

May 9, 2022

Brent Martin, Emergency Services Manager San Bernardino County 1743 Miro Way Rialto, CA 92376-8630

Subject: NOTIFICATION OF APPLICATION APPROVAL High Frequency Communications Equipment Program Subaward #: FH21 01 0360, Cal OES ID: 071-00000

Dear Mr. Martin:

Congratulations! The California Governor's Office of Emergency Services (Cal OES) has approved your application in the amount of \$60,000, subject to Budget approval. A copy of your approved subaward is enclosed for your records.

Cal OES will make every effort to process payment requests within 45 days of receipt.

This subaward is subject to the Cal OES Subrecipient Handbook. You are encouraged to read and familiarize yourself with the Cal OES Subrecipient Handbook, which can be viewed on Cal OES website at www.caloes.ca.gov.

Any funds received in excess of current needs, approved amounts, or those found owed as a result of a close-out or audit, must be refunded to the State within 30 days upon receipt of an invoice from Cal OES.

Should you have questions on your subaward please contact your Program Specialist.

VSPS Grants Processing

Enclosure

c: Subrecipient's file

3650 SCHRIEVER AVENUE 1 MATHER, CALIFORNIA 95655 VICTIM SERVICES BRANCH TELEPHONE: (916) 845-8301 DocuSign Envelope ID: 7BE25E1C-6FF0-4BB5-A08B-C93A9DC7EDD1

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he Californ	nia Govern	nor's Office	of Emergency Servi	and the second se		t Subaward of fund	to the following:		
. Subrecip	pient:	San Bernar	dino County				1a. DUNS#:	073370812 JI	
. Impleme	enting Age	ency:	San Bernardino Cou	unty Office of Em	ergency Services		2a. DUNS#:	027700078 JI	
. Impleme	enting Age	ency Addres	55:	1743 Miro Way			Rialto		92376-8630
				(Street)			(City)		(Zip+4)
. Location	of Project	: <u>F</u>	Rialto				San Bernardino		92376-8360 86
				(City)			(County)		(Zip+4)
. Disaster/	Program 1	iille: KC	High Frequency	Communications I	Equipment Program	6. Performance/ Budget Period:	4/1/2022	to	10/31/2023
						-	(Start Date)		(End Date)
. Indirect (Cost Rate:	1	N/A			Federally Approved	ICR (if applicable):		%
ltem Number	Grant Year 2021	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Cost
8.	2021	PSC1	\$60,000						\$60,0
9.	Select	Select							
10.	Select	Select							
11.	Select	Select							
12.	Select	Select							
	Project	Cost	\$60,000		\$60,000				\$60,0
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