGENT

*Alterations to this document may result in delayed application approval, modification requests, or reimbursement requests.
Subrecipients may be asked to revise and/or re-submit any altered Financial Management Forms Workbook.*

CFDA #: EMPG 97.042

City of Riverside

065-00000
2020-0006

Supporting Information for Reimbursement/Advance of State and Federal Funds

This request is for an/a: Initial Application

*This claim is for costs incurred within the grant expenditure period from
and does not cross fiscal years.*

July 1, 2020
(Beginning Expenditure Period Date)

through

December 31, 2021
(Ending Expenditure Period Date)

(REIMB or MOD Request #)

(Amount This Request)

Under Penalty of Perjury I certify that:

I am the duly authorized officer of the claimant herein. This claim is true, correct, and all expenditures were made in accordance with applicable laws, rules, regulations and grant conditions and assurances.

Statement of Certification - Authorized Agent

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).

Michael D. Moore

Printed Name and Title

Signature of Authorized Agent

Date

Approved as to Form

Please reference the Instructions Page under the "Authorized Agent" section for instructions/address on where to mail workbook

Elliot H. Min
Elliot H. Min
Deputy City Attorney

(Cal OES Use Only)						
Cal OES #	FIPS #	065-00000	VS#		Subaward #	2020-0006

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES GRANT SUBAWARD FACE SHEET

The California Governor's Office of Emergency Services (Cal OES) hereby makes a Grant Subaward of funds to the following:

1. **Subrecipient:** City of Riverside 1a. **DUNS#:** 40-502114

2. **Implementing Agency:** Fire Department, Office of Emergency Management 2a. **DUNS#:** 40-502114

3. **Implementing Agency Address:** 3085 St. Lawrence Street Riverside 92504-4469
Street City Zip+4

4. **Location of Project:** Riverside Riverside 92504-4469
City County Zip+4

5. **Disaster/Program Title:** Emergency Management Performance Grant 6. **Performance Period:** 07/01/20 to 12/31/21

7. **Indirect Cost Rate:** ☐ N/A; ☐ 10% de Minimis; ☐ Federally Approved ICR; _____ %

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
2018	8. EMPG		\$63,238		\$63,238		\$63,238	\$126,476
Select	9. Select							
Select	10. Select							
Select	11. Select							
	12. TOTALS				\$63,238		\$63,238	12G. Total Project Cost: \$126,476

13. **Certification** - 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.

14. **CA Public Records Act** - Grant applications are subject to the California Public Records Act, Government Code section 6250 et seq. 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.

15. Official Authorized to Sign for Subrecipient:

Name: Michael D. Moore

Telephone: (951) 826-5624 FAX: (951) 826-5585
 (area code) (area code)

Payment Mailing Address: 3085 St. Lawrence St.

Signature: *Michael D. Moore*

16. Federal Employer ID Number: 95-6000761

Title: Fire Chief Approved as to Form

Email: mmoore@riversideca.gov *Elliot H. Min*
 Deputy City Attorney

City: Riverside Zip+ 4: 92504-4469

Date: 6-1-21

(FOR Cal OES USE ONLY)

I hereby certify upon my personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.

Cal OES Fiscal Officer	Date	Cal OES Director (or designee)	Date
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