Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

Pass Through Grant Subaward

1. PASS THROUGH GRANT SUBAWARD #:	LI2022-024

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

2. SUBRECIPIENT: San Bernardino County Fire Protection District

3. IMPLEMENTING AGENCY: San Bernardino County Fire Protection District

4. PAYMENT MAILING ADDRESS: 157 W. 5th Street, 2nd Floor (Street) San Bernardino (City) 92415-0225 (Zip+4)

5. GRANT SUBAWARD PERFORMANCE PERIOD: 7/1/22 through 6/30/24

6. PURPOSE:

For firefighting equipment for the Wrightwood Station
Service Location: 18902

7. FUND ALLOCATION, AUTHORITY, AND GRANT SUBAWARD TOTAL:

Enactment Year	Fund Source	Authorizing Legislation	Chapter	Statutes	Item Number	Provision	Total Award
FY22	General Fund	AB 179	249	2022	0690-101-0001	CS 19.56	$1,000,000

8. CERTIFICATION: 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/for activities specified in the purpose section above in the Grant Subaward. The Subrecipient agrees to administer the Grant Subaward in accordance with all applicable state and federal laws.

9. CA PUBLIC RECORD ACT REQUEST: Grant Subaward applications/awards 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.

10. AUTHORIZED SIGNER:

Name: _____ Title: _____

Signature: _____ Date: _____

(FOR CAL OES USE ONLY)

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

_____ _____ _____ _____

Cal OES Fiscal Officer **Date** **Cal OES Director or Designee** **Date**