| | | | (C | al OES Use Only) | | | | |
|--|--|--|---|---|--|---|---|---|
| Cal OES a | # | _ FIPS# | vs | S | CFDA# | · | Grant# | |
| | CA | LIFORNIA G GRAN | OVERNOR'S T AWARD FA | | | | ICES | |
| The Califo | ornia Governor's Off | fice of Emergency S | Services, hereafter o | designated Cal (| DES, hereby mak | es a Grant Awa | ard of funds to | the following: |
| | Recipient: amount and for the | EL DORADO COUNT | | Frant Award, | | | 1a. DUNS# | 071543201 |
| 2. Impler | nenting Agency: | SHERIFF'S OFFICE | | | <u> </u> | | 2a. DUNS# | 132428496 |
| 3. Impler | nenting Agency Ad | ddress: 300 FA | AIR LANE Street | | PLACERVILLE | Cily | _ _ | 95667-4198 Zip+4 |
| | on of Project: er/Program Title: | PLACERVILLE 2013 STATE HOMEL | City AND SECURITY GRAN | NT | EL DORADO 6. Performar | County | 10/15/13 | 95667-4198 Zip+4 to 06/30/15 |
| 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. HSGP-SHSP | | \$219,253 | | | | \$0 | \$219,253 |
| Select | 8. Select | | | | | | \$0 | \$0 |
| Select | 9. Select | | | | | | \$0 | \$0 |
| Select | 10. Select | | | | [| } | \$0 | \$0 |
| Select | 11. Select | | | | | | \$0 | \$0 |
| | 12. TOTALS | \$0 | \$219,253 | \$219,253 | \$0 | \$0 | \$0 | 12G. Total Project Cost: \$219,253 |
| Assurance City/Count certifies th Recipient : and federa | irant Award consist es/Certifications. I I ty Financial Officer, at all funds receive accepts this Grant A I laws, audit require ocation of funds ma | nereby certify I am City Manager, Cou ad pursuant to this a Award and agrees t ements, federal pro | vested with the auti nty Administrator, (agreement will be s o administer the gra gram guidelines, a | hority to enter in Governing Boar pent exclusively ant project in ac nd Cal OES polic | ito this Grant Aw d Chair, or other on the purposes cordance with the cy and program (| ard Agreement Approving Bod s specified in the e Grant Award | , and have the ly. The Grant F ne Grant Award as well as all a | Recipiènt I. The Grant applicable state |
| 4. Offici | al Authorized to Si | ign for Applicant/G | Grant Recipient: | 15. F | ederal Employe | r ID Number: 1 | 94-6000511 | |
| Name: | Tim Becker | | | Title: <u>L</u> | eutenant | | | |
| Telephone | 530/621-7652 (area code) | | 530/626-6814 (area code) | Email: <u>b</u> | eckerl@edso.org | | | |
| ayment N | Mailing Address: | 300 FairLane | | City: P | lacerville | | Zip+ 4: | 65667-4198 |
| Signature: | 7/1/2 | 18/15Mh | _ | Date: | 8/ | 5/13 | | |

(FOR Cal OES USE ONLY)

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

Cal OES Director (or designee)

Cal OES Fiscal Officer

Date

| CALIFORNIA GOVERNOR'S OFFICE OF | EMERGENCY SERVICES (| (Cal OES) |
|---------------------------------|----------------------|-----------|
|---------------------------------|----------------------|-----------|

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 Nanagement Forms Workbook.

| CFDA# | |
|-------|--|
| | |

| Position | Signature | : | Printed Name | Title | Phone | Email | |
|---|-------------|--|----------------------|--|--|--|--|
| County Public Health Officer | | ^ | Alicia: Raris: Pombo | PublicHealth/Officer | (\$30)621-62777 | alicia pa | ris@edcgovijs; |
| County Fire Chief | 125 | DEHWARS | Greg Schwab | Fire(Chier) | (530)333,4101 | | b@georgetownfiredepartment.com |
| Municipal Fire Chief | | | BIAN-UNE BRUCE Marsh | | | | Pinartin@a |
| County Sheriff | 11 | N:0 == | John:D/Agostinis | Sheriffa 1982 1982 | (530)621-6576 | SAF COUNTRY PROPERTY STREET, S | Jostini@edsc!org |
| Chief of Police | 1 | | MikeScott | ActingsChief | (530)642-5210 | | Dollyofplacerville.org |
| Additional Position (Optional) | | ــــــــــــــــــــــــــــــــــــــ | | | | | |
| Additional Position (Optional) | | | | | | The state of the s | |
| | ntact Infor | mation | | and the contract of the first terretisens with the second state of the first second state of the second second | inge (seeman) - (see) Sement (see) - (see) | i the about the term is established a pape. | |
| Additional Authorized Agent Co Authorized Agent's Name | MITTER THOU | Title | Mailing Address | City | State Zip | Phone | Email |
| Lt. Tim Becker | | Asst. Deputy Director OES | 300 Fair Lane | City Placerville | CA 95667 | (590)621-7652 | beckert@edso.org |
| Jon DeVille | | Chief Fiscal Officer | 300 Fair Lane | Placerville | (CA 95667/ | (530)621-5691 | devile@edso.org |
| | | | | | | | |
| | | | | and the state of the state of the state of | | A SAME THE STATE OF | Plant Medical Control |
| | | | | | | | |
| Contact's Name | | Title | Mailing Address | City | State Zip | Phone | Email |
| Alison Winter | | Sr. Department Analyst | 300/Faiir Lane | Placerville | (CA) 95667 | (530)621-5690 | wintera@edso.org |
| . `. | | | | | | | |
| 17.0 18.00 | | a de la comita de desta de maistre de la comita del la comita del la comita del la comita del la comita de la comita del la comita d | | | | | |
| | | 1.7.4. | | | | | |
| | | The second secon | | HERETTERS HEREIN WITH SCHOOL STREET | AND SAN FIELDS FOR THE STREET | CONTRACT DESCRIPTION OF THE PARTY | POST CONTROL TERMS THE PARTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PA |

