THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number
20-987 A-1
SAP Number

County Administrative Office

| Department Contract Representative Telephone Number | Brent Martin 356-3943 |
|---|---|
| Contractor | California Governor's Office of Emergency Services |
| Contractor Representative | - |
| Telephone Number | |
| Contract Term | Period of Performance is July 1, |
| | 2020 through March 31, 2022 |
| Original Contract Amount | \$457,760 |
| Amendment Amount | |
| Total Contract Amount | |
| Cost Center | |

Briefly describe the general nature of the contract: This is an amendment to the allocation from the California Governor's Office of Emergency Services (Cal OES) to support community resiliency against power shut-off events through the Fiscal Year 2020 Community Power Resiliency Allocation. This amendment is to extend the end date of the grant performance period by five months from October 31, 2021 to March 31, 2022.

| FOR COUNTY USE ONLY | | |
|-------------------------------------|----------------------------------|---------------------------------|
| Approved as to Legal Form | Reviewed for Contract Compliance | Reviewed/Approved by Department |
| Scott runyan, Deputy County Counsel | <u> </u> | <u> </u> |
| Scott Runyan, Deputy County Counsel | | |
| Date 7 /20/2 (| Date | Date |

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES GRANT SUBAWARD AMENDMENT SUBAWARD # FY20 CPR Program FIPS# 071-00000 DUNS# N/A Amendment#1 Project # N/A Performance Period 07/01/2020 to 03/31/2022 This amendment is between the California Governor's Office of Emergency Services, hereafter called Cal OES, and the Subrecipient: County of San Bernardino Amendment to Change End Date: Grant Subaward FY20 CPR Program is hereby amended to: Change the end of Performance Period of the Subaward for the following funds FY2020-21 Community Power Resiliency (CPR) Program from October 31, 2021, to March 31, 2022. The FY2020-21 Community Power Resiliency (CPR) Program funds in the amounts of \$457,760 must be expended by March ****The dates for the special condition MUST match the approved Annual Plan(s).**** Subrecipient (Certification and Signature of Authorized Agent) By (Authorized Signature) Date 06/07/2021 **Printed Name** Title Dan Munsey Fire Chief/Fire Warden Address 157 West 5th Street, Second Floor, San Bernardino, CA, 92415 Governor's Office of Emergency Services (For Cal OES use only) By Director or Designee Date **Printed Name** Title Amount Encumbered by **Fund Source Labels** this Document **Prior Amount Encumbered** Total Amount Encumbered to Date

I hereby certify upon my own personal knowledge that budgeted funds are available for the

Date

Grant Subaward Amendment – Cal OES 2-213 (Revised 05/2020)

Signature of Cal OES Fiscal Officer

period and purpose of the expenditure stated above.