



October 3, 2012

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

Subject: Notification of Application Approval
FY12 Emergency Management Performance Grant
Grant #2012-0027, Cal EMA #017-00000

Dear Sheriff D'Agostini:

California Emergency Management Agency (Cal EMA) has approved your grant application in the amount of **\$161,960.00**. A copy of your approved application is enclosed for your records. The award period for this grant can be found on the enclosed application.

Payment must be requested using the Financial Management Forms Workbook. Expenditures can only be made for items listed on your approved grant application.

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 EMA.

Quarterly reports must be prepared and submitted to Cal EMA 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.

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.

If you have any questions regarding this letter, please contact the Grants Processing Section at (916) 845-8110.

Grants Processing Section

Enclosure

c: EMPG Coordinator
Inland Region

M/L#575628

(Cal EMA Use Only)

Cal EMA # 017-00000

FIPS # 017-00000

Vendor Suffix # 06

CFDA # 97.042 EMPG

Grant # 2012-0027

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		ok	
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:				4. Location of Project:	
Street:	300 Fair Lane	City:	Placerville	Zip Code + 4:	95667-4198 El Dorado County
5. Disaster/Program Title: FY 2012 EMPG		6. Performance Period:		7/1/2012 to 6/30/2013 ok	

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
2012	7. EMPG		\$161,960		\$161,960		\$161,960	\$323,920
	8.						\$0	\$0
	9.						\$0	\$0
	10.						\$0	\$0
	11.						\$0	\$0
	12. TOTALS	\$0	\$161,960	\$161,960 ok	\$161,960	\$0	\$161,960 ok	12G. Total Project Cost: \$323,920 ok

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 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.

14. Official Authorized to Sign for Applicant/Grant Recipient:				15. Federal Employer ID Number:	
Name:	Lt. Tim Becker		Title:	Sheriff's Lieutenant	
Telephone:	530/621-7652	FAX:	530/626-6814	Email:	beckent@edso.org
(area code)		(area code)			
Payment Mailing Address:	300 Fair Lane		City:	Placerville	Zip Code + 4: 95667-4198
Signature:	ok [Signature]		Date:	9/20/12	

(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.

5-2-10 Dana Stilwell 9/26/12
Cal EMA Fiscal Officer N Date

[Signature] 9/27/12
Cal EMA Secretary (or designee) Date

Yr / Chapter: 2012 -13 /21 PCA No: 14852
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: 12 EMPG Amount \$161,960.00

RECEIVED

SEP 21 2012

Doc # EG120026

CALIFORNIA EMERGENCY MANAGEMENT AGENCY 12-1315 A 2 of 25

CALIFORNIA EMERGENCY MANAGEMENT AGENCY

AUTHORIZED BODY OF 5 - SIGNATURE 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

017-00000

017-00000

Authorized Body of 5- Signature and contact information

Position	Signature	Printed Name	Title	Phone	Email
County Public Health Officer					
County Fire Chief					
Municipal Fire Chief					
County Sheriff					
Chief of Police					
Additional Position (Optional)					
Additional Position (Optional)					

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 Lt.	300 Fair Lane	Placerville	CA	95667	530/621-7652	becker1@edso.org
Sherry Bahlman	Administrative Services Officer	300 Fair Lane	Placerville	CA	95667	630/621-5690	bahlmans@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

017-00000

017-00000

Project	State Investment Justification Goals and Objectives	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	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, SEMS, SAR, and OES training to first responders, address organizational and communication, conduct and report on exercises.	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 50 % complete and \$80,980.00 funds will be expended. At the 12 month mark, this project will be 100 % complete and \$ 161,960 funds will be expended. At the 18 month mark, this project will be ___% complete and \$___ funds will be expended.
Project B	Investment Goal Objective			At the 6 month mark, this project will be ___% complete and \$___ funds will be expended. At the 12 month mark, this project will be ___% complete and \$___ funds will be expended. At the 18 month mark, this project will be ___% complete and \$___ 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.

