



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 Project Expenditures to date	Reimbursement Request for the period of _____to _____
	\$	\$

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 400 (this section is for Cal OES use only)	
<b>Obligated Amount</b>	
<b>Expenditures to Date</b>	
<b>Cost Share at 75%</b>	
<b>Less Retention</b>	
<b>Prior Payments Made</b>	
<b>Amount Allowable for Payment</b>	

\_\_\_\_\_  
Reviewer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approver

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



## Instruction Sheet

<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 subrecipient.
<b>FIPS ID #</b>	This is the subrecipient's identification number as identified on the Notification of Approval Letter.
<b>Disaster/ Subaward #</b>	The disaster/subaward number can be found on the Notification of Approval Letter.
<b>Address Change</b>	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.
<b>Project Number</b>	The project number can be found on the Notification of Approval Letter.
<b>Cumulative Expenditures to Date</b>	Provide the full, total grant expenditures incurred to date for this project (including applicable local share).
<b>Reimbursement Request Period</b>	The subrecipient may request reimbursement of all, or a portion of, grant expenditures 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 expenditures were incurred. <i>This is not the Project/Budget Period listed on the subaward.</i> <b>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.</b>
<b>Authorized Agent Information</b>	Complete all line items as requested and ensure that the form is signed by an Authorized Agent named on the Governing Body Resolution. <b>The signature date must be on or after the final day of the indicated request period.</b>
<b>Mail</b>	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.
<b>Supporting Documents</b>	Supporting documents are not required to be submitted with the Reimbursement Request; 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.
<b>Additional Assistance</b>	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.