

(Cal OES Use Only)

Cal OES #	FIPS #	VS#	Subaward #	2024-0050
-----------	--------	-----	------------	-----------

**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 **1a. UEI:** PNJMSCHTMVF7
- 2. **Implementing Agency:** County of San Bernardino, Office of Emergency Services **2a. UEI:** PNJMSCHTMVF7
- 3. **Implementing Agency Address:** 1743 Miro Way Rialto 92376-8630  
(Street) (City) (Zip+4)
- 4. **Location of Project:** Rialto San Bernardino County 92376-8630  
(City) (County) (Zip+4)
- 5. **Disaster/Program Title:** Emergency Management Performance Grant **6. Performance / Budget Period:** July 1, 2024 **to** June 30, 2026  
(Start Date) (End Date)
- 7. **Indirect Cost Rate:** N/A **Federally Approved ICR (if applicable):** N/A %

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	EMPG		\$504,038	\$504,038	\$504,038		\$504,038	\$1,008,076
9.									
10.									
11.									
12.									
<b>Total</b>	<b>Project</b>	<b>Cost</b>		\$504,038	\$504,038	\$504,038		\$504,038	\$1,008,076

**13. Certification** - This Grant Subaward consists of this title page, the application for the grant, which is attached and made a part hereof, the Assurances/Certifications, and any attached Special Conditions. 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 7920 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: Crisanta Gonzalez Title: Director  
 Payment Mailing Address: 1743 Miro Way City: Rialto Zip Code+4: 92376-8630  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**16. Federal Employer ID Number:** \_\_\_\_\_

**(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)