



**Contract Number**

**SAP Number**

## Office of Emergency Services

<b>Department Contract Representative</b>	<u>Crisanta Gonzalez</u>
<b>Telephone Number</b>	<u>356-3998</u>
<b>Contractor</b>	<u>Various City/Town Subrecipients</u>
<b>Contractor Representative</b>	<u></u>
<b>Telephone Number</b>	<u></u>
<b>Contract Term</b>	<u>9/1/24 to 5/31/27</u>
<b>Original Contract Amount</b>	<u></u>
<b>Amendment Amount</b>	<u></u>
<b>Total Contract Amount</b>	<u></u>
<b>Cost Center</b>	<u></u>
<b>Grant Number (if applicable)</b>	<u></u>

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

These are the Standard Subrecipient Assurances that are entered into between San Bernardino County and all city/town subrecipients for the FY 2024 Homeland Security Grant Program. The San Bernardino County Office of Emergency Services oversees the grant funds for the County Operational Area and distributes funds to all participating cities and towns. These assurances are a requirement for all subrecipients who receive Homeland Security Grant Program funds.

#### FOR COUNTY USE ONLY

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