CFDA #

97.042 EMPG

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

LEDGER TYPE:

Initial Application

Today's Date:

June 18, 2012

El Dorado County

017-00000

017-00000

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
							161,960	-	-	161,960	-	-	
1	A	Emergency Management	EMPG	EMG	Organization	EMPG-Staffing	161,960			161,960			
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													

CALIFORNIA EMERGENCY MANAGEMENT AGENCY

AUTHORIZED AGENT

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

CFDA #:

97.042 EMPG

El Dorado County

017-00000

017-00000

Supporting Information for Reimbursement/Advance of State and Federal Funds

This request is for an/a: Initial Application

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

	through	
(Beginning Expenditure Period Date)		(Ending Expenditure Period Date)
(Cash or Mod Request #)		(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

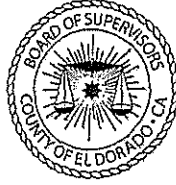
This Grant Award consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications which are being submitted. I hereby certify I am vested with the authority to enter into this Grant Award Agreement, and have the approval of the City/County 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.

OK
Lt., Tim Becker
Printed Name and Title


Signature of Authorized Agent

7/16/12
Date

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



RESOLUTION NO. 094-2012
OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors (Governing Body)

OF THE El Dorado County Sheriff's Department THAT
(Name of Applicant)

Sheriff, OR
(Name or Title of Authorized Agent)

Sheriff's Lieutenant, OR
(Name or Title of Authorized Agent)

Administrative Services Officer, OR
(Name of Title of Authorized Agent)

is hereby authorized to execute for and on behalf of the named applicant, a public entity established under the laws of the State of California, any actions necessary for the purpose of obtaining federal financial assistance provided by the federal Department of Homeland Security and sub-granted through the State of California

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held the 17th day of July, 2012, by the following vote of said Board:

Attest:
Terri Daly,
Acting Clerk of the Board of Supervisors

By: Marcie MacFarland
Deputy Clerk

Ayes:
Noes:
Absent:

John R. Knight
Chairman, Board of Supervisors
John R. Knight



JOHN D'AGOSTINI

SHERIFF - CORONER - PUBLIC ADMINISTRATOR
COUNTY OF EL DORADO
STATE OF CALIFORNIA

JURISDICTION: El Dorado County

GRANT PROGRAM: FY 2011 EMPG

NAME: John D'Agostini

TITLE: Sheriff

ADDRESS: 300 Fair Lane
CITY: Placerville, CA
ZIP CODE: 95667

TELEPHONE: 530/621-6576

FAX: 530/626-8091

CELL PHONE: 530/306-0653

E-MAIL ADDRESS: dagostini@edso.org



JOHN D'AGOSTINI

SHERIFF - CORONER - PUBLIC ADMINISTRATOR
COUNTY OF EL DORADO
STATE OF CALIFORNIA

JURISDICTION: El Dorado County

GRANT PROGRAM: FY 2011 EMPG

NAME: Tim Becker

TITLE: Lt.,

ADDRESS: 300 Fair Lane
CITY: Placerville, CA
ZIP CODE: 95667

TELEPHONE: 530/621-7652

FAX: 530/626-6814

CELL PHONE: 530/363-0622

E-MAIL ADDRESS: BeckerT@edso.org

"Serving El Dorado County Since 1850"

HEADQUARTERS- 300 FAIR LANE, PLACERVILLE, CA 95667
JAIL DIVISION- 300 FORNI ROAD, PLACERVILLE, CA 95667
TAHOE JAIL- 1051 AL TAHOE BLVD., SOUTH LAKE TAHOE, CA 96150
TAHOE PATROL- 1360 JOHNSON BLVD., SUITE 100, SOUTH LAKE TAHOE, CA 96150



JOHN D'AGOSTINI

SHERIFF - CORONER - PUBLIC ADMINISTRATOR
COUNTY OF EL DORADO
STATE OF CALIFORNIA

JURISDICTION: El Dorado County

GRANT PROGRAM: FY 2011 EMPG

NAME: Sherry Bahlman

TITLE: Administrative Services Officer

ADDRESS: 300 Fair Lane
CITY: Placerville, CA
ZIP CODE: 95667

TELEPHONE: 530/621-5690

FAX: 530/642-9473

CELL PHONE:

E-MAIL ADDRESS: bahlmans@edso.org

"Serving El Dorado County Since 1850"

HEADQUARTERS- 300 FAIR LANE, PLACERVILLE, CA 95667
JAIL DIVISION- 300 FORNI ROAD, PLACERVILLE, CA 95667
TAHOE JAIL- 1051 AL TAHOE BLVD., SOUTH LAKE TAHOE, CA 96150
TAHOE PATROL- 1360 JOHNSON BLVD., SUITE 100, SOUTH LAKE TAHOE, CA 96150