| AUTHORIZED BODY OF 5 - SIGNATURE AND CONTACT INFO | ORMATION | * | |
|--|----------|---|--|
| Allerations to this document may result in delayed application approval, modification requests, or retinitions entent reglects. Subgravities may be asked to revise another re-submit any altered Financial Hamagement Firms Montabook. | CFDA# | | ······································ |

EL DORADO COUNTY

| Position | Signature | | Printed N | lame . | Title | | Pł | lone | | · ' | Email: | |
|--|----------------|---|------------------------------|--|--|--|----------------|--|--|------------------------------|--|-------------|
| County Public Health Officer | | · | Dr. Alkda | Paris-Pombo | S S PUBLE | lealth Officer | - (S | 30)621 | 6277 | | BACA DEFECTO COLON LES | 100 |
| County Fire Chief | | | Greg Sch | wab | Fire Chi | • | | 30)333 | A CONTRACTOR OF THE PROPERTY O | | ORCH MENDED BOTO DESCRIPTION DE SERVICION COMO | |
| | | Brace Me | | | | | 30)542 | The Property of Linear Property of | | Straton/Delbeofet (s | 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | |
| المراكات المالية المالية المالية المراكات المراك | | John D'A | | Sheriff | | | 30)621 | The state of the s | | CONTROL OF CHECK OF CO. | | |
| | | Mike Sco | d | Acting (| Sier 15 15 15 15 15 15 15 15 15 15 15 15 15 | CATTO CHARTE AND | T. NO | 5210/ | | macotada thorbiacarylle, oro | | |
| Additional Position (Optional) | | | | 2.09% | | | 100 | 1.000 | F 4 7 2 2 | | | |
| Additional Position (Optional | | | ur (Vigitaria | The state of the s | | | 27,600 | | AND WALKER | 100 | | 7 |
| Additional Authorized Agent | Contact Intorn | nation | <u> </u> | The second secon | A - P - STATE OF THE PARTY OF T | THE STATE OF THE S | ELL CEP MC NO. | -4. J | and and the same of the same and the same of the same | ***** | particumus vale, sette et e. Dat alfala, justini pril. | <u> </u> |
| Additional Authorized Agent Authorized Agent's Name | COMBULTINOIT | Itle | | Mailing Address | | City | S | ate . | ZIP : | Phone | Email | |
| Lt. Tim Becker | 1 | Asst. Deputy Director OES | | 300 Fair, Lane | There | Piacerville | 正是程度 | UA : | 9567 | (530)621 | 7652 beokenitweer.on | 1 |
| on Deville | (| the Fiscal Officer | | 300 Fair Laine | | Placerville | direction in | (CA | 95867 | (530)621 | 5691% aprile trode oru | 44.77 |
| | . 5.1 | | ir ir regnig Solari estal | | | | | | 100 | 1 T T | | |
| | | | | | | | | | A STATE OF THE | | | |
| | | | | 7 - Table 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | で可な。計算 | | | rqe; | C\$25% Philippin | Profession | CONTRACTOR OF THE STATE OF THE | |
| Contact's Name | | Itte | | Mailing Address | | Cty Table 1 | 9 | 3te | ZID | Phone | Email | |
| Alison Winter | | ir. Department Analyst | | 300 Fair/Lane | | Placerville | | CA : | 95667 | (530)621 | 5690 5 Service Owing One | |
| | | en en al en | 2.23 W 27 | | | | | | | | Search Control of the | |
| | 29 | | | | | | N 2 1 | | To the second | 14.34 | | er direct |
| | (47) | | varation of | Section 2 1 March 1816 | | (A) 1200 PT 1500 | 3000 | 1 | | | | |
| | | | | | CONTRACTOR OF THE | ERROR GRAND | 370 | 37.5 | POAG SERVICE | William Control | | |

