



**Contract Number**

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**SAP Number**

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## County Administrative Office

**Department Contract Representative** Crisanta Gonzalez  
**Telephone Number** 356-3988

**Contractor** California Governor's Office of  
Emergency Services  
**Contractor Representative** Antoinette Johnson  
**Telephone Number** (909) 845-8260  
**Contract Term** 9/1/2023 TO 5/31/2026  
**Original Contract Amount** \$2,161,778  
**Amendment Amount** \_\_\_\_\_  
**Total Contract Amount** \_\_\_\_\_  
**Cost Center** \_\_\_\_\_  
**Grant Number (if applicable)** \_\_\_\_\_

**Briefly describe the general nature of the contract:**

This Subaward Face Sheet is used to approve and accept the State Homeland Security Grant Program. The program serves to prevent, prepare for, protect against, respond to, and recover from acts of terrorism throughout the County, for the period of September 1, 2023 through May 31, 2026.

**FOR COUNTY USE ONLY**

Approved as to Legal Form _____ Grace B. Parsons, Deputy County Counsel Date _____	Reviewed for Contract Compliance _____ Date _____	Reviewed/Approved by Department _____ Date _____
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