(Cal OES Use Only)

Cal OES #		FIPS #		VS#		Subaward #	

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. DUNS#:** 073590812

2. **Implementing Agency:** San Bernardino County Office of Emergency Services — **2a. DUNS#:** 027766398

3. **Implementing Agency Address:** 1743 Miro Way (Street) | Rialto (City) | 92376-8630 (Zip+4)

4. **Location of Project:** Rialto (City) | San Bernardino (County) | 92376-8360 (Zip+4)

5. **Disaster/Program Title:** FH - High Frequency Communications Equipment Program — **6. Performance/ Budget Period:** 4/1/2022 (Start Date) to 10/31/2023 (End Date)

7. **Indirect Cost Rate:** N/A — **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.	2022	PSC1	$60,000						$60,000
9.	Select	Select							
10.	Select	Select							
11.	Select	Select							
12.	Select	Select							
Total	**Project**	**Cost**	$60,000		$60,000				$60,000

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: Brent Martin — Title: Emergency Services Manager

Payment Mailing Address: 1743 Miro Way — City: Rialto — Zip Code+4: 92376-8630

Signature: Brent Martin — Date: 03/01/22

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)**

Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

Grant Subaward Budget Pages

Single Fund Source

Subrecipient: San Bernardino County	Grant Subaward #:
C. Equipment Costs - Line-item description and calculation	**Total Amount Allocated**
NASPO ENVOY HF BASE STATION	$13,542
NASPO ENVOY HF BASE STATION	$25,124
Taxes	$2,900
Shipping	$4,484
HF Installation Site Visit and Training for Voice/Data and Remote Support	$13,950
EQUIPMENT COSTS CATEGORY TOTAL	$60,000
Total Project Cost (Must match the Grant Subaward Face Sheet)	**$60,000**

Cal OES
GOVERNOR'S OFFICE OF EMERGENCY SERVICES

Grant Subaward Budget Pages

Multiple Fund Sources

Subrecipient: San Bernardino County			**Grant Subaward #:**			
C. Equipment Costs - Line-item description and calculation	**Fund Source 1**	**Fund Source 2**	**Fund Source 3**	**Fund Source 4**	**Fund Source 5**	**Total Amount Allocated**
NASPO ENVOY HF BASE STATION	$13,542					$13,542
NASPO 3G ENVOY FLYK-125-SMART	$25,124					$25,124
Taxes	$2,900					$2,900
Shipping	$4,484					$4,484
HF Installation Site Visit and Training for Voice/Data and Remote Support	$13,950					$13,950
Equipment Costs Fund Source Totals	$60,000					$60,000
EQUIPMENT COSTS CATEGORY TOTAL						$60,000

Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

Grant Subaward Budget Pages

Multiple Fund Sources

Subrecipient: San Bernardino County			Grant Subaward #:			
C. Equipment Costs - Line-item description and calculation	Fund Source 1	Fund Source 2	Fund Source 3	Fund Source 4	Fund Source 5	Total Amount Allocated
Grant Subaward Totals - Totals must match the Grant Subaward Face Sheet	Fund Source 1	Fund Source 2	Fund Source 3	Fund Source 4	Fund Source 5	Total Project Cost
Fund Source Totals	$60,000					$60,000

Cal OES
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OF EMERGENCY SERVICES

Grant Subaward Budget Narrative

Grant Subaward #:_____

Subrecipient: San Bernardino County

The equipment requested in the budget is, after consultation with State HF Program personnel, directly compatible with the State's system. The equipment being requested is being purchased as two "ready-to-go" kits. Theses kits are one base unit kit and one fly-away kit. In addition to the purchase of this equipment, San Bernardino County is also budgeting for: shipping, taxes, site visit, and training. All the equipment and activities listed in the budget are considered eligible activities under the Program Information section of the RFA and will give the County the ability to interface with the HF system.

The budgeted amounts reflect the prices of the equipment as included in the NASPO contract and as referenced by HF Program personnel.

The prices for the items are as follows:

NASPO ENVOY HF BASE STATION	$13,542
NASPO 3G ENVOY FLYK-125-SMART	$25,124
Taxes	$2,900
Shipping	$4,484
HF Installation Site Visit and Training	

Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

Grant Subaward Budget Narrative

Grant Subaward #:_____

Subrecipient: San Bernardino County

for Voice/Data and Remote Support $13,950

The costs reflect the purchase of this equipment, shipping, taxes, site visit, and training.

The amount requested does not exceed the $60,000 threshold.

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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.