FMFW v1.13 - 2013 13-1280 B 3 of 21

| CALIFORNIA GOVERNOR'S | OFFICE OF EMERGENCY SERVICES (Cal OF | 12 |
|-----------------------|--------------------------------------|----|
|-----------------------|--------------------------------------|----|

AUTHORIZED BODY OF 5 - SIGNATURE AND CONTACT INFORMATION

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

| CFDA | # |
|------|---|
|------|---|

EL DORADO COUNTY

| Authorized Body of 5-Signature | | | | | |
|--------------------------------|--------------------------|-----------------------|-------------------------|--|--|
| Position | Signature | Printed Name | Title | Phone | Email |
| County Public Health Officer | Mute Pus | Dr. Alida Paris Pombo | Public Health Officers | (530)621-6277 | alica parlamodenov.Us. |
| County Fire Chief | | Greg Schwab | Fire Chlef | (530)333-4111 | oschwab@georgelown[redepartment.com |
| Municipal Fire Chief | | Brian Unier Bruce Ma | rty Pelice Over Fire CW | | buttor@and broar-tin@cityo |
| County Sheriff | | John D'Agostini | Sheriff | (530)621-6576 | ighn dangstin@odsoorg |
| Chief of Police | | Mike Scott | Acting Chief | (530)642-5210 | mscol(@cityofolacovillo.org |
| Additional Position (Optional) | | | | | The second state of the second |
| Additional Position (Optional) | | | | | |
| Additional Authorized Agent Co | ntact Information | | | The second secon | <u> - Armed Brown Parliculation - Alignetic Brody with Arman Brought and Arman A</u> |
| Authorized Agent's Name | Title | Mailing Address | City | State Zip Pho | |
| Lt. Tim Becker | Asst. Deputy Director Of | S 300 Fall Lane | Placerville | CA: 95667 (53) | 0)621-7652 <u>Sincker(@edsolorg)</u> |
| Jon DeVille | Chief Fiscal Officer | 300 Fair Lane | Placerville" | CA. 95667/ (53) | D)621-5691 <u>devillet/medso.om</u> |
| | | | | | |
| | | | | | |
| | | | | | |
| Contact's Name | Title | Mailing Address | City' | State Zip Pho | ne Email |
| Alison Winter | Sr. Department Analyst | 300 Fair Lane | Placerville | CA 95667 (53 | 0)621-5690) <u>wintera@gess.org</u> |
| | | | | | |
| # | | | | | |
| | | | | | |
| | | | | | |

FMFW v1.13 - 2013 13-1280 B 4 of 21

| AUTHORIZED BODY OF 5 - SIGNATURE AND C | 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# |

| Position | Signature | Printed Name | Title | Phone | Email |
|--|----------------------|--|--|---|--|
| County Public Health Officer | | Dr. Alicia Paris Pombo | Public Health Officer | ., (53D)621-6277 | alcid;paris@edctov.us |
| County Fire Chief | | Greg Schwab | Fire Chiefs To A Service Chief | (580)333-4161 ² 4 (| gschwab@cedrgetownliredepartment.com |
| Muπicipal Fire Chief | | Bruce Martin | Intermifire.Chief. 4.7 | (530)54236167 | bmarin@cityossitsus |
| County Sheriff | | John D'Agostini | Sheriff " " " " " " " " " " " " " " " " " " | (530)6216576 | chn/dagostini@edsc.org |
| Chief of Police | lose | | Police Chief, v. 10 36 h | (\$30)642-5210 | sheller@cityorplacerville.org |
| Additional Position (Optional) | | The second of th | | | The second secon |
| Additional Position (Optional) | | | | | |
| Additional Authorized Agent C | Contact Information | | and the second second section of the second | Commission | · · · · · · · · · · · · · · · · · · · |
| Additional Authorized Agent C Authorized Agent's Name | Title | Mailing Address | City | State Zip | Phone (Email) |
| Lt. Tim Becker | Asst. Deputy Direc | tor OES 300 Fair Lane | Placerville | CA7 95667 | (530)621-7652 beckert@edso.org |
| Ion DeVille | Chief Fiscal Officer | 300.Fair/Lane | Riacerville" | CA(95667 | (530)621=5691. deville/@edso.org |
| | | | | | |
| | Salar Salar | 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | Constitution Control | | |
| | | | and the second s | | |
| Contact's Name | Title | Mailing Address | City | State Zip | Phone Email |
| Alison Winter | Sr. Department An | alyst 300 Fair Lane | ⊵ Placerville | 3-y2A+ 95667 | (530)62.1-5690 <u>wintera@edsc.org</u> |
| | | | | | |
| | | | La describe de la companya del companya del companya de la company | | |
| 5 · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | | |

| FFATA | Financial | Disclosure |
|-------|-----------|------------|
|-------|-----------|------------|

| Alterations to this document | t may result in delayed | application approval, | . modification requests, | or reimbursement | request |
|------------------------------|-------------------------|-----------------------|--------------------------|------------------|---------|
| Suborantees may be asked . | to revise and/or re-sub | mit any altered Finan | icial Management Form | : Warkbook. | |

| | | | |
|--------|---|------|--|
| CFDA#: | | | |
| | l | | |

EL DORADO COUNTY

- 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.
- FFATA Financial Disclosure is in addition to the Authorized Body of Five page.
- Cal OES enters FFATA information on behalf of the subgrantee.

