

May 9, 2022

Leslie Schlag, Sergeant El Dorado County 200 Industrial Drive Placerville, CA 95667-6809

Subject: NOTIFICATION OF APPLICATION APPROVAL High Frequency Communications Equipment Program Subaward #: FH21 01 0090, Cal OES ID: 017-00000

Dear Sgt. Schlag:

Congratulations! The California Governor's Office of Emergency Services (Cal OES) has approved your application in the amount of \$56,431, 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

DocuSign Envelope ID: 52D1F4A1-7608-4553-84CF-19E8AD88A68A 017-00000

\$56,431

Cal OES #

(Cal OES Use Only)

017-00000

FH21 01 009 Subaward #

\$56.431

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES **GRANT SUBAWARD FACE SHEET**

VS#

The California Governor's Office of Emergency Services (Cal OES) hereby makes a Grant Subaward of funds to the following:

FIPS #

	1. Subrecip	ient:	County o	f El Dorado				1a. UEI#:	035001	JI
M	El Dorado County 2. Implementing Agency: Sherif's Office of Emergency Services						2a. UEI#: DI JTHESMKEP S <i>J</i>			
	3. Implementing Agency Address:			200 Industrial Driv	е		Placerville		95667-6809	
					(Street)			(City)		(Zip+4)
	4. Location of Project: Placerville			Placerville				El Dorado		95667-6809
					(City)			(County)		(Zip+4)
NM	5. Disaster	Program I	itle:	- High Frequency	Communications	Equipment Program	6. Performance/	4/1/2022	to	10/31/2023
			114110 N				 Budget Period: 	(Start Date)		(End Date)
	7. Indirect	Cost Rate:		N/A			Federally Approved	I ICR (if applicable):		%
						25				
	Item Number	Grant 2021	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Cost
NM				A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match		G. Total Cost 6,431 4:0,00
NM	Number		Source	Salle Survive S	B. Federal	C. Total	D. Cash Match	E. In-Kind Match		
NM	Number 8.	2021	Source PSC1	+\$60,000	B. Federal	C. Total	D. Cash Match	E. In-Kind Match		
NM	Number 8. 9.	2021 Select	Source PSC1 Select	+\$60,000	B. Federal	C. Total	D. Cash Match	E. In-Kind Match		

NM

Total

Project

Cost

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

14. CA Public Records Act - Grant applications are subject to the California Public Records Act, Government Code section 6250 et seq. Do not put any personally identifiable information or private information on this application. If you believe that any of the information you are putting on this application is exempt from the Public Records Act, please attach a statement that indicates what portions of the application and the basis for the exemption. Your statement that the information is not subject to the Public Records Act will not guarantee that the information will not be disclosed.

15. Official Authorized to sign for subrec	ipient:		
Name: Jon DeVille		Title: Chief Fiscal Officer	
Payment Mailing Address: Sheriff's	Office - 200 Industrial Drive	City: Placerville	Zip Code+4: 95667-6809
Signature:	eV_	Date: 2/28/:	2.2
16.Federal Employer ID Number:	946000511		
	(FOR	Cal OES USE ONLY)	
bereby as tight a parsonal know	ledge that budgeted funds are avo	ilable for the period and asigned by of this expenditure	e stated above.
Mary Rucker	5/6/2022	Heather Carlson	5/6/2022
Cat OPS PARGEOF (1848)	(Date)	(Cal OES EXADE COR EDet gnee)	(Date)
	01 01705	RECEIVED By Cal OES at 8:08 am, A	pr 14, 2022
ENY: 2021-22 Chap Item: 0690-001-0001 Fund: General Fund	oter: 21 SL: 01765 Pgm: 0395	mail log: 753528	
Program: High Frequency C Equipment Program Match Req.: None Project ID: OES21PSC1000 SC: 2021-01765		\mathcal{P}^{DS}	