FY12 Emergency Management Performance Grant Assurances, Certifications, Terms, and Conditions

ASSURANCES

The applicant hereby assures and certifies compliance with all applicable Federal statutes, regulations, policies, guidelines, and requirements, including OMB Circulars A-87, A-102, A-133; Executive Order 12372 (intergovernmental review of federal programs); and 44 C.F.R. pt.13 (administrative requirements for grants and cooperative agreements). The applicant also specifically assures and certifies that:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Controller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and 111 of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984 or OMB Circular No. A-133, Audits of Institutions of Higher Learning and other Non-profit Institutions.
18. Will comply with Homeland Security Presidential Directive (HSPD)-5, *Management of Domestic Incidents*. The adoption of the NIMS is a requirement to receive Federal preparedness assistance, through grants, contracts, and other activities. The NIMS provides a consistent nationwide template to enable all levels of government, tribal nations, nongovernmental organizations, and private sector partners to work together to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity.
19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program. This includes all requirements, restrictions and regulations identified in the California Emergency Management Agency (Cal EMA) Fiscal Year 2012 Emergency Management Performance Grant (EMPG) Recipient Subgrant Guide for Local Governments.
20. Will not dispose of, modify the use of, or change the terms of the real property title, or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal interest in the title of real property in accordance with awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure non-discrimination during the useful life of the project.
21. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
22. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progress reports and such other information as may be required by the assistance awarding agency or State.
23. Will comply with Public Law (PL) 109-282 (Federal Funding Accountability and Transparency Act of 2006), as amended by Section 6202(a) of the Government Funding Transparency Act of 2008 (PL 110-252), which is outlined in FEMA GPD Information Bulletin NO. 350. If the subgrantee in the preceding year did not get 80% or more of its annual gross revenues from Federal Awards, and \$25M or more in annual gross revenues from Federal Awards, and the public does have access to information about the compensation of the senior executives of the entity, then the subgrantee is not subject to the FFATA Financial Disclosure requirements.

CERTIFICATIONS

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. CERTIFICATIONS REGARDING DRUG-FREE WORKPLACE REQUIREMENTS: This certification commits the applicant to compliance with the certification requirements under 44 CFR, Part 17 *Government-wide Requirements for Drug-Free Workplace (Grants)*.

A. The grantee certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about—

- (1) The dangers of drug abuse in the workplace;
- (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will—

- (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted—

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

4. SWEATFREE CODE OF CONDUCT:

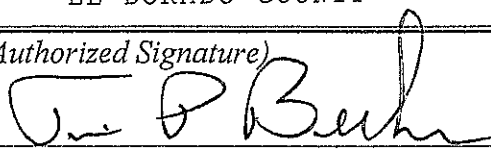

If applicant violates any provisions of above paragraphs, such action by applicant shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

2. LABOR CODE/WORKERS' COMPENSATION: Applicant needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and applicant affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)
3. AMERICANS WITH DISABILITIES ACT: Applicant assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)
4. APPLICANT NAME CHANGE: An amendment is required to change the applicant's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.
5. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.
6. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the applicant shall not be:
 - (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district;
 - (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or
 - (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and applicant may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the applicant has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective jurisdiction to the assurances and certifications listed above.

<i>Jurisdiction (Printed)</i> EL DORADO COUNTY	
<i>By (Authorized Signature)</i> 	
<i>Printed Name and Title of Person Signing</i> ✓ LT., TIM BECKER	
<i>Date Executed</i>	7/16/12 

