

CALIFORNIA COVID-19 (EM-3428)

FEMA Eligibility Fact Sheet

In accordance with section 502 of the [Robert T. Stafford Disaster Relief and Emergency Assistance Act](#), eligible emergency protective measures taken to respond to the COVID-19 emergency at the direction or guidance of public health officials may be reimbursed under Category B of FEMA's Public Assistance Program.

Eligible Applicants

- State Agencies
- Local Governments (e.g., Cities, Towns, Counties, etc.)
- Special Districts (e.g., School Districts, Sanitation Districts, Community Services Districts, etc.)
- Federally Recognized Indian Tribal Governments
- Private non-profit organizations which own or operate a private nonprofit facility as defined in [44 CFR, section 206.221\(e\)](#)

For-profit organizations are not eligible.

Eligible Assistance

Under the COVID-19 Emergency Declaration, FEMA may provide assistance for emergency protective measures including, but not limited to, the following*:

- Management, control and reduction of immediate threats to public health and safety:
 - Emergency Operation Center costs
 - Training specific to the declared event
 - Disinfection of eligible public facilities
 - Technical assistance to state, tribal, territorial or local governments on emergency management and control of immediate threats to public health and safety
- Emergency medical care:
 - Non-deferrable medical treatment of infected persons in a shelter or temporary medical facility
 - Related medical facility services and supplies
 - Temporary medical facilities and/or enhanced medical/hospital capacity (for treatment when existing facilities are reasonably forecasted to become overloaded in the near term and cannot

CALIFORNIA COVID-19 (EM-3428)

FEMA Eligibility Fact Sheet

- o accommodate the patient load or to quarantine potentially infected persons)
- o Use of specialized medical equipment
- o Medical waste disposal
- o Emergency medical transport
- Medical sheltering (e.g. when existing facilities are reasonably forecasted to become overloaded in the near future and cannot accommodate needs)
 - o All sheltering must be conducted in accordance with standards and/or guidance approved by HHS/CDC and must be implemented in a manner that incorporates social distancing measures
 - o Non-congregate medical sheltering is subject to prior approval by FEMA and is limited to that which is reasonable and necessary to address the public health needs of the event, is pursuant to the direction of appropriate public health officials and does not extend beyond the duration of the Public Health Emergency
- Household pet sheltering and containment actions related to household pets in accordance with CDC guidelines
- Purchase and distribution of food, water, ice, medicine, and other consumable supplies, to include personal protective equipment and hazardous material suits Movement of supplies and persons
- Security and law enforcement
- Communications of general health and safety information to the public
- Search and rescue to locate and recover members of the population requiring assistance
- Reimbursement for state, tribe, territory and/or local government force account overtime costs

*If not funded by the Health and Human Services (HHS), Center for Disease Control (CDC), or other federal agency. While some activities listed may be eligible for funding through HHS/CDC, final reimbursement determinations will be coordinated by HHS and FEMA. **FEMA will not duplicate any assistance provided by HHS/CDC.**

Further information about eligible emergency protective measures can be found in the **Public Assistance Program and Policy Guide (FP 104-009-2 /April 2018)**

For more information, visit the following federal government websites:

- **Coronavirus (COVID-19) (CDC)**
- **Centers for Medicare & Medicaid Services**

If you have any questions, please send an email with your contact information to **DisasterRecovery@caloes.ca.gov.**

CALIFORNIA COVID-19 (EM-3428)

FEMA Application Fact Sheet: Private Non-Profits [501 (c), (d), or (e)]

How to Apply:

