

Cal OES 2-201 Instructions

1. **SUBRECIPIENT:**
Enter the Subrecipient name as it appears on the approved Grant Subaward Face Sheet.
2. **IMPLEMENTING AGENCY:**
Enter the implementing agency as it appears on the approved Grant Subaward Face Sheet
3. **PROJECT TITLE:**
Enter the project title of the program.
4. **ADDRESS:**
Enter the payment mailing address where the Subrecipient payments are to be mailed as specified on the approved Grant Subaward Face sheet or subsequent approved modifications.
5. **SUBAWARD NUMBER:**
Enter the subaward number as it appears on the approved Grant Subaward Face Sheet.
6. **FEDERAL EMPLOYER IDENTIFICATION NUMBER:**
Enter the Federal Employer Identification Number (FEIN) for your Agency.
7. **BILLING PERIOD:**
Enter the time period for the current payment requested, (i.e., Jan 1, 15 – Jan 31, 15 or Jan – Mar 15).
Final Payment – check the box when the **last & final** reimbursement for the specific program is being requested.
8. **CONTACT PERSON:**
Enter the person to be contacted regarding questions on this claim.
9. **PHONE NUMBER:**
Enter the area code and phone number for the contact person.
10. **E-MAIL ADDRESS:**
Enter the e-mail address for the contact person.
11. **FAX NUMBER:**
Enter the area code and fax number for the contact person.
12. **FEDERAL/STATE ACRONYM:**
Select the fund source (i.e.: DVPO) and correct fund year (i.e.: 15) from the drop-down list for the Federal OR State Fund to which the activity applies in the column heading. Enter the current expenditures by category for the funds requested and the applicable match. Match must be entered as a negative number, and must have an expense to offset. If your agency was issued an advance, enter amount to be withheld from this claim as a negative number (i.e. -\$1,000) in the advance/recouped column to offset advance.
13. **TOTAL AMOUNT:**
This amount is the total expenditures for this claim.
14. **CERTIFICATION:**
Enter the name of the current Project Director and the current Financial Officer who have the authority to sign. Enter the date the 2-201 is signed. **Original signatures are REQUIRED.**

FEDERAL PROJECT ACRONYMS

BVPP	Bulletproof Vest Partnership Program	CJA0	Child Justice Act Program	DNAE	California DNA Evidence Assistance Program	DNAP	Post-Conviction DNA Testing Assistance Program
FSIA	Forensic Science Improvement Program	FVPS	Family Violence Prevention Services Program	JAG0	Justice Assistance Grant Program	JAGX	Justice Assistance Grant Interest Program
PSNC	Project Safe Neighborhood Program	PSNE	Project Safe Neighborhood Program	PSNN	Project Safe Neighborhood Program	SASP	Sexual Assault Services Program
VADG	Victim Assistance Discretionary Grant Training Program	VAWA	Violence Against Women Act Program	VOCA	Victims of Crime Act Program		

STATE PROJECT ACRONYMS

CASV	CA Sexual Violence Victim Services	CSAE	Child Abuse and Exploitation Program	CSAP	Child Sexual Abuse Treatment Program	CVHT	Child Victims of Human Trafficking
DVPO	Domestic Violence Program	EPSD	Equality In Preventive Services Program	FV00	Family Violence Prevention Program	HTVA	Human Trafficking Victims Assistance
HY00	Homeless Youth Program	ICAC	Internet Crimes Against Children Program	PPPD	Local Prosecutor/Local Public Defender Program	RCP0	Rape Crisis Program
RCP5	Rape Crisis Program	VLRC	Victims Legal Resource Center Program	VWA0	Victim Witness Assistance Program	VWR0	Victim Witness Assistance Program (Restitution)
YET0	Youth Emergency Telephone Program						

REPORT OF EXPENDITURES AND REQUEST FOR FUNDS

MAIL TO: Cal OES ACCOUNTING
 3650 SCHRIEVER AVENUE
 MATHER CA 95655

(1) SUBRECIPIENT:

(2) IMPLEMENTING AGENCY:

(3) PROJECT TITLE:

(4) ADDRESS: _____

(5) SUBAWARD NUMBER:

(6) FEDERAL EMPLOYER IDENTIFICATION NUMBER:

(7) BILLING PERIOD: _____ **FINAL PAYMENT**

(8) CONTACT PERSON:

(9) PHONE NUMBER:

(10) E-MAIL ADDRESS:

(11) FAX NUMBER:

	FUNDING SOURCE Fund Year	FUNDING SOURCE Fund Year	FUNDING SOURCE Fund Year	FUNDING SOURCE Fund Year	FUNDING SOURCE Fund Year	(13) TOTAL AMOUNT
(12) FEDERAL/STATE ACRONYM:	Fund Source	Fund Source	Fund Source	Fund Source	Fund Source	
CATEGORY – REQUEST	Enter amount expended including match, i.e.1000 expenditure + 250 match = 1250					
(A) PERSONAL SERVICES (+)						
(B) OPERATING EXPENSES (+)						
(C) EQUIPMENT (+)						
CATEGORY – MATCH	Enter Match as a negative, i.e. -250					
(A) PERSONAL SERVICES (-)						
(B) OPERATING EXPENSES (-)						
(C) EQUIPMENT (-)						
ADVANCE – RECOUPED	Enter Advance as a negative, i.e. -1000					
(A) PERSONAL SERVICES (-)						
(B) OPERATING EXPENSES (-)						
(C) EQUIPMENT (-)						
TOTAL TO BE PAID						

(14) 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).

TYPED NAME	SIGNATURE	DATE
PROJECT DIRECTOR		
FINANCIAL OFFICER		