

POST GRANT AWARD FACE SHEET INSTRUCTIONS

NOTE: POST Section - The top portion of the form contains blocks for POST assigned numbers. Please do not enter information in these blocks. These numbers will be entered by POST.

1. Recipient

The Recipient is the unit of government or community-based organization (CBO) that will have legal responsibility for these grant funds (e.g. County of Alameda, City of Fresno or Women's Place of Merced). Enter the legal title of the Recipient.

2. Implementing Agency

Enter the complete name of the agency responsible for the day-to-day operation of the grant (e.g. Sheriff, Police Department, or Department of Public Works). If the Implementing Agency is the same as the Recipient, enter the same title again.

3. Implementing Agency Address

Enter the address of the Implementing Agency. Provide the complete nine digit zip code (Zip+4).

4. Location of Project

Enter the City and County/Operational Area where the project is located. Provide the complete nine digit zip code (Zip+4).

5. Program Title

Enter the name of the Program providing the funds for this Grant Award. Program titles should be complete without the use of acronyms.

6. Performance Period

Enter beginning and ending dates of the performance period for the Grant Award. (mm/dd/yyyy)

7 - 8. Fund Allocations and Total Project Cost

For each fund source used in the program, select the correct grant year, the amount of funds requested, supplemental funds and the resulting totals. Block 12G should correspond to the total project cost specified in the budget.

9. Certification Paragraph

Please review the certification paragraph.

10. Public Records Act

Please review and, if applicable, provide the necessary documentation.

11. Official Authorized to sign for the Recipient

Enter the name, title, telephone number, and e-mail address of the official authorized to enter into the Grant Award for the Recipient as stated in Block 1 of the Grant Award Face Sheet. Enter the Payment Mailing Address where grant funds should be sent.

12. Federal Employer ID Number

Enter the 9-digit Federal Employer Identification Number for the entity.

Provide an original signature of the authorized official. The use of white out or tape is prohibited and will invalidate the signature on the Grant Award Face Sheet.

(POST Use Only)	POST #		Award #	
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CALIFORNIA COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING GRANT AWARD FACE SHEET

The California Commission on Peace Officer Standards and Training (POST) makes a Grant Award of funds set forth to the following.

1 - Recipient				
2 - Implementing Entity				
3 - Implementing Entity Address	Street	City	County	Zip + 4
4 - Project Location	Street	City	County	Zip + 4
5 - Program Title				
6 - Performance Period	Start to End: mm/dd/yyyy to mm/dd/yyyy			

Provide grant fund allocation and total project cost using the table below.

	Grant Year	Grant Amount
7	07/01/2020 – 06/30/2021	\$
8	TOTAL	\$

9. Certification - This Grant Award consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications. I hereby certify I am vested with the authority to enter into this Grant Award and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or other Approving Body. The Recipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Award. The Recipient accepts this Grant Award and agrees to administer the grant project in accordance with the Grant Award as well as all applicable state laws, audit requirements, program guidelines, and POST policy and program guidance. The Recipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.

10. CA Public Records Act - Grant applications are subject to the California Public Records Act, Government Code Section 6250 et seq. Do not put any personally identifiable information or private information on this application. If you believe that any of the information you are putting on this application is exempt from the Public Records Act, please attach a statement that indicates what portions of the application and the basis for the exemption. Your statement that the information is not subject to the Public Records Act will not guarantee that the information will not be disclosed.

11. Official Authorized to Sign for Recipient:

12. Federal Employer ID Number: _____

Name: _____ Title: _____

Telephone: _____ (area code) FAX: _____ (area code) Email: _____

Payment Mailing Address: _____ City: _____ Zip+4: _____

Signature: _____ Date: _____

[FOR POST USE ONLY]

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.

POST Fiscal Officer

Date

POST Director (or designee)

Date