Grant Subaward Contact Information

Gr	ant Subaward #:FH21 01 009	20				
Su	orecipient:		County of El Dorado			
1.	Grant Subaward Director:					
	Name: Leslie Schlag	Title: Sergeant				
	Telephone #: 530-621-5170	Email Address: schlagl@e	edso.org			
	Address/City/ Zip Code (9-digit)	: 200 Industrial Drive, Placerville	e, CA 95667-6809			
0						
2.	Financial Officer:	Title: Chief Fisco	al Officer			
	Name: Jon DeVille	10 Mar	13			
	Telephone #: <u>530-621-5691</u>					
	Address/City/ Zip Code (9-digit)		e, CA 73667-6607			
3.	Programmatic Point of Contact:					
	Name: Leslie Schlag	Title: Sergeant				
	Telephone #: <u>530-621-5170</u>	Email Address: schlagl@e	edso.org			
	Address/City/ Zip Code (9-digit)	200 Industrial Drive, Placerville	e, CA 95667-6809			
4.	Financial Point of Contact:					
	Name: Tania Donnelly	Title: Administra	ative Analyst			
	Telephone #: 530-621-6636	Email Address: donnellt@	edso.org			
	Address/City/ Zip Code (9-digit)					
E						
э.	<u>Executive Director</u> of a Non-Governmental Organization or the <u>Chief Executive</u> <u>Officer</u> (i.e., chief of police, superintendent of schools) of the implementing agency:					
	Name: John D'Agostini	Title: Sheriff	inte implementing agency.			
	Telephone #: 530-621-6529	Email Address: dagostinij	@edso.org			
	Address/City/ Zip Code (9-digit)					
6.	Official Designee, as stated in Se					
	Name: Jon DeVille	Title: Chief Fisco				
	Telephone #: <u>530-621-5691</u>	Email Address: <u>devillej@e</u>	18			
	Address/City/Zip Code (9-digit): 200 Industrial Drive, Placerville, CA 95667-6809					
7.	Chair of the Governing Body of	the Subrecipient:				
	Name: Lori Parlin		orado County Board of Supervisors			
	Telephone #: 530-621-6513	Email Address: bosfour@e	edcgov.us			
	Address/City/Zip Code (9-digit)	: 330 Fair Lane, Placerville, CA	95667-4103			

Grant Subaward Contact Information – Cal OES 2-102 (Revised 10/2020) 22-1018 A 3 of 10



Grant Subaward Signo	ature Authorization						
Grant Subaward #:FH21 01 0090							
Subrecipient: County of El Dorado County of El Dorado Implementing Agency: Contraction Office of Emergency Services							
The Grant Subaward Director and Financial O	The Grant Subaward Director and Financial Officer are REQUIRED to sign this form.						
Grant Subaward Director:	Financial Officer:						
Printed Name: Leslie Schlag	Printed Name: Jon DeVille						
Signature:	Signature: <u>J. D.V.</u>						
Date: 2/28/22	Date: 2/28/22						
The following persons are authorized to sign for the Grant Subaward Director:	The following persons are authorized to sign for the Financial Officer:						
Signature: 13 A V	Signature:						
Printed Name: Troy Morton	Printed Name: Monica Ferguson						
Signature:	Signature:						
Printed Name:	Printed Name:						
Signature:	Signature:						
Printed Name:	Printed Name:						
Signature:	Signature:						
Printed Name:	Printed Name:						
Signature:	Signature:						
Printed Name:	Printed Name:						

Grant Subaward Signature Authorization – Cal OES 2-103 (Revised 10/2020) 22-1018 A 4 of 10



Grant Subaward Certification of Assurance of Compliance

Subrecipient: El Dorado County Chariff's Office of Energency Carries

	Cal OES Program Name	Grant Subaward #:	Grant Subaward Performance Period
1	High Frequency Communications Equipment Program	FH21 01 0090	4/1/22-10/31/23
2			
3			
4			
5			
6			

I, Jon DeVille (Official Designee; same person as Section 15 of the Grant Subaward Face Sheet) hereby certify that the above Subrecipient is responsible for reviewing the Subrecipient Handbook (SRH) and adhering to all of the Grant Subaward requirements as directed by Cal OES including, but not limited to, the following areas:

I. Proof of Authority – SRH 1.055

The Subrecipient certifies they have written authority by the governing board (e.g., County Board of Supervisors, City Council, or Governing Board) granting authority for the Subrecipient/Official Designee (see Section 3.030) to enter into a specific Grant Subaward (indicated by the Cal OES Program name and initial Grant Subaward performance period) and applicable Grant Subaward Amendments with Cal OES. The authorization includes naming of an Official Designee (e.g., Executive Director, District Attorney, Police Chief) for the agency/organization who is granted permission to sign Grant Subaward documents on behalf of the Subrecipient. Written proof of authority includes one of the following: signed Board Resolution or approved Board Meeting minutes.

II. Civil Rights Compliance – SRH Section 2.020

The Subrecipient acknowledges awareness of, and the responsibility to comply with all state and federal civil rights laws. The Subrecipient certifies it will not discriminate in the delivery of services or benefits based on any protected class and will comply with all requirements of this section of the SRH.

III. Equal Employment Opportunity – SRH Section 2.025

The Subrecipient certifies it will promote Equal Employment Opportunity by prohibiting discrimination or harassment in employment because of any status protected by state or federal law and will comply with all requirements of this section of the SRH.

