



Grant Subaward Face Sheet Instructions

Cal OES Section: The top portion of the form contains blocks for four (4) important numbers. Please do not fill in these blocks. These numbers will be entered by Cal OES. Please print the Grant Subaward Face Sheet in portrait format.

1. Subrecipient
The Subrecipient is the unit of government or community based organization (CBO) that will have legal responsibility for these grant funds (e.g. County of Alameda, City of Fresno or Women's Place of Merced). Enter the legal name of the Subrecipient that is registered with the Internal Revenue Service (IRS). PLEASE NOTE: that all CBOs must be registered, active, and current with the IRS, Department of Justice (DOJ), and Secretary of State (SOS) websites. Failure to be current will result in funds being withheld from Cal OES.
- 1a. Federal UEI Number (Subrecipient)
Enter the full 12-character Federal System for Award Management (SAM) Unique Entity Identification (UEI) for the Subrecipient. If the Subrecipient does not yet have a UEI assigned, one may be obtained by requesting a UEI in SAM.gov. This requirement applies to federally funded grants only. Your UEI must be current and active in SAM at the time of your Award.
2. Implementing Agency
Enter the complete name of the agency responsible for the day-to-day operation of the grant (e.g. Sheriff, Police Department, or Department of Public Works). If the Implementing Agency is the same as the Subrecipient, enter the same title again.
- 2a. Federal UEI Number (Implementing Agency)
Enter the full 12-character Federal System for Award Management (SAM) Unique Entity Identification (UEI) for the Implementing Agency. If the Implementing Agency does not yet have a UEI assigned, one may be obtained by requesting a UEI in SAM.gov. This requirement applies to federally funded grants only. Your UEI must be current and active in the SAM at the time of your Award.
3. Implementing Agency Address
Enter the address of the Implementing Agency. Provide the complete nine digit zip code (Zip+4).
4. Location of Project
Enter the City and County/Operational Area where the project is located. Provide the complete nine digit zip code (Zip+4).
5. Disaster/Program Title
Enter the name of the Disaster or Program providing the funds for this Grant Subaward. A disaster may be referred by the federal declaration number. Program titles should be complete without the use of acronyms.
6. Performance/ Budget Period
Enter beginning and ending dates of the performance and expenditure period for the Grant Subaward. (mm/dd/yyyy)
7. Indirect Cost Rate
Indicate whether you are using the 10% de Minimis rate based on Modified Total Direct Costs (MTDC) or your current cognizant agency approved indirect cost rate agreement. A copy of the approved ICR Negotiating Agreement must be enclosed with your application. Indicate N/A if you will not be claiming indirect costs under the award.
Indirect costs may or may not be allowable under all Federal fund sources .
- 8A. - 12G. Fund Allocations and Total Project Cost
For each fund source used in the program, select the correct grant year and acronym from the drop down lists, the amount of state or federal funds requested, the amount of cash and/or in-kind match contributed and the resulting totals. Please do not enter both state and federal on the same line. The Total project cost row should correspond to the total project cost specified in the budget.
13. Certification Paragraph
Please review the Certification Paragraph.
14. CA Public Records Act
Please review, and if applicable, provide the necessary documentation.
15. Official Authorized to sign for the Subrecipient
Provide the name and title of the person who is the Official Authorized to enter into the Grant Subaward for the Subrecipient, listed on #1 of the Grant Subaward Face Sheet (Cal OES 2-101). Enter the Payment Mailing Address where grant reimbursements will be mailed and provide the complete nine digit zip code (Zip+4).
16. Federal Employer ID Number
Enter the nine digit Federal Employer Identification Number (no hyphen) for the Implementing Agency.

Provide the signature of the authorized official. The use of white out or tape is prohibited and will invalidate the signature on the Grant Subaward Face Sheet.

Cal OES #		FIPS #		VS#		Subaward #	
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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#:** LMMJJPJ5LEB75
- 2. Implementing Agency:** San Bernardino County Fire Protection District **2a. UEI#:** LMMJJPJ5LEB75
- 3. Implementing Agency Address:** 598 S. Tippecanoe Ave. San Bernardino 92408-0451
(Street) (City) (Zip+4)
- 4. Location of Project:** San Bernardino San Bernardino 92408-0451
(City) (County) (Zip+4)
- 5. Disaster/Program Title:** EW - Earthquake Early Warning Implementation Program for Fire Stations **6. Performance/Budget Period:** 6/1/2024 **to** 12/31/2025
(Start Date) (End Date)
- 7. Indirect Cost Rate:** 10% de minimis **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.	2024	CEEW	\$166,000						\$166,000
9.	Select	Select							
10.	Select	Select							
11.	Select	Select							
12.	Select	Select							
Total	Project	Cost	\$166,000		\$166,000				\$166,000

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. City: San Bernardino Zip Code+4: 92408-0451

Signature: _____ Date: _____

16. Federal Employer ID Number: 956002748

(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)



Grant Subaward Contact Information

Information and Instructions

Key personnel are the official points of contact for the Grant Subaward, including the individuals identified on this form (per Subrecipient Handbook (SRH) Section 3.005).

