

## GRANT AWARD FACE SHEET INSTRUCTIONS

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Cal EMA Section: The top portion of the form contains blocks for four (4) important numbers.  
Please do not fill in these blocks. These numbers will be entered by Cal EMA.

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### 1. **Grant Recipient**

The Grant Recipient is the unit of government or community based organization (CBO) that will have legal responsibility for these grant funds (e.g. County of Alameda, City of Fresno or Women's Place of Merced). Enter the legal title of the Grant Recipient. This term also refers to the Grantee, Sub-grantee or Sub-Recipient.

### 2. **Implementing Agency**

Enter the complete name of the agency responsible for the day-to-day operation of the grant (e.g. Sheriff, Police Department, or Department of Public Works). If the Implementing Agency is the same as the Grant Recipient, enter the same title again.

- a. Enter the 2 digit number for the Congressional District that the Implementing Agency resides in.
- b. Enter the State Senate District that the Implementing Agency resides in.
- c. Enter the State Assembly District that the Implementing Agency resides in.
- d. Enter the local jurisdiction where the project is being implemented.
- e. Enter the 2 digit number(s) of the Congressional District(s) where the project is being implemented.

### 3. **Disaster /Program Title**

Enter the name of the Disaster or Program providing the funds for this grant award. A disaster may be referred by the federal declaration number. Program titles should be complete without the use of acronyms.

### 4. **Performance Period**

Enter beginning and ending dates of the performance period for the grant. (mm/dd/yyyy)

### 5A - 10G. **Fund Allocations and Total Project Cost**

For each fund source used in the program, select the correct grant year and acronym from the drop down lists, the amount of State or Federal funds requested, the amount of cash *and/or* in-kind match contributed and the resulting totals. If the source does not appear on the list, enter the acronym for the source in box 9. Please do not enter both State and Federal on the same line. Block 10G should correspond to the total project cost specified in the budget.

### 11. **Certification Paragraph**

Please review the Certification Paragraph.

### 12. **Federal DUNS Number**

Enter the 9-digit Federal Data Universal Numbering System (DUNS) ID number for the Implementing Agency. If the Implementing Agency does not yet have a DUNS number assigned, one may be obtained by contacting Dun & Bradstreet at 866-705-5711 or at [www.dnb.com](http://www.dnb.com).

### 13. **Federal Employer ID Number**

Enter the 9-digit Federal Employer Identification Number for the Implementing Agency.

### 14. **Official Authorized to sign for the Applicant/Grant Recipient**

Enter the name, title, telephone number, and e-mail address of the official authorized to enter into the Grant Award Agreement for the Grant Recipient as stated in Block 1 of the Grant Award Face Sheet (Cal EMA 2-101). Enter the Payment Mailing Address where grant funds should be sent.

Provide an original signature of the authorized official in [blue ink](#).

Cal EMA # \_\_\_\_\_ FIPS# \_\_\_\_\_ CFDA# \_\_\_\_\_ Grant # \_\_\_\_\_

### CALIFORNIA EMERGENCY MANAGEMENT AGENCY GRANT AWARD FACE SHEET (Cal EMA 2-101)

The California Emergency Management Agency, hereafter designated Cal EMA, hereby makes a Grant Award of funds to the following:

- 1. **Grant Recipient:** \_\_\_\_\_  
in the amount and for the purpose and duration set forth in this Grant Award.
- 2. **Implementing Agency:** \_\_\_\_\_ **2a. Congressional District:** \_\_\_\_\_
- 2b. **State Senate District#:** \_\_\_\_\_ **2c. State Assembly District#:** \_\_\_\_\_
- 2d. **Location of Project:** \_\_\_\_\_ **2e. Congressional District(s):** \_\_\_\_\_
- 3. **Disaster/Program Title** \_\_\_\_\_ **4. Performance Period** \_\_\_\_\_ **to** \_\_\_\_\_

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
5.								
6.								
7.								
8.								
9.								
10. TOTALS								10G. Total Project Cost:

11. This Grant Award consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications which are being submitted. I hereby certify I am vested with the authority to enter into this Grant Award Agreement, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or Approving Body. The Grant Recipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Award. The Grant Recipient signifies acceptance of this Grant Award and agrees to administer the grant project in accordance with the Grant Award as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal EMA policy and program guidance. The Grant Recipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.

12. Federal DUNS Number \_\_\_\_\_ 13. Federal Employer ID Number \_\_\_\_\_

**14. Official Authorized to Sign for Applicant/Grant Recipient:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (area code) FAX: \_\_\_\_\_ (area code) Email: \_\_\_\_\_  
 Payment Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip + 4: \_\_\_\_\_  
 Signature \_\_\_\_\_ Date: \_\_\_\_\_

**[FOR Cal EMA USE ONLY]**

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

\_\_\_\_\_  
 Cal EMA Fiscal Officer Date Cal EMA Secretary(or designee) Date