



Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

September 19, 2013

Sheriff John D'Agostini
Sheriff
El Dorado County
300 Fair Lane
Placerville, CA 95667-4198

Subject: Notification of Application Approval
FY13 Emergency Management Performance Grant
Grant #2013-0047, Cal OES #017-00000

Dear Sheriff D'Agostini:

The California Governor's Office of Emergency Services (Cal OES) has approved your grant application in the amount of **\$162,103**. A copy of your approved application is enclosed for your records.

All payment requests must be submitted on the Financial Management Forms Workbook. In addition, expenditures can only be made for items listed on your approved grant application.

Any activities requiring an Environmental and Historic Preservation (EHP) review and approval are prohibited from expending grant funds on those activities until an EHP clearance has been obtained. Failure to adhere to this requirement will result in the deobligation of grant funds.

This grant is subject to all policies and provisions of the Single Audit Act of 1984 and the Single Audit Act Amendments of 1996. Any funds received in excess of current needs, approved amounts, or those found owed as a result of a final inspection or audit, must be refunded to the State within 30 days upon receipt of an invoice from Cal OES.

Quarterly reports must be prepared and submitted to Cal OES for the duration of the grant period or until all activities are completed and the grant is formally closed. Failure to submit quarterly reports could result in grant reduction, suspension or termination.

If you have any questions regarding this letter, please contact the Grants Processing Unit at 916-845-8419.

Grants Processing Unit

Enclosure

c: EMPG Coordinator
Inland Region

61

(Cal EMA Use Only)

Cal EMA # 017-00000

FIPS # 017-00000-00 VS 02

CFDA # 97.042 EMPG

Grant # 2013-0047

CALIFORNIA EMERGENCY MANAGEMENT AGENCY GRANT AWARD FACE SHEET (Cal EMA 2-101)

The California Emergency Management Agency, hereafter designated Cal EMA, hereby makes a Grant Award of funds to the following:

- 1. **Grant Recipient:** El Dorado County 1a. DUNS# 071543201
In the amount and for the purpose and duration set forth in this Grant Award.
- 2. **Implementing Agency:** Sheriff's Office of Emergency Services 2a. DUNS# 132428496
- 3. **Implementing Agency Address:** 300 Fair Lane Placerville 95667-4198
Street City Zip+4
- 4. **Location of Project:** Placerville El Dorado 95667-4198
City County Zip+4
- 5. **Disaster/Program Title:** FY 2013 EMPG 6. **Performance Period:** 07/01/13 to 06/30/14

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
2013	7. EMPG		\$162,103		\$162,103		\$162,103	\$324,206
Select	8. Select						\$0	\$0
Select	9. Select						\$0	\$0
Select	10. Select						\$0	\$0
Select	11. Select						\$0	\$0
	12. TOTALS	\$0	\$162,103	\$162,103	\$162,103	\$0	\$162,103	\$324,206

13. This Grant Award 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 Award Agreement, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or other Approving Body. The Grant Recipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Award. The Grant Recipient accepts this Grant Award and agrees to administer the grant project in accordance with the Grant Award as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal EMA policy and program guidance. The Grant Recipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.

- 14. **Official Authorized to Sign for Applicant/Grant Recipient:** Name: Tim Becker Title: Sheriff's Lieutenant
- 15. **Federal Employer ID Number:** 946000-511
- Telephone: 530/621-7652 (area code) FAX: 530/626-6814 (area code) Email: becker@edso.org
- Payment Mailing Address: 300 Fair Lane City: Placerville Zip+ 4: 95667-4198
- Signature: Date: 8/12/13

(FOR CAL EMA USE ONLY)

I hereby certify upon my personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.

Sara Stillwell 9/13/13 [Signature] 9/13/13
 Cal EMA Fiscal Officer Date Cal EMA Secretary (or designee) Date

20

Yr: 2013-14 / Chapter: 20 / PCA No: 14853
 Item: 0690-101-0890 Fed Cat. #: 97.042
 Program: 40
 Title: Emergency Management Performance Grant
 Fund: Federal Trust
 Match Req.: 50% on TPC
 Project No.: 13 EMPG Amount: \$ 162,103

987226
RECEIVED

SEP 03 2013

CALIFORNIA EMERGENCY
MANAGEMENT AGENCY

13 LA 0027 - 00

CALIFORNIA EMERGENCY MANAGEMENT AGENCY

AUTHORIZED AGENT AND CONTACT INFORMATION

*Alterations to this document may result in delayed application approval, modification requests, or reimbursement requests.
Subgrantees may be asked to revise and/or re-submit any altered Financial Management Forms Workbook.*

CFDA #: 97.042 EMPG

El Dorado County

2013-0047
017-00000

Additional Authorized Agent Contact Information							
Authorized Agent's Name	Title	Mailing Address	City	State	Zip	Phone	Email
John D'Agostini	Sheriff	300 Fair Lane	Placerville	CA	95667	530/621-6576	dagostini@edso.org
Tim Becker	Sheriff's Lieutenant	300 Fair Lane	Placerville	CA	95667	530/621-7652	becker@edso.org
Jon DeVille	Chief Fiscal Officer	300 Fair Lane	Placerville	CA	95667	530/621-5691	deville@edso.org
Contact's Name	Title	Mailing Address	City	State	Zip	Phone	Email
Tania Donnelly	Department Analyst	300 Fair Lane	Placerville	CA	95667	530/621-6636	donnell@edso.org

CALIFORNIA EMERGENCY MANAGEMENT AGENCY

PROJECT DESCRIPTIONS

Alterations to this document may result in delayed application approval, modification requests, or reimbursement requests.
Subgrantees may be asked to revise and/or re-submit any altered Financial Management Forms Workbook.