Complete all sections of this form using the instructions below. Each individual must have a unique email address specific to them.

This form must be submitted as part of the Grant Subaward Application and with a Grant Subaward Modification (Cal OES Form 2-223) if changes are requested during the Grant Subaward performance period.

1. Provide the name, title, address (including **9-digit** Zip Code), telephone number, and e-mail address for the **Grant Subaward Director** (per SRH Section 3.010).
2. Provide the name, title, address (including **9-digit** Zip Code), telephone number, and e-mail address for the **Financial Officer** (per SRH Section 3.020).
3. Provide the name, title, address (including **9-digit** Zip Code), telephone number, and e-mail address for the **Programmatic Point of Contact** (per SRH Section 3.015).
4. Provide the name, title, address (including **9-digit** Zip Code), telephone number, and e-mail address for the **Financial Point of Contact** (per SRH Section 3.025).
5. Provide the name, title, address (including **9-digit** Zip Code), telephone number, and e-mail address for the **Executive Director** of a Non-Governmental Organization or the **Chief Executive Officer** (e.g. chief of police, superintendent of schools) for the Implementing Agency (per SRH Section 1.020).
6. Provide the name, title, address (including **9-digit** Zip Code), telephone number, and e-mail address for the **Official Designee** (per SRH Section 3.030) as stated in Section 15 of the Grant Subaward Face Sheet (Cal OES Form 2-101).
7. Provide the name, title, address (including **9-digit** Zip Code), telephone number, and e-mail address for the **Chair** of the **Governing Body** of the Subrecipient, if applicable. This must be direct contact information.



Grant Subaward Contact Information

Grant Subaward #: _____

Subrecipient: _____

1. **Grant Subaward Director:**

Name: _____ Title: _____

Telephone #: _____ Email Address: _____

Address/City/ Zip Code (9-digit): _____

2. **Financial Officer:**

Name: _____ Title: _____

Telephone #: _____ Email Address: _____

Address/City/ Zip Code (9-digit): _____

3. **Programmatic Point of Contact:**

Name: _____ Title: _____

Telephone #: _____ Email Address: _____

Address/City/ Zip Code (9-digit): _____

4. **Financial Point of Contact:**

Name: _____ Title: _____

Telephone #: _____ Email Address: _____

Address/City/ Zip Code (9-digit): _____

5. **Executive Director** of a Non-Governmental Organization or the **Chief Executive Officer** (i.e., chief of police, superintendent of schools) of the implementing agency:

Name: _____ Title: _____

Telephone #: _____ Email Address: _____

Address/City/ Zip Code (9-digit): _____

6. **Official Designee**, as stated in Section 15 of the Grant Subaward Face Sheet:

Name: _____ Title: _____

Telephone #: _____ Email Address: _____

Address/City/ Zip Code (9-digit): _____

7. **Chair** of the **Governing Body** of the Subrecipient:

Name: _____ Title: _____

Telephone #: _____ Email Address: _____

Address/City/ Zip Code (9-digit): _____



Grant Subaward Signature Authorization

Information and Instructions

This form identifies the signatures for the Grant Subaward Director (see Subrecipient Handbook (SRH) Section 3.010) and Financial Officer (see SRH Section 3.020) and allows Subrecipients to designate up to five additional signers for each. **The Grant Subaward Director and Financial Officer are authorizing the additional person(s) identified to sign on their behalf on all Grant Subaward-related matters.**

Complete all sections of the form. **No single individual may be authorized to sign for both the Grant Subaward Director and Financial Officer.** The individuals identified as the Grant Subaward Director and Financial Officer must match the individuals identified on the Grant Subaward Contact Information (Cal OES Form 2-102). **The Grant Subaward Director and Financial Officer must sign this form.**

This form must be submitted as part of the Grant Subaward Application and with a Grant Subaward Modification (Cal OES Form 2-223) if changes are requested during the Grant Subaward performance period.