| Executive Name | Title | Annual Salary | Annual Dollar Value of Benefits | Total Compensation |
|----------------|-------|---------------|---------------------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | 100 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Not Subject to FFATA Financial Disclosure

| PROJECT DESCRIPTIONS | |
|--|------|
| terations to this document may result in delayed application approval, modification requests, or reimbursement requests, | 75.4 |
| ubgrantees may be asked to revise and/or re-submit any altered Financial Management Forms Workbook. | DA # |

EL DORADO COUNTY

| T. 12 | Homeland Security | Homeland Security | Homeland Security | CONTRACTOR | li decendo en carriado de como se car | ACCESSORTEMENT CONTRACTOR OF THE |
|-----------|---|--|--|---|---|--|
| Project | Investment Justification | | Strategy Objectives | Project Description | A Need, | Project Milestone & Justifications |
| Project A | Investment #3: Strengthen Communication Capabilities | Goal 3: Strengthen Communications Capabilities | Objective 3.2: Strengthen Alert and Warning Systems to Ensure the Delivery of Clear and Consistent Public Information | Continue to rent T1 lines to operate the Reverse 911 (R911) system countywide. | R911 has been an effective emergency communication tool for El Dorado County used to pass on critical information to the counties residents. The T1 line rental is necessary to continue this service without this rental R911 would be rendered ineffective. | At the 6 month mark, this project will be 28% complete and \$8,802 funds will be expended. At the 12 month mark, this project will be 28% complete and \$8,802 funds will be expended. At the 18 month mark, this project will be 100% complete and \$31,435 funds will be expended. |
| Project B | Investment #3: Strengthen Communication Capabilities | Goal 3: Strengthen Communications Capabilities | Objective 3.1: Implement the California Statewide Communications Interoperability Plan | Acquire radios and related equipment to enhance communications as required by the new narrowbanding standards. Equipment purchased in this project will enhance Fire's, Animal Services', and Ambulances' ability to support operations, public safety, response, search and rescue and other interoperable communications capabilities. | Due to the Federal requirement for narrowbanding, a large portion of the City and County Fire department and Anlmal Services hand held radios no longer function on the assigned frequency. This project will outfit Fire agencies and Animal Services with radios to continue emergency communications. It will also provide Fire agencies with repeaters, antennae, and a combiner to continue emergency communications. Finally, it will provide ambulances with Wi-Fi notspots to ensure greater signal strength and reliability for electronic devices which is of critical importance for emergency operations. | |
| Project C | Investment #5: Enhance Catastrophic CBRNE and All Hazards Incident Planning and Response Capabilities | Goal 5: Strengthen Catastrophic CBRNE and All Hazards Incident Planning, Detection and Response Capabilities | Objective 5.3: Implement the California Preventative Radiological and Nuclear Detection Program | Acquire equipment to enhance CBRNE detection and response. | Currently owned equipment is no longer supported by manufacturer and outdated. Equipment obtained through this project will outfit the HazMat Division with CBRNE detection and response capabilities. | At the 6-month mark, this project will be 0% complete and \$0 funds will be expended. At the 12-month mark, this project will be 100% complete and \$61,369 funds will be expended. At the 18-month mark, this project will be 100% complete and \$61,369 funds will be |
| Project D | Investment #1: Strengthen Information Sharing and Collaboration Capabilities and Law Enforcement Investigations | Goal 1: Enhance Information Analysis and Law Enforcement Capabilities | Objective 1.1: Strengthen Information Sharing and Collaboration Among All Levels of Government, Private Industry, Non-Government and Community Based Organizations | Enhance investigative research and analysis by providing access to El Dorado County Sheriffs, Piacerville PD and South Lake Tahoe PD Records Management System (RMS) data to all allied agencies authorized for access. Establish a central repository for RM data. Develop system interface for data exchange between participating agencies. Provide a multi-level access control mechanism for case management and security. Allows agencies to control which cases and case elements are shared with allied agencies. Equipment purchased in this project will enhance communications and information gathering, sharing, dissemination and analysis for | This need is derived from years of inability to share critical law enforcement information between Ei Dorado County Sheriff's Office, El Dorado County DA, Placerville Police Dept., and South Lake Tahoe Police Dept. Information sharing is critical to law enforcement function with the County. The proposed project will allow agencies to share sensitive LE information in nearly real time. This ability will allow officers to link crimes and circumstances occurring across El Dorado County ultimately increasing law enforcement delivery. | expended. |

law enforcement

| | IECT | | |
|--|------|--|--|
| | | | |

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.