A. IF YOU HAVE AN EXISTING GRANTS PORTAL ACCOUNT:

1. Log into your [Grants Portal Account](#).
2. Click on "Applicant Event Profiles" in the menu on the left side of your screen.
3. Click on the "REQUEST FOR PUBLIC ASSISTANCE" button on the top right corner.
4. Click the NEXT button in the bottom right corner.
5. Select the Event Number for which you are applying from the "Event" drop down menu (in this case 3428EM-CA).
6. Select YES or NO from the "Participated in PDA?" drop down menu (in this case, its NO). *Note: (PDA = Preliminary Damage Assessment)*
7. Click the NEXT button in the bottom right corner.
8. Choose your Primary and Alternate Contacts for this Event from the respective drop down menus. Then click the NEXT button in the bottom right corner.
Note: if the Personnel you'd like to select isn't listed, use the "Manage Personnel" instructions to add them to the profile. This will need to be done prior to submitting the RPA.
9. Review the addresses listed for the Primary Location (physical) and Mailing Address. If updates are needed, click the "Change" buttons and make your revisions. Once addresses are confirmed, click the NEXT button in the bottom right corner.
10. If you would like to include additional information (optional), enter it into the "Comments" box and then click the NEXT button. If you do not want to include additional information, click the NEXT button.
11. Review the information for accuracy, and click SUBMIT. If changes are necessary, click "← PREV", make corrections, and then click SUBMIT.
12. Submit a [Project Assurances for Federal Assistance \(Cal OES 89\)](#) to Cal OES via email to DisasterRecovery@caloes.ca.gov.
13. Submit a Designation of Applicant's Agent Resolution ([Cal OES 130](#)) to Cal OES via email to DisasterRecovery@caloes.ca.gov.
Note: This may be submitted at a later date, but prior to receiving reimbursement.

OR

CALIFORNIA COVID-19 (EM-3428)

FEMA Application Fact Sheet: Private Non-Profits [501 (c), (d), (e)]

B. IF YOU DO NOT HAVE AN EXISTING GRANTS PORTAL ACCOUNT:

1. Refer to the instructions titled, “**Set up GP Account & Submit RPA**”.
Note: Upon creating your profile, you will be prompted for the following information and documentation:
 - a. Federal Tax Identification Number (if not listed on document mentioned in g below)
 - b. DUNS Number
Note: DUNS Number must be registered in SAM.gov before receiving federal grant reimbursement funds
 - c. [PNP Facility Questionnaire \(FEMA Form 90-121\)](#)
 - d. Proof of Insurance of facility (if insured)
 - e. [Payee Data Record \(STD 204\)](#)
 - f. By-Laws, Articles of Incorporation, or Organization Charter
 - g. A current ruling letter from the Internal Revenue Service granting tax exemption under sections 501 (c), (d), or (e) of the Internal Revenue Code of 1954; OR documentation from the State substantiating it is a non-revenue producing, nonprofit entity organized or doing business under State law
 - h. If PNP owns the facility, proof of ownership
 - i. If PNP leases the facility, proof of legal responsibility to repair the incident-related damage
 - j. If PNP is a school, proof the school is accredited or recognized by the State Department of Education
 - k. If PNP is a childcare facility, proof the State Department of Children and Family Services, Department of Human Services, or similar agency, recognizes it as a licensed childcare facility.
2. Submit a [Project Assurances for Federal Assistance \(Cal OES 89\)](#) to Cal OES via email to DisasterRecovery@caloes.ca.gov.
3. Submit a Designation of Applicant's Agent Resolution ([Cal OES 130](#)) to Cal OES via email to DisasterRecovery@caloes.ca.gov.
Note: This may be submitted at a later date, but prior to receiving reimbursement.

OR

CALIFORNIA COVID-19 (EM-3428)

FEMA Application Fact Sheet: Private Non-Profits [501 (c), (d), (e)]

C. PROVIDE THE FOLLOWING DOCUMENTS AND INFORMATION TO CAL OES VIA EMAIL AT DisasterRecovery@caloes.ca.gov:

1. Request for Public Assistance (FEMA Form 009-0-49) **(Attachment)**
2. Project Assurances for Federal Assistance ([Cal OES 89](#))
3. Designation of Applicant's Agent Resolution ([Cal OES 130](#))
Note: This may be submitted at a later date, but prior to receiving reimbursement.
4. Federal Tax Identification Number (if not listed on document mentioned in 10 below)
5. DUNS Number
Note: DUNS Number must be registered in SAM.gov before receiving federal grant reimbursement funds
6. [PNP Facility Questionnaire \(FEMA Form 90-121\)](#)
7. Proof of Insurance of facility (if insured)
8. [Payee Data Record \(STD 204\)](#)
9. By-Laws, Articles of Incorporation, or Organization Charter
10. A current ruling letter from the Internal Revenue Service granting tax exemption under sections 501(c), (d), or (e) of the Internal Revenue Code of 1954; OR documentation from the State substantiating it is a non-revenue producing, nonprofit entity organized or doing business under State law
11. If PNP owns the facility, proof of ownership
12. If PNP leases the facility, proof of legal responsibility to repair the incident-related damage
13. If PNP is a school, proof the school is accredited or recognized by the State Department of Education
14. If PNP is a childcare facility, proof the State Department of Children and Family Services, Department of Human Services, or similar agency, recognizes it as a licensed childcare facility.