Grant Subaward Signature Authorization

Grant Subaward #: _____

Subrecipient: _____

Implementing Agency: _____

The **Grant Subaward Director** and **Financial Officer** are **REQUIRED** to sign this form.

Grant Subaward Director:

Printed Name: _____

Signature: _____

Date: _____

Financial Officer:

Printed Name: _____

Signature: _____

Date: _____

The following persons are authorized to sign for the **Grant Subaward Director**:

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

The following persons are authorized to sign for the **Financial Officer**:

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____



Grant Subaward Certification of Assurance of Compliance Information and Instructions

The Certification of Assurance of Compliance is a binding affirmation that the Subrecipient will comply with the requirements and restrictions outlined in the Subrecipient Handbook, including but not limited to:

- Proof of Authority,
- State and federal civil rights laws,
- Equal Employment Opportunity,
- Drug-Free Workplace,
- California Environmental Quality Act, and
- Lobbying.

The Official Designee (see SRH Section 3.030) and the individual granting that authority (i.e., City/County Financial Officer, City/County Manager, or Governing Board Chair) must sign this form. For State agencies, only the Official Designee must sign this form.

Complete all sections of this form and then submit:

- As part of the Grant Subaward Application,
- With a Grant Subaward Amendment (Cal OES Form 2-213) if a new fund source is being added to the Grant Subaward, (applicable Certification of Assurance of Compliance would be needed), or
- With a Grant Subaward Modification (Cal OES Form 2-223) if the Official Designee or Board Chair changes and the Resolution identifies them by name



Grant Subaward Certification of Assurance of Compliance

Subrecipient: _____

	Cal OES Program Name	Grant Subaward #:	Grant Subaward Performance Period
1			
2			
3			
4			
5			
6			

I, _____ (Official Designee; same person as Section 15 of the Grant Subaward Face Sheet) hereby certify that the above Subrecipient is responsible for reviewing the Subrecipient Handbook (SRH) and adhering to all of the Grant Subaward requirements as directed by Cal OES including, but not limited to, the following areas:

I. Proof of Authority – SRH 1.055

The Subrecipient certifies they have written authority by the governing board (e.g., County Board of Supervisors, City Council, or Governing Board) granting authority for the Subrecipient/Official Designee (see Section 3.030) to enter into a specific Grant Subaward (indicated by the Cal OES Program name and initial Grant Subaward performance period) and applicable Grant Subaward Amendments with Cal OES. The authorization includes naming of an Official Designee (e.g., Executive Director, District Attorney, Police Chief) for the agency/organization who is granted permission to sign Grant Subaward documents on behalf of the Subrecipient. Written proof of authority includes one of the following: signed Board Resolution or approved Board Meeting minutes.

II. Civil Rights Compliance – SRH Section 2.020

The Subrecipient acknowledges awareness of, and the responsibility to comply with all state and federal civil rights laws. The Subrecipient certifies it will not discriminate in the delivery of services or benefits based on any protected class and will comply with all requirements of this section of the SRH.

III. Equal Employment Opportunity – SRH Section 2.025

The Subrecipient certifies it will promote Equal Employment Opportunity by prohibiting discrimination or harassment in employment because of any status protected by state or federal law and will comply with all requirements of this section of the SRH.



IV. Drug-Free Workplace Act of 1990 – SRH Section 2.030

The Subrecipient certifies it will comply with the Drug-Free Workplace Act of 1990 and all other requirements of this section of the SRH.

V. California Environmental Quality Act (CEQA) – SRH Section 2.035

The Subrecipient certifies that, if the activities of the Grant Subaward meet the definition of a “project” pursuant to the CEQA, Section 20165, it will comply with all requirements of CEQA and this section of the SRH.

VI. Lobbying – SRH Sections 2.040 and 4.105

The Subrecipient certifies it will not use Grant Subaward funds, property, or funded positions for any lobbying activities and will comply with all requirements of this section of the SRH.

All appropriate documentation must be maintained on file by the Subrecipient and available for Cal OES upon request. Failure to comply with these requirements may result in suspension of payments under the Grant Subaward(s), termination of the Grant Subaward(s), and/or ineligibility for future Grant Subawards if Cal OES determines that any of the following has occurred: (1) the Subrecipient has made false certification, or (2) the Subrecipient violated the certification by failing to carry out the requirements as noted above.