Cal OES
GOVERNOR'S OFFICE OF EMERGENCY SERVICES

Grant Subaward Contact Information

Grant Subaward #: _____

Subrecipient: San Bernradino County

1. **Grant Subaward Director:**
   Name: Brent Martin Title: Emergency Services Manger
   Telephone #: 909-356-3918 Email Address: Brent.Martin@oes.sbcounty.gov
   Address/City/ Zip Code (9-digit): 1743 Miro Way Rialto 92376-8360

2. **Financial Officer:**
   Name: Ericka Sampson Title: Administrative Supervisor I
   Telephone #: 909-356-3941 Email Address: Ericka.Sampson@oes.sbcounty.gov
   Address/City/ Zip Code (9-digit): 1743 Miro Way Rialto 92376-8630

3. **Programmatic Point of Contact:**
   Name: Michael Ramirez Title: Supervising Emergency Services Officer
   Telephone #: 909-356-3987 Email Address: Michael.Ramirez@oes.sbcounty.gov
   Address/City/ Zip Code (9-digit): 1743 Miro Way Rialto 92376-8630

4. **Financial Point of Contact:**
   Name: Ericka Sampson Title: Administrative Supervisor I
   Telephone #: 909-356-3941 Email Address: Ericka.Sampson@oes.sbcounty.gov
   Address/City/ Zip Code (9-digit): 1743 Miro Way Rialto 92376-8630

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: Leonard X. Hernandez Title: County Executive Officer
   Telephone #: 909-356-3918 Email Address: Leonard.Hernandez@cao.sbcounty.gov
   Address/City/ Zip Code (9-digit): 385 North Arrowhead Avenue San Bernardino 92415-0110

6. **Official Designee**, as stated in Section 15 of the Grant Subaward Face Sheet:
   Name: Brent Martin Title: Emergency Services Manager
   Telephone #: 909-356-3918 Email Address: Brent.Martin@oes.sbcounty.gov
   Address/City/ Zip Code (9-digit): 1743 Miro Way Rialto 92376-8630

7. **Chair** of the **Governing Body** of the Subrecipient:
   Name: Curt Hagman Title: Chairman, Board of Supervisors
   Telephone #: 909-387-4866 Email Address: Curt.Hagman@bos.sbcounty.gov
   Address/City/ Zip Code (9-digit): 385 North Arrowhead Avenue San Bernardino 92415-0110

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

Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

Grant Subaward Certification of Assurance of Compliance

Subrecipient: San Bernardino County

	Cal OES Program Name	Grant Subaward #:	Grant Subaward Performance Period
1	HIGH FREQUENCY COMMUNICATIONS EQUIPMENT (FH) PROGRAM		04/01/22-10/31/23
2			
3			
4			
5			
6			

I, Brent Martin (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.

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GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

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 ofCEQA 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: Brent Martin
Official Designee's Typed Name: Brent Martin
Official Designee's Title: Emergency Services Manager
Date Executed: 03/01/2022

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.

- ☐ City Financial Officer
- ☐ City Manager
- ☐ Governing Board Chair
- ☐ County Financial Officer
- ☑ County Manager

Signature: Leonard X. Hernandez
Typed Name: Leonard X. Hernandez
Title: County Executive Officer
Date Executed: 03/01/2022

Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

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.

Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

Grant Subaward Signature Authorization

Grant Subaward #: _____

Subrecipient: San Bernardino County

Implementing Agency: San Bernardino County Office of Emergency Services

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

Grant Subaward Director:

Printed Name: Brent Martin

Signature: Brent D Martin

Date: 03/01/2022

Financial Officer:

Printed Name: Ericka Sampson

Signature: Ericka Sampson

Date: 03/01/2022

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

Signature: Michael Ramirez

Printed Name: Michael Ramirez

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

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

Signature: Sean P. Engelhardt

Printed Name: Sean P. Engelhardt

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

Grant Subaward Programmatic Narrative

Grant Subaward #:_____

Subrecipient: San Bernardino County

At 20,105 square miles (roughly twice the size of Massachusetts), San Bernardino County is the largest county, by area, in the contiguous 48 states. The population of approximately 2,200,000 is diverse with roughly 54% reporting Hispanic or Latino, 9.5% as Black, 8% Asian, an 2.1% American Indian, as their race. Additionally, 21% identify as foreign born. Given the population size and geographical nature of the County, communication is a paramount concern.

The County is looking towards Codan Limited as the source of this equipment. Their Envoy systems are fully interoperable with the State's HF network and implement the FCC "State Emergency Capability Using Radio Effectively" ("Operation SECURE") capability and is licensed and operated in accordance with FCC Rules Part 90 - Private Land Mobile Services and in accordance with FCC Public Notice 2419 to the State of California. Specifically, the County is looking to purchase the Envoy base station for stationary and permanent deployment at San Bernardino County Office of Emergency Services (SBCOES) headquarters and the Envoy FLYK-125 as a mobile, "fly-away" option.

Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

Grant Subaward Programmatic Narrative

Grant Subaward #:_____

Subrecipient: San Bernardino County

The vendor will be responsible for the delivery of product, site visit, installation, and training of SBCOES personnel in the operation of the systems.

The County expects that the site visit will be conducted around June 2022. The system will be ordered by August 2022, with installation and training completed by December 2022.

Currently the County does not possess any system capable of interfacing with the State's HF network. The purchase of these items would give the County's Emergency Operations Center the ability to operate within the integrated high frequency system.

SBCOES has a dedicated Emergency Communication Services team that will implement required testing and update activities (including weekly operational tests) necessary to keep the system operational.