If you have questions, please send an email with your contact information to DisasterRecovery@caloes.ca.gov.

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
PNP FACILITY QUESTIONNAIRE

O.M.B. NO. 1660-0017
Expires December 31, 2011

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 30 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0017). **Please do not send your completed survey to the above address.**

FEMA and State personnel will use this questionnaire to determine the eligibility of specific facilities of an approved Private Non-Profit (PNP) organization (See 44 CFR 206.221). Owners of critical facilities (i.e., power, water (including providing by an irrigation organization or facility, if it is not provided solely for irrigation purposes), sewer, wastewater treatment, communications and emergency medical care) can apply directly to FEMA for assistance for emergency work (debris removal and emergency protective measures) and permanent work (repair, restore or replace a damaged facility). Owners of non-critical facilities can apply directly to FEMA for assistance for emergency work, but must first apply to the U. S. Small Business Administration (SBA) for assistance for permanent work. If the owner of a non-critical facility does not qualify for an SBA loan or the cost to repair the damaged facility exceeds the SBA loan amount, the owner may apply to FEMA for assistance.

1. Name of PNP Organization _____
2. Name of the damaged facility and location

3. What was the primary purpose of the damaged facility _____
4. Is the facility a critical facility as described above? Yes No
5. Who may use the facility _____
6. What fee, if any, is charged for the use of the facility _____
7. Was the facility in use at the time of the disaster? Yes No
8. Did the facility sustain damage as a direct result of the disaster? Yes No
9. What type of assistance is being requested? _____
10. Does the PNP organization own the facility? Yes No
11. If "Yes" obtain proof of ownership; check here if attached.
12. Does the PNP organization have the legal responsibility to repair the facility? Yes No
13. If "Yes", provide proof of legal responsibility; check here if attached. Yes No
14. Is the facility insured? Yes No
15. If "Yes", obtain a copy of the insurance policy; check here if attached.

Additional information or comments:

CONTACT PERSON

DATE

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 10/2019)

1	<p>INSTRUCTIONS: Type or print the information. Complete all information on this form. Sign, date, and return to the state agency (department/office) address shown in Box 6. Prompt return of this fully completed form will prevent delays when processing payments.</p> <p>Information provided in this form will be used by California state agencies to prepare Information Returns (Form1099). See next page for more information and Privacy Statement.</p> <p>NOTE: Governmental entities, i.e. federal, state, and local (including school districts), are not required to submit this form.</p>					
2	<p>BUSINESS NAME <i>(As shown on your income tax return)</i></p>					
	<p>SOLE PROPRIETOR, SINGLE MEMBER LLC, INDIVIDUAL <i>(Name as shown on SSN or ITIN) Last, First, MI</i></p>				<p>E-MAIL ADDRESS</p>	
	<p>MAILING ADDRESS</p>			<p>BUSINESS ADDRESS</p>		
	<p>CITY</p>	<p>STATE</p>	<p>ZIP CODE</p>	<p>CITY</p>	<p>STATE</p>	<p>ZIP CODE</p>
3	<p>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): <input type="text"/></p>					<p>NOTE: Payment will not be processed without an accompanying taxpayer identification number.</p>
<p>PAYEE ENTITY TYPE</p>	<p><input type="checkbox"/> PARTNERSHIP</p> <p><input type="checkbox"/> ESTATE OR TRUST</p> <p>CORPORATION:</p> <p><input type="radio"/> MEDICAL <i>(e.g., dentistry, psychotherapy, chiropractic, etc.)</i></p> <p><input type="radio"/> LEGAL <i>(e.g., attorney services)</i></p> <p><input type="radio"/> EXEMPT <i>(nonprofit)</i></p> <p><input type="radio"/> ALL OTHERS</p>					
<p>CHECK ONE BOX ONLY</p>	<p>ENTER SSN OR ITIN: <input type="text"/></p> <p><input type="checkbox"/> SOLE PROPRIETOR, INDIVIDUAL, OR SINGLE MEMBER LLC <i>(Disregarded Entity)</i></p> <p><i>Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) are required by authority of California Revenue and Tax Code sections 18646 and 18661)</i></p>					
4	<p><input type="checkbox"/> CALIFORNIA RESIDENT - Qualified to do business in California or maintains a permanent place of business in California.</p> <p><input type="checkbox"/> CALIFORNIA NON RESIDENT <i>(see next page for more information)</i> - Payments to nonresidents for services may be subject to state income tax withholding.</p> <p><input type="radio"/> No services performed in California.</p> <p><input type="radio"/> Copy of Franchise Tax Board waiver of state withholding attached.</p>					
5	<p>I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the state agency below.</p>					
	<p>AUTHORIZED PAYEE REPRESENTATIVE'S NAME <i>(Type or Print)</i></p>			<p>TITLE</p>		<p>TELEPHONE <i>(include area code)</i></p>
	<p>SIGNATURE</p>			<p>DATE</p>	<p>E-MAIL ADDRESS</p>	
6	<p>Please return completed form to:</p>					
	<p>DEPARTMENT/OFFICE</p>			<p>UNIT/SECTION</p>		
	<p>MAILING ADDRESS</p>			<p>TELEPHONE <i>(include area code)</i></p>	<p>FAX</p>	
	<p>CITY</p>	<p>STATE</p>	<p>ZIP CODE</p>	<p>E-MAIL ADDRESS</p>		