CERTIFICATION	
I, the official named below, am the same individual authorized to sign the Grant Subaward [Section 15 on Grant Subaward Face Sheet], and hereby affirm that I am duly authorized legally to bind the Subrecipient to the above-described certification. I am fully aware that this certification, executed on the date, is made under penalty of perjury under the laws of the State of California.	
Official Designee's Signature:	_____
Official Designee's Typed Name:	_____
Official Designee's Title:	_____
Date Executed:	_____
AUTHORIZED BY:	
I grant authority for the Subrecipient/Official Designee to enter into the specific Grant Subaward(s) (indicated by the Cal OES Program name and initial Grant Subaward performance period identified above) and applicable Grant Subaward Amendments with Cal OES.	
<input type="checkbox"/> City Financial Officer	<input type="checkbox"/> County Financial Officer
<input type="checkbox"/> City Manager	<input type="checkbox"/> County Manager
<input type="checkbox"/> Governing Board Chair	
Signature:	_____
Typed Name:	_____
Title:	_____
Date Executed:	_____



Grant Subaward Budget Pages
Single Fund Source

Subrecipient: San Bernardino County Fire Protection District		Grant Subaward #: EW23 01 1616	
A. Personnel Costs - Line-item description and calculation		Total Amount Allocated	
PERSONNEL COSTS CATEGORY TOTAL			



Grant Subaward Budget Pages
Single Fund Source

Subrecipient: San Bernardino County Fire Protection District		Grant Subaward #: EW23 01 1616
B. Operating Costs - Line-item description and calculation		Total Amount Allocated
Annual O&M on each station @\$11,000 each for 1 year \$11,000 per station (5 stations) = \$55,000		\$55,000
OPERATING COSTS CATEGORY TOTAL		\$55,000



Grant Subaward Budget Pages
Single Fund Source

Subrecipient: San Bernardino County Fire Protection District Grant Subaward #: EW23 01 1616	
C. Equipment Costs - Line-item description and calculation	Total Amount Allocated
Equipment and Installation per station	\$22,200
Equipment and Installation per station	\$22,200
Equipment and Installation per station	\$22,200
Equipment and Installation per station	\$22,200
Equipment and Installation per station	\$22,200
EQUIPMENT COSTS CATEGORY TOTAL	\$111,000
Total Project Cost (Must match the Grant Subaward Face Sheet)	\$166,000



Grant Subaward Budget Narrative

Grant Subaward #: EW23 01 1616

Subrecipient: San Bernardino County Fire Protection District

The purpose of the Earthquake Early Warning Implementation Program as proposed by the San Bernardino County Fire Protection District (SBCFPD) is to integrate the California Earthquake Early Warning System (CEEWS) into fire stations located at critical locations throughout San Bernardino County. In order to accomplish this, the procurement and installation of seismic detection sensors, which is the core component of the Earthquake Early Warning (EEW) system, and an EEW receiver box connected to an automated action unit, such as the unit which will activate and open an apparatus bay door. In addition to the equipment and installation needed for this project, SBCFPD will also request the allowable maintenance cost for each unit. The proposed project is to install seismic detection receivers equipped with EEW technology at five fire stations within the SBCFPD jurisdiction to be determined via the Center for Disease Control Social Vulnerability Index (CDC SVI) in areas prone to the most damage due to catastrophic disasters such as a large earthquake. The proposed plan is to provide five fire stations with equipment to automatically open the fire station apparatus bay doors when seismic activity is detected. Each fire station has an average of two bays with a front and back door on each bay for a total of four doors at each fire station.



Grant Subaward Budget Narrative

Grant Subaward #: EW23 01 1616

Subrecipient: San Bernardino County Fire Protection District

The amount allocated to SBCFPD is \$166,000. The expected expenditure per station will be approximately \$33,200. Costs expected for the project include the EEW device, installation for each device, and the allowable operation and maintenance costs.



Grant Subaward Programmatic Narrative

Grant Subaward #: EW23 01 1616

Subrecipient: San Bernardino County Fire Protection District

The purpose of the Earthquake Early Warning Implementation Program as proposed by the San Bernardino County Fire Protection District is to integrate the California Earthquake Early Warning System (CEEWS) into fire stations located at critical locations throughout San Bernardino County. The proposed project is to install seismic detection receivers equipped with Earthquake Early Warning (EEW) technology at five fire stations to be determined via the Center for Disease Control Social Vulnerability Index (CDC SDI) in areas prone to the most damage due to catastrophic disasters such as a large earthquake. The proposed plan is to provide five fire stations with equipment to automatically open the fire station apparatus bay doors when seismic activity is detected. An apparatus bay is the area of a fire station where apparatus such as fire engines, ambulances, and other fire equipment are cleaned, maintained, and stored. The apparatus bay door is the door that is opened to allow the equipment to exit the fire station. District policy requires apparatus bay doors open and equipment such as fire engines and ambulances moved out of the fire station when there is an earthquake in case of building collapse or damage to the building that would potentially prevent the emergency equipment from exiting the fire station. Each fire station has an average of two bays with a front and back door on each bay for a total of four doors at each fire station. The proposed plan will have a seismic detection receiver box trigger an automated bay door opening system which will be