| LEDGER TYPE: | Initial Application |
|-----------------|---------------------|
| Today's Date: | August 13, 2013 |

| 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 |
|----------------|---------|-----------------------------------|-------------------|------------|----------------|--|--------------------|--------------------------------|------------------------|--------------|--|----------------------|------------------------|
| | | | | | | | 219,253 | - | - | _ | - | 219,253 | |
| 1 | А | Reverse 911 Maintenance | HSGP-SHSP | EMG | HSGP-Equipment | Interoperable Communications Equipment | 29,900 | | | | Section 1 | 100000 | |
| 2 | Α | Management and Admin | HSGP-SHSP | LE | HSGP-M&A | Grant Admin | 1,535 | | | | | 1,535 | |
| 3 | В | Radios, Repeaters, and Antennae | HSGP-SHSP | EMG | HSGP-Equipment | Interoperable Communications Equipment | 43,730 | | | | | 43,730 | |
| 4 | В | Management and Admin | HSGP-SHSP | LE | HSGP-M&A | Grant Admin | 2,302 | 1 |] | 1 | The STATE | | 多强是"特人"。 |
| 5 | С | FT-IR Chemical Identifier | HSGP-SHSP | HM | HSGP-Equipment | Detection | 58,300 | | 1 | | 多是以及1000 | ₹758,300 | |
| 6 | С | Management and Admin | HSGP-SHSP | LE | HSGP-M&A | Detection | 3,069 | | | | · 如此是 10年 10年 10年 10日 | 多约3,069。 | (A) (A) (A) (A) |
| 7 | D | Multi-Agency Info Sharing Network | HSGP-SHSP | LE | EMPG-Equipment | Information Technology | 76,361 | | | | ************************************** | g 76;361 | Mark St. |
| 8 | D | Management and Admin | HSGP-SHSP | LE | HSGP-M&A | Grant Admin | 4,056 | ļ | J | | THE RESERVE | 4,056 | 19.20 Miles |

| PLANNING | | |
|--|-----------------|---------------------|
| Alterations to this document may result in delayed application approval, modification requests, or reimbursement requests. Subcranitees may be asked to revise and/or re-submit any attered Financial Management Forms Workbook. Warmingt Decimal usage is not allowed, Atternois to use decimals will prompt error message. | CFDA # | |
| EL DORADO COUNTY | LEDGER TYPE: | Initial Application |
| EL BOIVIDO COUNTI | Today's Date: | August 13, 2013 |

| Project | Planning Activity | Funding Source | Discipline | Solution Area Sub-Category | Expenditure Category | Final Product | Part of a Procurement over 100k | Sole Source Involved | Estimated Cost | Amount Approved Previous | Amount This Request | REIMB Request # | Total Approved | Remaining Balance |
|---------|-------------------|-------------------|------------|-------------------------------|-------------------------|---------------|---------------------------------------|-------------------------|-------------------|--------------------------------|------------------------|--------------------|-------------------|----------------------|
| | | | | | | | 1 | | | l - | T | _ | | |

| | ORGANIZATION · |
|---|----------------|
| Alterations to this document may result in delayed application approval, modification requests, or reimbursement is | requests. |
| Subgrantees may be asked to revise and/or re-submit any altered Financial Management Forms Workbook. | CFDA # |
| Warning! Decimal usage is not allowed. Attempts to use decimals will prompt error message. | |

| LEDGER TYPE: | Initial Application |
|-----------------|---------------------|
| Today's Date: | August 13, 2013 |

| Project | Organization | Funding Source | Discipline | Solution Area Sub-Category | Expenditure Category | · 图 《建筑图》。 计通讯符 | iDetail. | Estimated Cost | Amount Approved Rrevious | Amount This Request | REIMB :::Request:# | Total Remaini Approved Balance | ~ T . I |
|---------|--------------|-------------------|------------|-------------------------------|-------------------------|-----------------|----------|-------------------|--------------------------------|------------------------|-----------------------|--|---------|
| | | | | | | | | | | | | | |
| | NO PROJECTS | | | | | | | | | | | THE STATE OF THE S | 机物型. |

Initial Application: August 13, 2013

LEDGER TYPE: Today's Date:

CFDA#

| Rentaining Balance | 7208,291 | 29,900 | /18,155 | , 6,017 | 069'E1 | 551 | 5,517 | 59,300 | 61,289 | 15,072 |
|---|---|---|---|---|---|---|--|---|-------------------------------------|-------------------------------------|
| Agnowed | the state of | | | | | | | | | |
| E C | | | | | | | | | | |
| Request # | | | | | | | | | i | |
| Amount The Request | おりままり | | | | | | | | | |
| \$ | 1.1 | | | | | | | | | |
| Amount or Approved | 100 | | | | | | | | | |
| Estimated: | \$208,291 F. F. F. F. C. C. C. | 29,900 | 18,155 | 6,017 | 13,490 | 551 | 5,517 | 98,300 | 61,289 | 15,072 |
| See 1 | 100 | | i | | | | | | | |
| 8 | 海东 《)。 | pag ted | old red | 용립 | a | | | old | old | old tred |
| | 数が数数 | No hold Indicated | No hold indicated | No hold indicated | Ħ | ah l | gH3 | No hold indicated | No hold Indicated | No hold Indicated |
| Part of a Sole Programmer Source: | 的复数工作品 医克里克 | Yes | £ | £ — | Š | 2 | No. | Tes | , 21 | Yes |
| Part of a | 19.00 | N. | No | No | Q. | No. | 옷 | N | No | Yes |
| | 化 化基础 | | | İ | | | | | | |
| \$ 0.00 8 0.00 | 40 K | | | | | | | | | |
| Condition & Designed! Disposition Location | 系。15.12 日本地等。15.15 · 15.15 | | | İ | | _ | | | | |
| 800 | 经金额 | | | | | | | | | |
| Number | A. A. A. | | | | | | | , | | |
| , () () | 建 新华东 |) | | | | | | | | |
| invoice (umber | 100 | | | | | | | | | |
| 3150 | | ½ | - 8 | n | - 8 | . P | SU SU | | | |
| Discipline Sub-Category | WHITE THE COMPANY OF THE PARTY | HSGP- Interoperable Communications Equipment | HSGP- Interoperable Communications Equipment | HSGP- Interoperable Communications Equipment | HSGP- Interoperable Communications Equipment | HSGP- Interoperable Communications Equipment | HSGP- Interoperable Communications Equipment | HSGP. Detection | Information Technology | HSGP- Information Technology |
| Discipline | 200 | EMG | EMG | К | æ | Б | 托 | チ | 31 | 31 |
| Funding | | HSGP-SHSP | HSGP-SHSP | HSGP-SHSP | HSGP-SHSP | HSGP-SHSP | HSGP-SHSP | HSGP-SHSP | HSGP-SHSP | HSGP-SHSP |
| SAFECOM | | 윤 | Yes | Yes | Yes | Yes | Yes | S. | oN . | No. |
| AEL TIBE | | Priority Services, Continunicatio ns | Radio, Portable | Radio, Mobile | Repeaters | Systems, Antenna and Tower | Equipment, Bridging/Patchi ng/Gateway | Detector, Fourier Transform Infrared, Point, Chemical | Systems, Intelligence Sharing | Systems, Intelligence Sharing |
| AEI.* | | 06CC-05-PRTY | 06CP-01+PORT | 06CP-01-MOBL Radio, Mobile | 060-01-REPT 060-03- TDWR 060-02-RDG | | 07CD-01-FTR | 13TF-00-INTL | 13IT-00-1NTL | |
| Equipment Description & (Quantity) | | T1 Line Rentals for Reverse 911 | Portable Radios (12) | Mobile Radios (3) | Repeaters (2) | Antennae VHF High-Band (2) | Combiner - 4 Part WHF High-Band (1) GGCP-02-BRDG Bidging/Patch ng/Galteway | Portable FT-JR Chemical Identifier (1) 07CD-01-FTIR | JMS Interface Module (1) | СорЦик Maintenance |
| roject | H | ٧ | 9 | 8 | | 9 | Š | <u>ه</u> ن | _ | ٥ |

| - (E) 0((:::/ + + / E)) (::-/ + + / E) | | |
|--|---------------|---------------------|
| TRAINING | | |
| Alterations to this document may result in delayed application approval, modification requests, or reinthusement 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# | |
| EL DORADO COUNTY | LEDGER TYPE: | Initial Application |
| | Today's Date: | August 13, 2013 |

| Project | Course Name | Funding Source | Discipline | Solution Area Sub-Category | Expenditure Category | Feedback Number | Training Activity | Total # Trainee(\$) | Identified Host | EHP Approval Date | Part of a Procurement over 100k | Sale Source Involved | Estimated Cost | Amount Approved Previous | Amount This Request | REIMB Request # | Total Approved | Remaining Balance |
|---------|-------------|-------------------|------------|-------------------------------|-------------------------|--------------------|----------------------|------------------------|--------------------|----------------------|---------------------------------------|-------------------------|-------------------|--------------------------------|------------------------|--------------------|-------------------|----------------------|
| | | | | | | | | | | | | | | | - | | | - |
| | NO PROJECTS | | | | | | | | | | | | | | | | Section Control | Market S |

| | EXERCISE | <u> Bartelanda (j. 1884)</u> ali ili <u>ili ili ili ili ili ili ili ili </u> | · |
|---|----------|--|---|
| may result in delayed application approval, modification requests, or reimbursement requests. | | CEDA # | |
| | | | |