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 10/2019)

1	<p>Requirement to Complete the Payee Data Record, STD 204</p> <p>A completed Payee Data Record, STD 204 form, is required for all payees (non-governmental entities or individuals) entering into a transaction that may lead to a payment from the state. Each state agency requires a completed, signed, and dated STD 204 on file; therefore, it is possible for you to receive this form from multiple state agencies with which you do business.</p> <p>Payees who do not wish to complete the STD 204 may elect not to do business with the state. If the payee does not complete the STD 204 and the required payee data is not otherwise provided, payment may be reduced for federal and state backup withholding. Amounts reported on Information Returns (Form 1099) are in accordance with the Internal Revenue Code (IRC) and the California Revenue and Taxation Code (R&TC).</p>
2	<p>Enter the payee's legal business name. The name must match the name on the payee's tax return as filed with the federal Internal Revenue Service. Sole proprietorships and single member limited liability companies (LLCs) must also include the owner's full name. An individual must list his/her full name as shown on the SSN or as entered on the W-7 form for ITIN. The mailing address should be the address at which the payee chooses to receive correspondence. The business address is the address of the business' physical location.</p>
3	<p>Check only one box that corresponds to the payee business type. Corporations must check the box that identifies the type of corporation.</p> <p>The State of California requires that all parties entering into business transactions that may lead to payment(s) from the state provide their Taxpayer Identification Number (TIN). The TIN is required by the R&TC sections 18646 and 18661 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the IRC section 6109(a) and R&TC section 18662 and its regulations.</p> <p>Payees must provide one of the following TINs on this form: social security number (SSN), individual taxpayer identification number (ITIN), or federal employer identification number (FEIN). The TIN for sole proprietorships, single member LLC (disregarded entities), and individuals is the SSN or ITIN. Only partnerships, estates, trusts, corporations, and LLCs (taxed as partnerships or corporations) will enter their FEIN.</p>
4	<p>Are you a California resident or nonresident?</p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:</p> <p style="text-align: center;">Withholding Services and Compliance Section: 1-888-792-4900 E-mail address: wscs.gen@ftb.ca.gov For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov</p>
5	<p>Provide the name, title, email address, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>
6	<p>This section must be completed by the state agency requesting the STD 204.</p>

Privacy Statement

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and state law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

All questions should be referred to the requesting state agency listed on the bottom front of this form.

Disaster No: _____

Cal OES ID No: _____

DUNS No: _____

PROJECT ASSURANCES FOR FEDERAL ASSISTANCE

SUBRECIPIENT'S NAME: _____
(Name of Organization)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX NUMBER: _____

AUTHORIZED AGENT: _____ TITLE: _____

EMAIL ADDRESS: _____

ASSURANCES – CONSTRUCTION PROGRAMS

Note: Certain of these assurances may not be applicable to all of your projects. If you have questions, please contact the California Governor's Office of Emergency Services. Further, certain federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the subrecipient named above:

1. Has the legal authority to apply for federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-federal share of project costs) to ensure proper planning, management, and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, Federal Office of Inspector General 2 CFR 200.336, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will not dispose of, modify the use of, or change the terms of the real property title, or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the federal interest in the title of real property in accordance with awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with federal assistance funds to assure nondiscrimination during the useful life of the project.
4. Will comply with the requirements of the assistance-awarding agency with regard to the drafting, review and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progress reports and such other information as may be required by the assistance awarding agency or state.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gains.
8. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.), which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

9. Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C §§ 1681-1683 and 1685-1686) which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794) which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107) which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 93-255) as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616) as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3) as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental, or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) which may apply to the application.
10. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provides for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal and federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of federal participation in purchases.
11. Will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$5,000 or more.
12. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.O. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§ 1451 et seq.); (f) conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. § 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.O. 93-205).
13. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
14. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and preservation of historic properties), and the Archeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
15. Will comply with Standardized Emergency Management (SEMS) requirements as stated in the California Emergency Services Act, Government Code, Chapter 7 of Division 1 of Title 2, Section 8607.1(e) and CCR Title 19, Sections 2445, 2446, 2447, and 2448.
16. Subrecipients expending \$750,000 or more in federal grant funds annually are required to secure an audit pursuant to OMB Uniform Guidance 2 CFR Part 200, Subpart F. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984 and the Single Audit Act Amendments of 1996.
17. Will disclose in writing any potential conflict of interest to the Federal awarding agency or pass-through entity in accordance with §200.112.
18. Will comply with all applicable requirements of all other federal laws, Executive Orders, regulations and policies governing this program.
19. Has requested through the State of California, federal financial assistance to be used to perform eligible work approved in the subrecipient application for federal assistance. Will, after the receipt of federal financial assistance, through the State of California, agree to the following:
 - a. The state warrant covering federal financial assistance will be deposited in a special and separate account, and will be used to pay only eligible costs for projects described above;
 - b. To return to the State of California such part of the funds so reimbursed pursuant to the above numbered application, which are excess to the approved actual expenditures as accepted by final audit of the federal or state government.
 - c. In the event the approved amount of the above numbered project application is reduced, the reimbursement applicable to the amount of the reduction will be promptly refunded to the State of California.

20. The non-Federal entity for a Federal award must disclose, in a timely manner, in writing to the Federal awarding agency or pass-through entity all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award §200.113. Failure to make required disclosures can result in any of the remedies described in §200.338 Remedies for noncompliance, including suspension or debarment.

21. Will not make any award or permit any award (subaward or contract) to any party which is debarred or suspended or is otherwise excluded from or ineligible for participation in Federal assistance programs under Executive Order 12549 and 12689, “Debarment and Suspension.”

“I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized by the above named subrecipient to enter into this agreement for and on behalf of the said subrecipient, and by my signature do bind the subrecipient to the terms thereof.”

PRINTED NAME

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

TITLE

DATE

**DESIGNATION OF APPLICANT'S AGENT RESOLUTION
FOR NON-STATE AGENCIES**

BE IT RESOLVED BY THE _____ OF THE _____
(Governing Body) (Name of Applicant)

THAT _____, OR
(Title of Authorized Agent)

_____, OR
(Title of Authorized Agent)

(Title of Authorized Agent)

is hereby authorized to execute for and on behalf of the _____, a public entity
(Name of Applicant)
established under the laws of the State of California, this application and to file it with the California Governor's Office of Emergency Services for the purpose of obtaining certain federal financial assistance under Public Law 93-288 as amended by the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988, and/or state financial assistance under the California Disaster Assistance Act.

THAT the _____, a public entity established under the laws of the State of California,
(Name of Applicant)
hereby authorizes its agent(s) to provide to the Governor's Office of Emergency Services for all matters pertaining to such state disaster assistance the assurances and agreements required.

Please check the appropriate box below:

- This is a universal resolution and is effective for all open and future disasters up to three (3) years following the date of approval below.
- This is a disaster specific resolution and is effective for only disaster number(s) _____

Passed and approved this _____ day of _____, 20____

(Name and Title of Governing Body Representative)

(Name and Title of Governing Body Representative)

(Name and Title of Governing Body Representative)

CERTIFICATION

I, _____, duly appointed and _____ of
(Name) (Title)

_____, do hereby certify that the above is a true and correct copy of a
(Name of Applicant)

Resolution passed and approved by the _____ of the _____
(Governing Body) (Name of Applicant)

on the _____ day of _____, 20____.

(Signature)

(Title)

Cal OES Form 130 Instructions

A Designation of Applicant's Agent Resolution for Non-State Agencies is required of all Applicants to be eligible to receive funding. A new resolution must be submitted if a previously submitted Resolution is older than three (3) years from the last date of approval, is invalid or has not been submitted.

