

Please provide the following required information for the organization that you would like to register so Cal OES can send you an invitation to the Grants Portal. Send information to [DisasterRecovery@caloes.ca.gov](mailto:DisasterRecovery@caloes.ca.gov):

Legal Business Name

Federal Employer ID number

Unique Entity ID Number (issued by SAM.gov)

Choose one Organization type from list:

- State Government
- County Government
- City or Township Government
- Public/State Controlled Institution of Higher Education
- Special District Government
- Regional Governmental Organization
- U.S. Territory or Possession
- Indian/Native American Tribal Government (Federally Recognized)
- Indian/Native American Tribally Designated Organization
- Nonprofit with 501c3 IRS Status
- Nonprofit without 501c3 IRS Status

For Private Nonprofits (PNPs) only, please select one PNP type from the list:

- Assisted Living
- Childcare (including center-based childcare)
- Community Center
- Custodial Care Facility
- Day Care (for individuals with disabilities or access and functional needs)
- Educational (primary or secondary education)
- Emergency Care Facility
- Emergency Services (EMS, Fire, Rescue)
- Food Assistance Programs (including food banks and storage of food for food banks)
- Health and Safety Services (including animal control services)
- Homeless Shelter
- House of Worship (Religious Institution)
- Library
- Low Income Housing
- Medical Care Facility
- Museum
- Performing Arts Center
- Private Institution of Higher Education
- Rehabilitation Facility
- Residential and other services for battered spouses
- Residential services for individuals with disabilities

- Senior Citizen Center Shelter Workshop
- Utility
- Zoo
- Other – please describe services provided by the organization

Primary Contact Information:

- First Name
- Last Name
- Work Title
- Phone Number
- Email

Alternate Contact Information:

- First Name
- Last Name
- Work Title
- Phone Number
- Email

Primary Location

- Address 1
- Address 2
- City
- State California
- Zip Code
- County

Mailing Address (if different)

- Address 1
- Address 2
- City
- State California
- Zip Code
- County

Please list all California counties where a facility owned or operated by the organization exists.