Alterations to this document in 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.

| | |
|-----------------|---------------------|
| LEDGER TYPE: | Initial Application |
| Today's Date: | August 13, 2013 |

| Project | Exercise Title | Funding Source | Discipline | Solution Area Sub-Category | Expenditure Category | EHP Approval Date | Date of Exercise | Exercise Activity | 5 s | Identified Host | Date of AAR entered into HSEEP | Part of a Procurement over 100k | Estimated Cost | Amount Approved Previous | Amount This Request | REIMB Request # | Total Approved | Remaining Balance |
|---------|----------------|-------------------|------------|-------------------------------|-------------------------|----------------------|---------------------|----------------------|-----|-----------------|---------------------------------------|---------------------------------------|-------------------|--------------------------------|---------------------------|--------------------|-------------------|----------------------|
| | | | | | | | The state of | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | • | | - | - | - | - 1 |
| | NO PROJECTS | | | | | | | | | | | 1 | <u> </u> | | | 1 | 77.759 Sec. 31 | 医医杏花虫 |

| | | Δ |
|--|--|---|
| | | |
| | | |
| | | |

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 # | |
|--------|--|
| LEDGED | The state of the s |
| LEDGER | TAX CONTRACTOR OF THE CONTRACT |

| LEDGER TYPE: | Initial Application |
|-----------------|---------------------|
| Today's Date: | August 13, 2013 |

| Project | Activity | Funding Source | Discipline | Solution Area Sub-Category | Expenditure : Category, v | Detail* | s Estimated Cost | Amount Thi Approved Request | Request:# | Total Approved | Remaining Balance |
|---------|----------------|-------------------|-------------|-------------------------------|---|----------|---------------------|-----------------------------|-----------|-------------------|------------------------|
| | | | 计算数据 | 1. KALE () | 10 Table 10 | | 10,9627 | *Previous | | | 10,962 |
| Α | Administration | HSGP-SHSP | LE | HSGP-Grant Admin | Staff Salaries | Staffing | 1,535 | | | | M. State (III. a.d.a.) |
| В | Administration | HSGP-SHSP | LE | HSGP-Grant Admin | Staff Salaries | Staffing | 2,302 | | | | 2,302 |
| С | Administration | HSGP-SHSP | LE | HSGP-Grant Admin | Staff Salaries | Staffing | 3,069 | | | | 3,069 |
| D | Administration | HSGP-SHSP | LE | HSGP-Grant Admin | Staff Salaries | Staffing | 4,056 | | | | 4,056 |

| CONSULTANT / CONTRACTOR | | |
|--|-----------------|---------------------|
| 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 # | |
| Warning! Decimal usage is not allowed. Attempts to use decimals will prompt error message. | | |
| EL DORADO COUNTY | LEDGER TYPE: | Initial Application |
| EL DORADO COURT | Today's Date: | August 13, 2013 |

| | | | | | | | | | | Hour Breakdo | Wn | | I |
|---------|--------------------------------------|-----------------------------------|-------------|---------------|--------------------------------|-------------------------|--------------------------|------------------------|--|------------------------|------------------------|--------------------|-----------------------------------|
| Project | Consulting Firm & Consultant Name | Project & Description of Services | Deliverable | Solution Area | Solution Area Sub- Category | Expenditure Category | Period of Expenditure | Fee for Deliverable | Total Salary & Benefits charged for this Reporting Period | Hourly/Billing Rate | Total Project Hours | REIMB Request # | Total Cost Charged to Grant |
| | | | | | <u> </u> | | | - | - | - | - | | - |
| | | NO PROJECTS | | | | | | | | | | | er ("Gritali 1936) |
| | | | | | | | | | | | | | 2000年度は1900年 |

| P | FR | SC | M | M | FI | |
|---|----|----|---|---|----|--|
| | | | | | | |

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 # | | |

| LEDGER TYPE: | Initial Application |
|---------------|---------------------|
| Today's Date: | August 13, 2013 |

| Project | Employee Name | Project/Deliverable | Funding Source | Discipline | Solution Area | Solution Area Sub-Category | Dates of Payroll Period | Total Salary & Benefits charged for this Reporting Period | Total Project Hours | REIMB Request | Total Cost Charged to Grant |
|---------|---------------|---------------------|-------------------|------------|---------------|-------------------------------|----------------------------|--|------------------------|---------------|--------------------------------|
| | | | | | | | | 10,962 | - | _ | - |
| Α | Alison Winter | Grant Admin | HSGP-SHSP | LE | HSGP-M & A | Grant Admin | | 1,535 | | | PERSONAL PROPERTY. |
| В | Alison Winter | Grant Admin | HSGP-SHSP | LE | HSGP-M & A | Grant Admin | | 2,302 | | | 《沙雅传》 图10个时间2000 |
| С | Alison Winter | Grant Admin | HSGP-SHSP | LE | HSGP-M & A | Grant Admin | L " | 3,069 | | | (第45×2)。(25×20) \$50×2) |
| D | Alison Winter | Grant Admin | HSGP-SHSP | LE | HSGP-M & A | Grant Admin | | 4,056 | | | 多数数据,所有不是的多数的 企 |