When completing the Cal OES Form 130, Applicants should fill in the blanks on page 1. The blanks are to be filled in as follows:

Resolution Section:

Governing Body: This is the group responsible for appointing and approving the Authorized Agents.
Examples include: Board of Directors, City Council, Board of Supervisors, Board of Education, etc.

Name of Applicant: The public entity established under the laws of the State of California. Examples include: School District, Office of Education, City, County or Non-profit agency that has applied for the grant, such as: City of San Diego, Sacramento County, Burbank Unified School District, Napa County Office of Education, University Southern California.

Authorized Agent: These are the individuals that are authorized by the Governing Body to engage with the Federal Emergency Management Agency and the Governor's Office of Emergency Services regarding grants applied for by the Applicant. There are two ways of completing this section:

1. **Titles Only:** If the Governing Body so chooses, the titles of the Authorized Agents would be entered here, not their names. This allows the document to remain valid (for 3 years) if an Authorized Agent leaves the position and is replaced by another individual in the same title. If "Titles Only" is the chosen method, this document must be accompanied by a cover letter naming the Authorized Agents by name and title. This cover letter can be completed by any authorized person within the agency and does not require the Governing Body's signature.
2. **Names and Titles:** If the Governing Body so chooses, the names **and** titles of the Authorized Agents would be listed. A new Cal OES Form 130 will be required if any of the Authorized Agents are replaced, leave the position listed on the document or their title changes.

Governing Body Representative: These are the names and titles of the approving Board Members.
Examples include: Chairman of the Board, Director, Superintendent, etc. The names and titles **cannot** be one of the designated Authorized Agents, and a minimum of two or more approving board members need to be listed.

Certification Section:

Name and Title: This is the individual that was in attendance and recorded the Resolution creation and approval.
Examples include: City Clerk, Secretary to the Board of Directors, County Clerk, etc. This person **cannot** be one of the designated Authorized Agents or Approving Board Member (if a person holds two positions such as City Manager and Secretary to the Board and the City Manager is to be listed as an Authorized Agent, then the same person holding the Secretary position would sign the document as Secretary to the Board (not City Manager) to eliminate "Self Certification.")

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
REQUEST FOR PUBLIC ASSISTANCE

OMB Control Number 1660-0017
Expires December 31, 2019




Paperwork Burden Disclosure Notice			
Public reporting burden for this data collection is estimated to average 15 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, Paperwork Reduction Project (1660-0017) NOTE: Do not send your completed form to this address.			
Privacy Act Statement			
Authority: FEMA is authorized to collect the information requested pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act, §§ 402-403, 406-407, 417, 423, and 427, 42 U.S.C. 5170a-b, 5172-73, 5184, 5189a, 5189e; The American Recovery and Reinvestment Act of 2009, Public Law No. 111-5, § 601; and "Public Assistance Project Administration," 44 C.F.R. §§ 206.202, and 206.209.			
APPLICANT (Political subdivision or eligible applicant)			DATE SUBMITTED
DUNS NUMBER		FEDERAL TAX ID NUMBER	
COUNTY (Location of Damages. If located in multiple counties, please indicate)			
APPLICANT PHYSICAL LOCATION			
STREET ADDRESS			
CITY	COUNTY	STATE	ZIP CODE
MAILING ADDRESS (If different from Physical Location)			
STREET ADDRESS			
POST OFFICE BOX	CITY	STATE	ZIP CODE
Primary Contact/Applicant's Authorized Agent		Alternate Contact	
NAME		NAME	
TITLE		TITLE	
BUSINESS PHONE		BUSINESS PHONE	
FAX NUMBER		FAX NUMBER	
HOME PHONE (Optional)		HOME PHONE (Optional)	
CELL PHONE		CELL PHONE	
E-MAIL ADDRESS		E-MAIL ADDRESS	
Did you participate in the Federal/State Preliminary Damage Assessment (PDA)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Private Non-Profit Organization? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, which of the facilities identified below best describe your organization? _____			
Title 44 CFR, part 206.221(e) defines an eligible private non-profit facility as: "... any private non-profit educational, utility, emergency, medical or custodial care facility, including a facility for the aged or disabled, and other facility providing essential governmental type services to the general public, and such facilities on Indian reservations." "Other essential governmental service facility means museums, zoos, community centers, libraries, homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops and facilities which provide health and safety services of a governmental nature. All such facilities must be open to the general public."			
Private Non-Profit Organizations must attach copies of their Tax Exemption Certificate and Organization Charter or By-Laws. If your organization is a school or educational facility, please attach information on accreditation or certification.			
OFFICIAL USE ONLY: FEMA - _____		-DR- _____	
FIPS# _____		DATE RECEIVED _____	

