(Cal OES Use Only)							
Cal OES #	065-6200	FIPS #	065-6200	VS #		Subaward #	2019-0035

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
GRANT SUBAWARD FACE SHEET

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

1. Subrecipient: _____ **1a. DUNS #:** _____

2. Implementing Agency: _____ **2a. DUNS #:** _____

3. Implementing Agency Address: _____ (Street) _____ (City) _____ (Zip+4)

4. Location of Project: _____ (City) _____ (County) _____ (Zip+4)

5. Disaster/Program Title: Homeland Security Grant Program - UASI **6. Performance Period:** 09/01/19 **to** 05/31/22

7. Indirect Cost Rate: " **N/A;** " **10% de Minimis;** " **Federally Approved ICR;** _____

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
2019	8. HSGP-UASI						$0	$0
Select	9. Select						$0	$0
Select	10. Select						$0	$0
Select	11. Select						$0	$0
	12. **TOTALS**	$0	$0	$0	$0	$0	$0	**12G. Total Project Cost: $0**

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: **16. Federal Employer ID Number:** 95-60000761

Name: Al Zelinka Title: City Manager

Telephone: (951) 826-5571 (area code) FAX: (951) 826-5470 (area code) Email: azelinka@riversideca.gov

Payment Mailing Address: 3900 Main Street City: Riverside Zip+ 4: 92522-0001

Signature: _____ Date: _____

(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