



May 9, 2022

Brent Martin, Emergency Services Manager
San Bernardino County
1743 Miro Way
Rialto, CA 92376-8630

Subject: **NOTIFICATION OF APPLICATION APPROVAL**
High Frequency Communications Equipment Program
Subaward #: FH21 01 0360, Cal OES ID: 071-00000

Dear Mr. Martin:

Congratulations! The California Governor's Office of Emergency Services (Cal OES) has approved your application in the amount of \$60,000, subject to Budget approval. A copy of your approved subaward is enclosed for your records.

Cal OES will make every effort to process payment requests within 45 days of receipt.

This subaward is subject to the Cal OES Subrecipient Handbook. You are encouraged to read and familiarize yourself with the Cal OES Subrecipient Handbook, which can be viewed on Cal OES website at www.caloes.ca.gov.

Any funds received in excess of current needs, approved amounts, or those found owed as a result of a close-out or audit, must be refunded to the State within 30 days upon receipt of an invoice from Cal OES.

Should you have questions on your subaward please contact your Program Specialist.

VSPS Grants Processing

Enclosure

c: Subrecipient's file

(Cal OES Use Only)

| | | | | | | |
|-----------|---|--------|-----------|-----|------------|--------------|
| Cal OES # | 071-00000- [REDACTED] ^{-13 KC} | FIPS # | 071-00000 | VS# | Subaward # | FH21 01 0360 |
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CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES GRANT SUBAWARD FACE SHEET

The California Governor's Office of Emergency Services (Cal OES) hereby makes a Grant Subaward of funds to the following:

1. **Subrecipient:** San Bernardino County 1a. DUNS#: 073370012 *J1*

2. **Implementing Agency:** San Bernardino County Office of Emergency Services 2a. DUNS#: 027760098 *J1*

3. **Implementing Agency Address:** 1743 Miro Way Rialto 92376-8630
(Street) (City) (Zip+4)

4. **Location of Project:** Rialto San Bernardino 92376-8630 8630
(City) (County) (Zip+4)

5. **Disaster/Program Title:** KC High Frequency Communications Equipment Program

6. **Performance/Budget Period:** 4/1/2022 to 10/31/2023
(Start Date) (End Date)

7. **Indirect Cost Rate:** N/A **Federally Approved ICR (if applicable):** _____ %

| Item Number | Grant Year | Fund Source | A. State | B. Federal | C. Total | D. Cash Match | E. In-Kind Match | F. Total Match | G. Total Cost |
|--------------|----------------|-------------|----------|------------|----------|---------------|------------------|----------------|---------------|
| 8. | 2021 | PSC1 | \$60,000 | | | | | | \$60,000 |
| 9. | Select | Select | | | | | | | |
| 10. | Select | Select | | | | | | | |
| 11. | Select | Select | | | | | | | |
| 12. | Select | Select | | | | | | | |
| Total | Project | Cost | \$60,000 | | \$60,000 | | | | \$60,000 |

13. Certification - This Grant Subaward 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 Subaward, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or other Approving Body. The Subrecipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Subaward. The Subrecipient accepts this Grant Subaward and agrees to administer the grant project in accordance with the Grant Subaward as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal OES policy and program guidance. The Subrecipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.

14. 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.

15. Official Authorized to Sign for Subrecipient:

Name: Brent Martin Title: Emergency Services Manager

Payment Mailing Address: 1743 Miro Way City: Rialto Zip Code+4: 92376-8630

Signature: *Brent Martin* Date: 03/01/22

16. Federal Employer ID Number: 956002748

| (FOR Cal OES USE ONLY) | |
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| I hereby certify on my personal knowledge that budgeted funds are available for the period stated above. | I hereby certify on my personal knowledge that budgeted funds are available for the period stated above. |
| <u>Mary Rucker</u> <u>5/5/2022</u> <small>(Cal OES Fiscal Officer) (Date)</small> | <u>Heather Carlson</u> <u>5/5/2022</u> <small>(Cal OES Director of Designee) (Date)</small> |

RECEIVED
By AI Hardoy at 10:21 am, Apr 07, 2022

ENY: 2021-22 Chapter: 21 SL: 01765
 Item: 0690-001-0001 Pgm: 0395
 Fund: General Fund
 Program: High Frequency Communications Equipment Program
 Match Req.: None
 Project ID: OES21PSC10000 Amount: \$60,000.00
 SC: 2021-01765

mail log: 753594

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