

I. ADMINISTRATIVE REQUIREMENTS

A. CONTROLLING DOCUMENTS & FORMS

	YES	NO	N/A
1. Does the Subrecipient have access to the following?			
a. Applicable Cal OES Subrecipient Handbook	✓		
b. Applicable Program Supplemental(s)	✓		
c. Approved Grant Subaward	✓		
d. Approved Grant Subaward Amendment(s)	✓		
e. Approved Grant Subaward Modification(s)	✓		
f. CFR Title 2 Part 200	✓		
2. Is the Subrecipient aware of Special Condition(s)?		✓	

Findings/Comments:

No findings.

B. PROOF OF AUTHORITY (SRH Section 1.055)

	YES	NO	N/A
1. Does the Subrecipient have written authority by the governing body (e.g., County Board of Supervisors, City Council, or Governing Board) in the form of one of the following: If yes, please select the type of written authority provided: <ul style="list-style-type: none"> Governing Board Resolution ✓ Governing Board Meeting Minutes Signed letter from the Governing Board Chair 	✓		
2. Does the written authority include:			
a. The name of the Cal OES Program(s), or "All Cal OES Programs"?		✓	
b. Authority for the Authorized Agent(s) (by title) to act on behalf of the Subrecipient organization?	✓		
c. A statement that the Authorized Agent has authority to enter into Grant Subaward?	✓		
d. The signature of the Governing Body representative?	✓		

Findings/Comments:

Finding: The Subrecipient's Proof of Authority does not include the name of the Cal OES Program(s) or "All Cal OES Programs."

C. FIDELITY BOND/CERTIFICATE OF INSURANCE – NON-GOVERNMENTAL ORGANIZATION (NGO) (SRH Section 2.015)

	YES	NO	N/A
1. Does the Subrecipient have a Certificate of Insurance for a Fidelity Bond for the Grant Subaward?			✓
2. Does the Certificate of Insurance for the Fidelity Bond include:			
a. Insurance company name			✓
b. Insurance policy number			✓
c. Description of coverage includes Employee Dishonesty and/or Theft and Forgery OR Fidelity Bond			✓
d. Required amount of coverage for Employee Dishonesty and/or Theft and Forgery OR Fidelity Bond [equal to 50 percent of total amount of Grant Subaward(s)]			✓
e. Coverage period is at least one year			✓
f. Coverage period includes either the start date or end date of the Grant Subaward performance period			✓
g. Certificate holder/first loss payee is "California Governor's Office of Emergency Services"			✓
h. Name of the Cal OES Program(s) covered by the policy			✓

Findings/Comments:

The Subrecipient is a Governmental Organization and is not required to have a Certificate of Insurance for any Grant Subaward.