FY12 Emergency Management Program Grant Application Checklist

Subgrantee Name: <i>E / Dorado County</i>				
Cal EMA ID #				
Checklist Items	Yes	No	N/A	Comments
I. Grant Award Face Sheet				
1. The Grant Recipient is complete (Example: County of Sacramento or Sacramento County).	<input checked="" type="checkbox"/> <i>x</i>	<input type="checkbox"/>	<input type="checkbox"/>	
1a. The nine digit Federal DUNS number for the County is provided and is current, per https://www.bpn.gov/CCRSearch/Search.aspx .	<input checked="" type="checkbox"/> <i>x</i>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The Implementing Agency information is complete.	<input checked="" type="checkbox"/> <i>x</i>	<input type="checkbox"/>	<input type="checkbox"/>	
2a. The nine digit Federal DUNS number for the Implementing Agency is provided and is current, per https://www.bpn.gov/CCRSearch/Search.aspx .	<input checked="" type="checkbox"/> <i>x</i>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Implementing Agency Address is complete, including all nine digits of the Zip Code.	<input checked="" type="checkbox"/> <i>x</i>	<input type="checkbox"/>	<input type="checkbox"/>	
4. The location of the Project is provided.	<input checked="" type="checkbox"/> <i>x</i>	<input type="checkbox"/>	<input type="checkbox"/>	
5. The Program Title is provided.	<input checked="" type="checkbox"/> <i>x</i>	<input type="checkbox"/>	<input type="checkbox"/>	
6. The Performance Period is exactly the same as on the Supplemental Guide. Dates must include Month, Day, and Year (i.e. 7/1/12 – 6/30/2013).	<input checked="" type="checkbox"/> <i>x</i>	<input type="checkbox"/>	<input type="checkbox"/>	
7. The OA's FY12 EMPG allocated funds are identified under "B. Federal, and the funding amounts are exactly the same as identified in the FY12 EMPG California Supplement to the Federal Program Funding Opportunity Announcement."	<input checked="" type="checkbox"/> <i>x</i>	<input type="checkbox"/>	<input type="checkbox"/>	
7D - 7E. The match is identified and in the correct box(s) (cash or in-kind).	<input checked="" type="checkbox"/> <i>x</i>	<input type="checkbox"/>	<input type="checkbox"/>	
7-G. Total Project Cost is the sum of 7B and 7F.	<input type="checkbox"/> <i>x</i>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Is Section 14 signed, in blue ink, by the person authorized by the Governing Board to sign and accept the grant?	<input checked="" type="checkbox"/> <i>x</i>	<input type="checkbox"/>	<input type="checkbox"/>	
In Section 14, the Zip Code +4 is provided.	<input checked="" type="checkbox"/> <i>x</i>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Federal Employer ID number is provided with all nine digits.	<input checked="" type="checkbox"/> <i>x</i>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist Items	Yes	No	N/A	Comments
-----------------	-----	----	-----	----------

II. Authorized Body & Contact Information				
Information is completed for each Authorized Agent under "Additional Authorized Agent" contact information.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Contacts Name" section is filled out for those individuals who are going to be everyday grant contacts and are not Authorized Agents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

III. FFATA Financial Disclosure				
Does the FFATA Financial Disclosure apply to the OA?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If not, is the box checked stating, "Not Subject to FFATA Financial Disclosure?"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IV. Project Description				
Have they identified a National Preparedness Goal Core Capabilities and Cal EMA Strategic Plan Objective as identified in Section Seven of the FY12 EMPG California Supplement to the Federal Program Funding Opportunity Announcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Project Description is completed for each Project and gives sufficient details for readily identifying their intended activities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Need for the Project is filled out.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6 month and 12 month Project Milestones are supplied.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

V. Project Ledger				
Item numbers are not duplicated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
'EMPG' is selected for the Funding Source.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
'EMG' is selected for the Discipline.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Solution Area is completed with proper category selected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Solution Area Sub-Category is completed with proper category selected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total Obligated amount is complete (Whole Dollar Amounts).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Match Amount is provided for each line item.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist Items	Yes	No	N/A	Comments
-----------------	-----	----	-----	----------

VI. Planning				
Project letter is correct (Based on Project Ledger).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
'EMPG' is selected for the Funding Source.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
'EMG' is selected for the Discipline.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Solution Area Sub-Category is completed and matches the Project Ledger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Estimated cost is completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VII. Organization				
Project letter is correct (Based on Project Ledger).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
'EMPG' is selected for the Funding Source.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
'EMG' is selected for the Discipline.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Solution Area Sub-Category is completed and matches the Project Ledger.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Estimated cost is completed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VIII. Equipment				
Project letter is correct (Based on Project Ledger).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
AEL numbers are correct per allowable categories identified in the FY12 EMPG California Supplement to the Federal Program Funding Opportunity Announcement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AEL Title is complete and corresponds to the AEL number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If applicable, has SAFECOM consultation occurred?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
'EMPG' is selected for the Funding Source.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
'EMG' is selected for the Discipline.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Solution Area Sub-Category is completed and matches the Project Ledger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does it require an EHP approval (Hold Trigger)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Estimated cost is completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist Items	Yes	No	N/A	Comments
-----------------	-----	----	-----	----------

