



Contract Number

19-471 A1

SAP Number

Sheriff/Coroner/Public Administrator

Department Contract Representative
Telephone Number

John Ades, Captain
909-387-0640

Contractor

California Office of Emergency
Services, Criminal
Justice/Emergency Management &
Victim Services Branch

Contractor Representative

Richard Bunch, Criminal Justice
Program Specialist

Telephone Number

(916) 845-8243

Contract Term

01/01/2019 – 03/31/2020

Original Contract Amount

\$77,685

Amendment Amount

\$0

Total Contract Amount

\$77,685

Cost Center

4438531000 / 2000463

Briefly describe the general nature of the contract:

Approve Amendment No. 1 to the 2018 Paul Coverdell Forensic Science Improvement Program, amending the performance period for the Sheriff/Coroner/Public Administrator's 2018 Paul Coverdell Forensic Science Improvement Program from January 1, 2019 through December 31, 2019 to January 1, 2019 through March 31, 2020.

FOR COUNTY USE ONLY

Approved as to Legal Form

Richard D. Luczak, Deputy County Counsel

Date 12/10/19

Reviewed for Contract Compliance

Date

Reviewed/Approved by Department

John Ades, Captain

Date 12/10/19

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES**GRANT SUBAWARD AMENDMENT**

SUBAWARD #: CQ18120360

FIPS# 071-00000 DUNS# 150955516 Amendment# 1
Project # N/A Performance Period 01/01/2019 to 03/30/2020

This amendment is between the California Governor's Office of Emergency Services, hereafter called Cal OES, and the Subrecipient: County of San Bernardino


Grant Subaward CQ18120360 is hereby amended to:

Change the end of Performance Period of the Subaward for the following fund 18 FSIA from 12/31/2019 to 3/31/2020.

Special Condition:

The 18 FSIA fund in the amounts of \$77,685 must be expended by 3/31/2020 and a final 2-201 for the fund must be received by Cal OES by 4/30/2020.

All other provisions of this agreement shall remain as previously agreed upon.

Subrecipient (Certification and Signature of Authorized Agent)	
By (Authorized Signature)	Date
	11/26/19
Printed Name	Title
Gary McBride	Chief Executive Officer
Address	
655 E. Third Street, San Bernardino, CA 92415	
Governor's Office of Emergency Services (For Cal OES use only)	
By Director or Designee	Date
Printed Name	Title
Amount Encumbered by this Document	Fund Source Labels
Prior Amount Encumbered	
Total Amount Encumbered to Date	
I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.	
Signature of Cal OES Fiscal Officer	Date

GRANT SUBAWARD MODIFICATION

MAIL TO: California Governor's Office Of Emergency Services
3650 Schriever Ave
Mather, CA 95655:

1. Subaward #: CQ18120360
2. Modification # 2

3. Subrecipient/Implementing Agency: San Bernardino County / San Bernardino County - Sheriff's Department
4. Project Title: Paul Coverdell Forensic Science Improvement Program
5. Contact Person: _____ Phone: _____ Fax: _____
Email Address: _____ 6. Performance Period: 01/01/2019 to 03/31/2020
7. Payment Mailing Address: _____ ☐ Check here if new.

8. Revision to Budget

FISCAL YEAR	Current Allocation Select Acronym from list	Grant Funds				Required Match				Total
		A. Personal Services	B. Operating Expenses	C. Equipment	Fund Total	A. Personal Services	B. Operating Expenses	C. Equipment	Match Total	
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Proposed Change {add (+) or subtract (-) from budgeted amount}										
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Revised Allocation										
Yr	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Yr	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Yr	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Yr	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Yr	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

9. Justification for Modification: (If necessary, continue the justification on page 3.) ☐ Check to Total
On page 3.

10. Subrecipient Approvals

Cathy Wojcik

Project Director (typed name)

Cathy Wojcik
Project Director Signature

11/21/19
Date

Carolyn Bondoc

Financial Officer (typed name)

Carolyn Bondoc
Financial Officer Signature

11/22/19
Date

Cal OES USE ONLY

Cal OES Approval Signatures

Program Specialist

Date

Unit Chief

Date

Grants Processing

Date