

**AUTHORIZED AGENT****NEW AA SHEET****NOTE:** Unauthorized alterations will delay the approval of this request.**San Bernardino County Fire Protection District**

ALN:

HSGP 97.067

2022-0043

**Supporting Information for Application, Modification, or Request for Federal Funds****This claim is for costs incurred within the grant performance period.**This request is for a/an: ModificationSeptember 1, 2022

(Beginning Performance Period Date)

through

January 1, 2025

(Ending Performance Period Date)

1

(Request #)

(Amount This Request)

**Under Penalty of Perjury, I certify that:**

I am the duly authorized officer of the claimant herein. This claim is true, correct, and all expenditures were made in accordance with applicable laws, rules, regulations, and grant conditions and assurances.

**Statement of Certification - Authorized Agent**

By signing this report, I certify, to the best of my knowledge and belief, that the report is true, complete, and accurate, and that the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

**Dan Munsey**

Printed Name of Authorized Agent

Signature of Authorized Agent

**Fire Chief/Fire Warden**

Title of Authorized Agent

**March 24, 2025**

Date

(Cal OES Use Only)

Cal OES #		FIPS #		VS#		Subaward #	2022-0043
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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 Fire Protection District **1a. UEI:** LMMJPJ5LEB75

2. **Implementing Agency:** \_\_\_\_\_ **2a. UEI:** \_\_\_\_\_

3. **Implementing Agency Address:** 598 S. Tippecanoe Ave. FL2 San Bernardino 92415-0451  
(Street) (City) (Zip+4)

4. **Location of Project:** San Bernardino San Bernardino 92415-0451  
(City) (County) (Zip+4)

5. **Disaster/Program Title:** Homeland Security Grant Program **6. Performance / Budget Period:** September 1, 2022 **to** January 1, 2025  
(Start Date) (End Date)

7. **Indirect Cost Rate:** \_\_\_\_\_ (Select) **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.				\$110,000	\$110,000				\$110,000
9.									
10.									
11.									
12.									
<b>Total</b>	<b>Project</b>	<b>Cost</b>		\$110,000	\$110,000				\$110,000

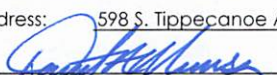
**13. Certification** - This Grant Subaward consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications. I hereby certify I am vested with the authority to enter into this Grant Subaward, and have the approval of the City/County 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: Dan Munsey Title: Fire Chief/Fire Warden

Payment Mailing Address: 598 S. Tippecanoe Ave. FL2 City: San Bernardino Zip Code+4: 92415-0451

Signature:  Date: 03/24/25

**16. Federal Employer ID Number:** 95-6000769

**(FOR Cal OES USE ONLY)**

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

(Cal OES Fiscal Officer)

(Date)

(Cal OES Director or Designee)

(Date)



## 2 of 4