How to Submit a Request for Public Assistance (RPA) if your organization does not yet have a Grants Portal Account

Invitation

1. Send the first and last name, phone number, and email address for the person who will set up your organizations' account to DisasterRecovery@caloes.ca.gov. This person can add other personnel later.
2. Cal OES will generate an invitation to this person, which will come to them via email from support@pagrants.fema.dhs.gov. Keep an eye on the Junk/Spam folder; sometimes the email ends up there.

Set Up Your Organizations Account

3. Once the Invite Email has been received, click the link in the email to go straight to Grants Portal:
Please click [here](#) to fill in your organization's information and create an account.
4. Enter the legal name of your organization, select the organization type, enter the organizations DUNS Number, and the organizations Federal Taxpayer Identification Number. Click NEXT.
Note: DUNS Numbers must be registered with SAM.gov to receive reimbursement through a federal grant.
5. Enter contact information for the personnel at your organization that should be the Primary and Alternate Contacts for federal disaster grants. Click NEXT.
6. Enter your organization's Primary Location (physical address) and Mailing Address (if different). Click NEXT.
7. Select the County(s) in which your organization has a facility(ies) by clicking " ADD" next to the applicable County. Click NEXT.
NOTE: If you are a State Agency, do not choose any Counties; instead, click  in the top right corner.
8. Review the information you have entered. Click "PREV" to go back to correct something, or NEXT if the information is accurate. Click SUBMIT.
9. Sign Out by clicking on your name in the top right corner, and selecting " Sign Out" from the menu that pops up.
10. A notification will be sent to Cal OES to approve your organization's Account. Once Cal OES approves, an email from support@pagrants.fema.gov, which includes a temporary password, will be sent to you, requesting you sign in with the temporary password.
11. Upon logging in, click "Next". You will then be required to choose a password, then click NEXT. Lastly, you will need to choose a Security Question and provide an Answer. Once you've done this, click "SUBMIT" in the bottom left corner.

How to Submit a Request for Public Assistance (RPA) if your organization does not yet have a Grants Portal Account

12. Review the information you have entered. Click "PREV" to go back to correct something, or NEXT if the information is accurate. Click SUBMIT.

Submit an RPA

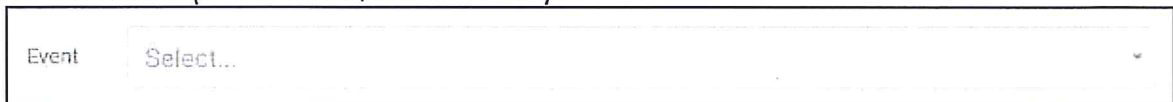
13. Click .

14. Click on  in the menu on the left side of your screen.

15. Click on the  button on the top right corner.

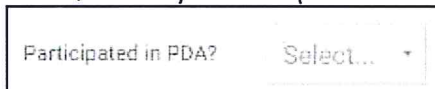
16. Click the NEXT button in the bottom right corner.

17. Select the Event Number for which you are applying from the Event drop down menu (in this case, 3428EM-CA).



Event Select...

18. Select YES or NO from the "Participated in PDA?" drop down menu (in this case, its NO). Note: (PDA = Preliminary Damage Assessment)




Participated in PDA? Select...

19. Click the NEXT button in the bottom right corner.

20. Choose your Primary and Alternate Contacts for this Event from the respective drop down menus. Then click the NEXT button in the bottom right corner.

21. Review the addresses listed for the Primary Location (physical) and Mailing Address. Click the NEXT button in the bottom right corner.

22. If you would like to include additional information (optional), enter it into the "Comments" box and then click the NEXT button. If you do not want to include additional information, click the NEXT button.

23. Review the information for accuracy, and click SUBMIT. If changes are necessary, click , make corrections, and click SUBMIT.

