

Controlled Equipment Self-Certification



Subrecipient / Award Information		
Grant Program:	Grant Award #:	Cal OES ID#:
Subrecipient (end user):		Project #:
Pass-through Entity:		
Controlled Equipment Information		
Item(s) to be procured:		
AEL #(s):		
Is this equipment to be used in a regional or multi-jurisdictional capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please list all partner jurisdictions:		
<input type="checkbox"/> Copy of the Cal OES Controlled Equipment Self-Certification Form from each entity sharing the equipment. (This requirement is only applicable to each entity that will operate the equipment.)		
Certification		
The authorizing official listed below certifies the subrecipient above:		
<input type="checkbox"/> Has received Governing Body Approval as outlined in section D-2 of FEMA Policy 207-22-0002		
<input type="checkbox"/> Has adopted Policy and Protocol Requirements outlined in section D-3 of FEMA Policy 207-22-0002		
<input type="checkbox"/> Will adhere to the After-Action Report Requirements in Section D-4 of FEMA Policy 207-22-0002		
<input type="checkbox"/> Will adhere to the Records Keeping Requirements in section D-5 of FEMA Policy 207-22-0002		
<input type="checkbox"/> Will adhere to the Regional Capability/Sharing Agreement in section D-6 of FEMA Policy 207-22-0002 (If applicable).		
<input type="checkbox"/> Will adhere to the Civil Rights Compliance in section D-7 of FEMA Policy 207-22-0002		
<input type="checkbox"/> Meets the training Requirements as outlined in section E of FEMA Policy 207-22-0002		
<input type="checkbox"/> Has adopted the Procedures and Certifications for Aircraft in section F of FEMA Policy 207-22-0002 (If applicable).		
<input type="checkbox"/> Will abide by all applicable federal, state, local, and tribal laws, regulations, programmatic terms and conditions, and all other requirements outlined in the FEMA Policy 207-22-0002.		
Certification: <i>By signing below, I certify to the best of my knowledge and belief that the above information is true, complete, and accurate.</i>		
Authorizing Official (Print Name)	Signature:	Date: