



Contract Number _____

SAP Number _____

County Administrative Office

Department Contract Representative	Various City/Town
Telephone Number	_____
Contractor	San Bernardino County Office of Emergency Services
Contractor Representative	Daniel Muñoz
Telephone Number	388-5807
Contract Term	9/1/2022 to 5/31/2025
Original Contract Amount	_____
Amendment Amount	_____
Total Contract Amount	_____
Cost Center	_____

Briefly describe the general nature of the contract: *These are the Standard Subrecipient Assurances that are entered into between San Bernardino County and all city/town subrecipients for the FY 2022 Homeland Security Grant Program.*

FOR COUNTY USE ONLY

<p>Approved as to Legal Form</p> <p>► _____</p> <p>Miles, Kowalski, County Counsel</p> <p>Date _____</p>	<p>Reviewed for Contract Compliance</p> <p>► _____</p> <p>Date _____</p>	<p>Reviewed/Approved by Department</p> <p>► _____</p> <p>Date _____</p>
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