IX. Training	N/A			
Project letter is correct (Based on Project Ledger).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
'EMPG' is selected for the Funding Source.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
'EMG' is selected for the Discipline.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Solution Area Sub-Category is completed and matches the Project Ledger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Estimated cost is completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

X. Exercise	N/A			
Project letter is correct (Based on Project Ledger).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
'EMPG' is selected for the Funding Source.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
'EMG' is selected for the Discipline.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Solution Area Sub-Category is completed and matches the Project Ledger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Estimated cost is completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

XI. M&A	N/A			
Project letter is correct (Based on Project Ledger).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consultant Firm & Consultant Name is completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Activity is completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
'EMPG' is selected for the Funding Source.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
'EMG' is selected for the Discipline.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Solution Area Sub-Category is completed and matches the Project Ledger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Estimated cost is completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

XII. Consultant - Contractor	N/A			
Project letter is correct (Based on Project Ledger).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consultant Firm & Consultant Name is completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist Items	Yes	No	N/A	Comments
Project & Description of Services is completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
'EMPG' is selected for the Funding Source.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
'EMG' is selected for the Discipline.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Solution Area Sub-Category is completed and matches the Project Ledger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

XIII. Personnel				
Project letter is correct (Based on Project Ledger).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employee Name is completed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Project & Description of Services is completed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
'EMPG' is selected for the Funding Source.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
'EMG' is selected for the Discipline.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Solution Area Sub-Category is completed and matches the Project Ledger.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

XIV. Match				
Project letter is correct (Based on Project Ledger).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the Project Name completed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
'EMPG' is selected for the Funding Source.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
'EMG' is selected for the Discipline.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>you have LE (EMG)</i>
Solution Area is completed and matches the Project Ledger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Solution Area Sub-Category is completed and matches the Project Ledger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Type of Match is completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total Obligated Match is completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

XV. Authorized Agent				
Signed and dated by Authorized Agent (In Blue Ink)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Authorized Agent's title is the same as on the Governing Body Resolution.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist Items	Yes	No	N/A	Comments
-----------------	-----	----	-----	----------

Initial Application is selected for type of request.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
--	--------------------------	--------------------------	--------------------------	--

XVI. Forms

Governing Body Resolution

Is the Governing Body Resolution included?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was the Resolution approved/signed by the Board? (Note: Self Certification is not allowable.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Were Authorized Agents listed by name or title/position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Name	Title		

Addendum to the Governing Body Resolution

Did the applicant supply a letter, on County letterhead, to identify the pertinent information of each person occupying the title/position authorized in the Resolution?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
--	-------------------------------------	--------------------------	--------------------------	--

Grant Assurances and Certification

Is the Assurances and Certification form included?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is it signed and dated with an authorized agent signature?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is title of authorized agent same as in the Governing Body Resolution?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Excess Funds Statement Form (Optional) N/A

Is the Form included?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is the applicant information filled out completely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has an exact whole dollar amount been identified on the form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is it signed and dated by an authorized agent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Project Using Excess Funds Form (Optional) N/A

Is the Form included?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was a Project Name provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have all information fields been filled out completely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist Items	Yes	No	N/A	Comments
-----------------	-----	----	-----	----------

Additional Project using Excess Funds Detailed Budget (Optional) *N/A*

Is the Form included?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have all applicable fields been filled out completely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I hereby certify this Grant Application Checklist is accurate and complete to the best of my knowledge.

Applicant

Printed: <i>Kimberly Lorenz</i>	Signature: <i>Kimberly Lorenz</i>	Date: <i>8/22/12</i>
------------------------------------	--------------------------------------	-------------------------

Cal EMA Territory Representative:

Printed: <i>Spoke to Tana De... approved it. JH</i>	Signature: <i>Tana De...</i>	Date: <i>8/22/12</i>
--	---------------------------------	-------------------------

EMPG Regional Lead:

Printed: <i>Eisy Votino</i>	Signature: <i>Eisy Votino</i>	Date: <i>8/22/12</i>
--------------------------------	----------------------------------	-------------------------

Office of Grants Management Program Specialist:

Printed: <i>John Thomas</i>	Signature: <i>John Thomas</i>	Date: <i>9.21.12</i>
--------------------------------	----------------------------------	-------------------------