24. Bookmark the Grants Portal Log In Page (<https://grantee.fema.gov/>), and make note of your password for future use.

Grants Portal

Will allow you to:

- Manage Personnel access to the Grants Portal
- Manage your locations
- Upload documents
- Review DDD
- Review Scope and Cost
- Review Final Project



FEMMA

Manage Personnel

My Organization Profile Colorado

General Information

STATE/TRIBE Colorado
/TERRITORY
TYPE State Government
IS ACTIVER? Yes
FEMA PA CODE --
DUNS NUMBER 123456789

DOWNLOAD

EDIT



99



Organization Profile

Event PA Requests

Events

Projects

Damages

Work Orders

My Tasks

Subrecipients

Subrecipient Tasks

Utilities

Recipient Regions >

MANAGE

Subrecipient Organization Profiles >

MANAGE

Personnel >

MANAGE



FEMA

Manage Personnel

Manage Personnel

Search...

2

SHOW/HIDE COLUMNS

+ CREATE

GO BACK

- Organization Profile
- Event PA Requests
- Events
- Projects
- Damages
- Work Orders
- My Tasks
- Subrecipients
- Subrecipient Tasks
- Utilities

MANAGE

MANAGE

Last Name	First Name	Middle Initial	Roles	Emails	Phones
Adams	John		Alternate PA Coordinator Organization Admin Primary PA Coordinator	jadams@sema.gov, Work	
Baker	Yvonne		Account Manager Alternate PA Coordinator Organization Admin Personnel Manager Primary PA Coordinator Subordinate Organization Admin Subordinate Organization Manager	yvonne.baker@fema.gov, Work	



FEMMA

Manage Personnel

Manage Personnel

General Information

NAME Adams, John
TITLE City Manager
PRIMARY ORG Colorado
PERSONNEL STATUS Available

User Information

USERNAME jadams@sema.gov
ACCOUNT STATUS Active
ACCOUNT LOCKED? No
LAST LOGIN -
PASSWORD LAST SET 6/6/2017 9:37 am

RE-SEND INVITE

GO BACK

EDIT

99

Smith 2, Holly

- Organization Profile
- Event PA Requests
- Events
- Projects
- Damages
- Work Orders
- My Tasks
- Subrecipients
- Subrecipient Tasks
- Utilities

Contact Info

Roles

System Roles

Organization Roles Colorado

MANAGE

MANAGE



FEMA

Manage Locations

My Organization Profile Colorado

General Information

STATE/TRIBE/TERRITORY Colorado
TYPE State Government

IS ACTIVE? Yes

FEMA PA CODE --

DUNS NUMBER 123456789

DOWNLOAD

EDIT

99

Smith 2, Holly

Recipient Regions >

MANAGE

Subrecipient Organization Profiles >

MANAGE

Personnel >

MANAGE

Locations >

MANAGE

Counties with Facility >

MANAGE



FEMA

Manage Locations

Dashboard

My Organization

Colorado

Organization Profile

Event PA Requests

Events

Projects

Damages

Work Orders

My Tasks

Subrecipients

Manage Locations

+ ADD

SAVE

CANCEL

SHOW/HIDE COLUMNS



Search



Address

Suite/Apt

City

State

Zip Code

County

IS Primary?

EDIT

200 E Colfax Ave

Denver

80203

Yes

Showing 1 to 1 of 1 entries

Previous 1

Next



FEMA

Manage Counties with Facility

My Organization Profile Colorado

General Information

STATE/TRIBE/TERRITORY Colorado

TYPE State Government

IS ACTIVE? Yes

FEMA PA CODE --

DUNS NUMBER 123456789

DOWNLOAD

EDIT

99

Smith 2, Holly

Recipient Regions >

MANAGE

Subrecipient Organization Profiles >

MANAGE

Personnel >

MANAGE

Locations >

MANAGE

Counties with Facility >

MANAGE



FEMA

Manage Counties with Facility

Profile Manage Counties

UNMARK STATEWIDE

SAVE

Counties

i This organization has been designated as a statewide organization. This indicates that organization has activities in **ALL COUNTIES** in the state (such as a state agency). If the organization only has facilities or responsibility for some counties, select the counties that apply instead.



FEMA

Manage Counties with Facility

Dashboard

My Organization

Colorado

- Organization Profile
- Event PA Requests
- Events
- Projects
- Damages
- Work Orders

- My Tasks
- Subrecipients
- Subrecipient Tasks

Profile Manage Counties

MARK STATEWIDE

SAVE

CANCEL

Counties

Search...

County	
Adams County	REMOVE
Alamosa County	REMOVE
Arapahoe County	REMOVE
Archuleta County	REMOVE
Baca County	REMOVE



FEMA