CFDA #

97.042 EMPG

El Dorado County

2013-0047
017-00000

Project	NPG Mission Area & Core Capability and Cal EMA Objective	Project Description	Need	Project Milestone & Justifications
Project A	NPG Mission Area: Response. NPG Core Capability: Operational Coordination Objective 1.1 Strengthen information sharing and collaboration among all levels of government, private industry, non-governmental and community-based organizations. Objective 1.3 Strengthen our ability to identify and counter emerging threats.	Maintain response capability, increase training on response and recovery operations, update plans, improve emergency preparedness. Increase training to personnel in Reverse 911 operations. Maintain EOC readiness, attend ongoing disaster management training, CERT training, update Hazard Mitigation Plan, complete Care and Shelter Plan, evacuation plans, provide NIMS	Need has been identified through various exercises (including Golden Guardian), and real emergency events and requests from the public.	At the 6 month mark, this project will be <u>50</u> % complete and \$ <u>8,1051.50</u> funds will be expended. At the 12 month mark, this project will be <u>100</u> % complete and \$ <u>162,103</u> funds will be expended. At the 15 month mark, this project will be <u>N/A</u> % complete and \$ <u>___</u> funds will be expended.
Project B				At the 6 month mark, this project will be <u>30</u> % complete and \$ <u>___</u> funds will be expended. At the 12 month mark, this project will be <u>___</u> % complete and \$ <u>___</u> funds will be expended. At the 15 month mark, this project will be <u>___</u> % complete and \$ <u>___</u> funds will be expended.
Project C				At the 6 month mark, this project will be <u>___</u> % complete and \$ <u>___</u> funds will be expended. At the 12 month mark, this project will be <u>___</u> % complete and \$ <u>___</u> funds will be expended. At the 18 month mark, this project will be <u>___</u> % complete and \$ <u>___</u> funds will be expended.
Project D				At the 6 month mark, this project will be <u>___</u> % complete and \$ <u>___</u> funds will be expended. At the 12 month mark, this project will be <u>___</u> % complete and \$ <u>___</u> funds will be expended. At the 15 month mark, this project will be <u>___</u> % complete and \$ <u>___</u> funds will be expended.
Project E				At the 6 month mark, this project will be <u>___</u> % complete and \$ <u>___</u> funds will be expended. At the 12 month mark, this project will be <u>___</u> % complete and \$ <u>___</u> funds will be expended. At the 15 month mark, this project will be <u>___</u> % complete and \$ <u>___</u> funds will be expended.
Project F				At the 6 month mark, this project will be <u>___</u> % complete and \$ <u>___</u> funds will be expended. At the 12 month mark, this project will be <u>___</u> % complete and \$ <u>___</u> funds will be expended. At the 15 month mark, this project will be <u>___</u> % complete and \$ <u>___</u> funds will be expended.

CALIFORNIA EMERGENCY MANAGEMENT AGENCY

PROJECT LEDGER

Alterations to this document may result in delayed application approval, modification requests, or reimbursement requests. Subgrantees may be asked to revise and/or re-submit any altered Financial Management Forms Workbook.

Warning! Decimal usage is not allowed. Attempts to use decimals will prompt error message.

CFDA #

97.042 EMPG

LEDGER TYPE:

Initial Application

Today's Date:

July 10, 2013

El Dorado County

1013-0047

117-00000

Item Number	Project	Project Name	Funding Source	Discipline	Solution Area	Solution Area Sub-Category	Total Obligated	Amount Approved Previous	Amount This Request	Match Amount	Total Approved	Remaining Balance	Percentage Complete
							162,103			162,103		162,103	
1	A	Emergency Management	EMPG	EMG	Organization	EMPG-Staffing	162,103			162,103		162,103	
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													

ENTERED
8/15/13

CALIFORNIA EMERGENCY MANAGEMENT AGENCY

AUTHORIZED AGENT

Alterations to this document may result in delayed application approval, modification requests, or reimbursement requests. Subgrantees may be asked to revise and/or re-submit any altered Financial Management Forms Workbook.

CFDA #:

97.042 EMPG

El Dorado County

2013-0047
017-00000

Supporting Information for Reimbursement/Advance of State and Federal Funds

RECEIVED

SEP 03 2013

987226

CALIFORNIA EMERGENCY
MANAGEMENT AGENCY

Initial Application

This request is for an/a:

This claim is for costs incurred within the grant expenditure period from and does not cross fiscal years.

[Redacted Box]

(Beginning Expenditure Period Date)

through

[Redacted Box]

(Ending Expenditure Period Date)

[Redacted Box]

(Cash or Mod Request #)

[Redacted Box]

(Amount This Request)

Under Penalty of Perjury I certify that:

I am the duly authorized officer of the claimant herein. This claim is true, correct, and all expenditures were made in accordance with applicable laws, rules, regulations and grant conditions and assurances.

Statement of Certification - Authorized Agent

This Grant Award consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications which are being submitted. I hereby certify I am vested with the authority to enter into this Grant Award Agreement, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or Approving Body. The Grant Recipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Award. The Grant Recipient signifies acceptance of this Grant Award and agrees to administer the grant project in accordance with the Grant Award as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal EMA policy and program guidelines. The Grant Recipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget. For HSGP: All equipment and training procured under this grant must be in support of the development or maintenance of an identified team or capability.

Jon DeVille, Chief Fiscal Officer

Printed Name and Title

Jon DeVille

Signature of Authorized Agent

9-26-13

Date

Please reference the Instructions Page under the "Authorized Agent" section for instructions/address on where to mail workbook