Grant Subaward Programmatic Narrative

Grant Subaward #: EW23 01 1616

Subrecipient: San Bernardino County Fire Protection District

activated when seismic activity is detected. The early detection of seismic activity often occurs approximately two minutes before an actual earthquake is felt. This EEW will give firefighters approximately two minutes to move the equipment outside the building before an earthquake is felt and possible damage to the building occurs.



Grant Subaward Service Area Information

Information and Instructions

This form identifies the areas served by the Grant Subaward. Complete all sections of the form using the directions below. This form must be submitted as part of the Grant Subaward Application.

1. **County or Counties Served:** Enter the name or names of the counties served by the Grant Subaward and the county where the principal office for the Grant Subaward is located.
2. **U.S Congressional District(s) Served:** Enter the number(s) of the U.S. Congressional District(s) served by the Grant Subaward and the U.S. Congressional District number for where the principal office for the Grant Subaward is located.
3. **State Assembly District(s) Served:** Enter the number(s) of the State Assembly District(s) served by the Grant Subaward and the number for where the principal office for the Grant Subaward is located.
4. **State Senate District(s) Served:** Enter the number(s) of the State Senate District(s) served by the Grant Subaward and the number for where the principal office for the Grant Subaward is located.
5. **Population of Service Area:** Enter the total population of the area served by the Grant Subaward.



Grant Subaward Service Area Information

Grant Subaward #: _____

Subrecipient: _____

1. County or Counties Served:

County where principal office is located: _____

2. U.S. Congressional District(s) Served:

U.S. Congressional District where principal office is located: _____

3. State Assembly District(s) Served:

State Assembly District where principal office is located: _____

4. State Senate District(s) Served:

State Senate District where principal office is located: _____

5. Population of Service Area: _____

**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
SUBRECIPIENT GRANTS MANAGEMENT ASSESSMENT**

Subrecipient:	UEI #	FIPS #:
Grant Disaster/Program Title:		
Performance Period:	to	Subaward Amount Requested:
Type of Non-Federal Entity (Check Applicable Box)	<input type="checkbox"/> State Govt <input type="checkbox"/> Local Govt <input type="checkbox"/> JPA <input type="checkbox"/> Non-Profit <input type="checkbox"/> Tribe	

Per Title 2 CFR § 200.332, Cal OES is required to evaluate the risk of noncompliance with federal statutes, regulations and grant terms and conditions posed by each subrecipient of pass-through funding. This assessment is made in order to determine and provide an appropriate level of technical assistance, training, and grant oversight to subrecipients for the award referenced above.

The following are questions related to your organization's experience in the management of federal grant awards. This questionnaire must be completed and returned with your grant application materials.

For purposes of completing this questionnaire, *grant manager* is the individual who has primary responsibility for day-to-day administration of the grant, *bookkeeper/accounting staff* means the individual who has responsibility for reviewing and determining expenditures to be charged to the grant award, and *organization* refers to the subrecipient applying for the award, and/or the governmental implementing agency, as applicable.

Assessment Factors	Response
1. How many years of experience does your current grant manager have managing grants?	
2. How many years of experience does your current bookkeeper/accounting staff have managing grants?	
3. How many grants does your organization currently receive?	
4. What is the approximate total dollar amount of all grants your organization receives?	
5. Are individual staff members assigned to work on multiple grants?	
6. Do you use timesheets to track the time staff spend working on specific activities/projects?	
7. How often does your organization have a financial audit?	
8. Has your organization received any audit findings in the last three years?	
9. Do you have a written plan to charge costs to grants?	
10. Do you have written procurement policies?	
11. Do you get multiple quotes or bids when buying items or services?	
12. How many years do you maintain receipts, deposits, cancelled checks, invoices?	
13. Do you have procedures to monitor grant funds passed through to other entities?	

Certification: *This is to certify that, to the best of our knowledge and belief, the data furnished above is accurate, complete and current.*

Signature: (Authorized Agent)	Date:
Print Name and Title:	Phone Number:
<i>Cal OES Staff Only: SUBAWARD #</i>	