Grant Subaward Certification of Assurance of Compliance - Cal OES 2-104 (Revised 12/2021)



- IV. Drug-Free Workplace Act of 1990 SRH Section 2.030 The Subrecipient certifies it will comply with the Drug-Free Workplace Act of 1990 and all other requirements of this section of the SRH.
- V. California Environmental Quality Act (CEQA) SRH Section 2.035

The Subrecipient certifies that, if the activities of the Grant Subaward meet the definition of a "project" pursuant to the CEQA, Section 20165, it will comply with all requirements of CEQA and this section of the SRH.

VI. Lobbying – SRH Sections 2.040 and 4.105

The Subrecipient certifies it will not use Grant Subaward funds, property, or funded positions for any lobbying activities and will comply with all requirements of this section of the SRH.

All appropriate documentation must be maintained on file by the Subrecipient and available for Cal OES upon request. Failure to comply with these requirements may result in suspension of payments under the Grant Subaward(s), termination of the Grant Subaward(s), and/or ineligibility for future Grant Subawards if Cal OES determines that any of the following has occurred: (1) the Subrecipient has made false certification, or (2) the Subrecipient violated the certification by failing to carry out the requirements as noted above.

CERTIFICATION
I, the official named below, am the same individual authorized to sign the Grant
Subaward [Section 15 on Grant Subaward Face Sheet], and hereby affirm that I
am duly authorized legally to bind the Subrecipient to the above-described
certification. I am fully aware that this certification, executed on the date, is made
under penalty of perjury under the laws of the State of California.
Official Designee's Signature:
Official Designee's Typed Name: Joh DeVille
Official Designee's Title: Chief Fiscal Officer
Date Executed: 02/25/2022
AUTHORIZED BY: PERSONAL FORDING ATTACHE
I grant authority for the Subrecipient/Official Designee to enter into the specific
Grant Subaward(s) (indicated by the Cal OES Program name and initial Grant
Subaward performance period identified above) and applicable Grant Subaward
Amendments with Cal OES.
City Financial Officer County Financial Officer
City Manager County Manager
Governing Board Chair x Lt., OES, authorized by Resolution #053-2020
Signature: 3/17/2020 by Chair of FL Dorado County Board of
Typed Name: Troy Morton Supervisors
Title: Lt., Sheriff's Office of Emergency Services
Date Executed: 442

Grant Subaward Certification of Assurance of Compliance - Cal OES 2-104 (Revised 12/2021)



Grant Subaward Budget Pages

Single Fund Source

Subrecipient: El Dorado County	Grant Subaward #: FH2	1 01 0090
A. Personnel Costs - Line-item description and ca	Iculation	Total Amount Allocated
PERSONNEL COSTS CATEGOTY TOTAL		



Grant Subaward Budget Pages

Single Fund Source

Subrecipient: El Dorado County	Grant Subaward #: FH2	1 01 0090	
B. Operating Costs - Line-item description and ca		Total Amount	Allocated
OPERATING COSTS CATEGORY TOTAL			



Grant Subaward Budget Pages

Single Fund Source

Subrecipient: El Dorado County	Grant Subawa	ard #: FH2	1 01 0090
C. Equipment Costs - Line-item description and			Total Amount Allocated
IASPO ENVOY HF BASE STATION			\$13,542
IASPO 3G ENVOY FLYK-125-SMART (\$25,124)		NM	\$42,889 \$25,124
NSTALLATION(\$13,950)		NM	\$18,95 0
AX (7.25%)(\$3,815)		NM	\$3,815
QUIPMENT COSTS CATEGORY TOTAL			\$56,431

VSPS Budget Summary Report

FH21 Higl	h Frequency Communications Equipment	Subaward #: FH21 01 0090				
El Dorado C	ounty	Performance Period: 04/01/22 - 10/31/23				
High Freque	ncy Communications Equipment Program	Latest Request: , Not Final 201				
A. Persona	l Services - Salaries/Employee Benefits					
<u>F/S/L</u>	Funding Source	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance
S	21PSC1	0	0	0	0	0
Total A. Pe	rsonal Services - Salaries/Employee Bene	fits: 0	0	0	0	0
<u>B. Operatin</u>	g Expenses					
F/S/L	Funding Source	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance
S	21PSC1	0	0	0	0	0
Total B. Op	erating Expenses:	0	0	0	0	0
<u>C. Equipme</u>	ent -					
F/S/L	Funding Source	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance
S	21PSC1	56,431	0	56,431	0	56,431
Total C. Eq	uipment:	56,431	0	56,431	0	56,431
		Budget Amount	Paid/Expended	Balance	Pending	Pending Balance
Total Loca	I Match:	0	0	0	0	0
Total Fund	led:	56,431	0	56,431	0	56,431
Total Proje	ect Cost:	56,431	0	56,431	0	56,431