



**California Governor's Office of Emergency Services (Cal OES)**  
**REIMBURSEMENT REQUEST FORM Instructions**

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**Subrecipient**

The subrecipient is the entity as identified in the original grant application. Do not identify any sub-departments or offices as the subrecipient.

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**FIPS ID #**

This is the subrecipient's identification number as identified on the Notification of Approval Letter.

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**Disaster/  
Subaward #**

The disaster/subaward number can be found on the Notification of Approval Letter.

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**Address  
Change**

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.

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**Project Number**

The project number can be found on the Notification of Approval Letter.

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**Cumulative  
Expenditures to  
Date**

Provide the full, total grant expenditures incurred to date for this project (including applicable local share).

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**Reimbursement  
Request Period**

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. *This is not the Project/Budget Period listed on the subaward.* **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.**

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**Authorized  
Agent  
Information**

Complete all line items as requested and ensure that the form is signed by an Authorized Agent named on the Governing Body Resolution. **The signature date must be on or after the final day of the indicated request period.**

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**Mail**

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.

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**Supporting  
Documents**

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.

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**Additional  
Assistance**

For additional assistance regarding this Reimbursement Request Form, please contact the Recovery/Hazard Mitigation Grants Processing Unit at (916) 845-8110 or at [HMGrantsPayments@CalOES.ca.gov](mailto:HMGrantsPayments@CalOES.ca.gov).

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