| | MATCH | | _ |
|--|-------|------------|---|
| 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 # | |
| Warming! Decimal usage is not allowed. Attempts to use decimals will prompt error message. | | C. B. C. W | |

| LEDGER TYPE: | Initial Application |
|-----------------|---------------------|
| l'oday's Date: | August 13, 2013 |

| Project | Project Name | Funding Source | Discipline | Solution Area | Solution Area Sub-Category | Type of Match | Total Obligated Match | Previous Match Expended | Current Match | REIMB Request # | Total Match Expended | Remaining Balance | Percentage Complete |
|---------|-------------------|-------------------|------------|---------------|-------------------------------|---------------|-----------------------------|-------------------------------|------------------|--------------------|-------------------------|---|------------------------|
| | | | | | | | - | - | | - | - | - | |
| | NO MATCH REQUIRED | | | | | | | | | | 719 P. S. C. C. | West of the | |
| | | | | | | T | | | | L | | Consideration of the Section of the | |

| CALIFORNIA GOVERNO | DR'S OFFICE OF EMERGENCY SERVICES | (Cal OES) | |
|--|--|--|---|
| | AUTHORIZED AGENT | | |
| Alterations to this document may result in delayed application approval, modification requests, or reimbu Subgrantees may be asked to revise and/or re-submit any altered Financial Management Forms Workboo | | CFD. | A #: |
| EL DORADO COUNTY | | | |
| 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. | (Beginning Expenditure Period Date) | through | (Ending Expenditure Period Date) |
| | (REIMB 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 expend | ditures 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 Award Agreement, and have the approval of the City/County Financial Officer, City Manager, Co to this agreement will be spent exclusively on the purposes specified in the Grant Award. The Co all applicable state and federal laws, audit requirements, federal program guidelines, and Cal Of enactment of the State Budget. | unty Administrator, Governing Board Chair, or other A Grant Recipient accepts this Grant Award and agrees t | Approving Body. The G to administer the grant | irant Recipient certifies that all funds received pursuant project in accordance with the Grant Award as well as |
| Lt. Tim Becker | Vx8 Buh | | 8/15/13 |
| Printed Name and Title | Signature of Authorized Agent | | Date / |
| | | | |

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

2013 Homeland Security Grant Application Narrative

A. 25% Law Enforcement

El Dorado County Sheriff/ OES (EDSO) in conjunction with the El Dorado County Approval Authority have allocated the following percentage of HSGP 13 towards Law Enforcement related needs.

| Agency | Item Description | Amount |
|--------|-----------------------|--------|
| EDSO | Info Sharing software | 76,000 |

Total allocations to Law Enforcement oriented activities or equipment \$76,000. This amount equates to approx. 35% of the total HSGP 2013 award of \$219,253.

B. Management and Administration

No more than 5% of the grant, or \$10,962, will be used to administer the grant.

C. 50% Personnel Cap

No projects are planned using personnel. The only personnel paid for by the grant will be for M&A, which is no more than 5%. We will not surpass the federally mandated 50% personnel cap.

D. Special Needs

Special Needs Officers:

Amy Sargent
Community Services Officer
El Dorado County Sheriff's Office
1323 Broadway
Placerville, CA 95667
(530) 621-7529
sergeant@edso.org

E. EOP Description

The El Dorado County Operational Area Emergency Operations Plan (EOP) addresses El Dorado County's planned response to extraordinary emergency situations associated with natural disasters, technological (man-made) emergencies, acts of war and terrorism. The operational concepts reflected in this plan focus on large-scale emergencies and disasters that often generate situations requiring planned and coordinated responses by multiple disciplines, agencies and jurisdictions. Such disasters and emergencies pose a danger to life and property and have long-term social, economic, political, and/or environmental implications.

The plan establishes the policies, responsibilities, and procedures necessary to protect public health and safety, property and infrastructure, and the environment from the effects of emergencies and disasters. The EOP also establishes the operational concepts and procedures associated with both field responses and Emergency Operations Center (EOC) activities.

The plan is the principal guide for the agencies of El Dorado County and other local government entities to prevent, prepare for, respond to, and recover from emergencies and disasters affecting El Dorado County. Secondarily, this plan is intended to facilitate multiagency and multi-jurisdictional coordination, particularly between local, state, and federal agencies, in emergency operations. The Standardized Emergency Management System (SEMS) is the organizational framework for emergency response and operations in El Dorado County, and the EOP complies with the National Incident Management System (NIMS) and the National Response Framework (NRF). The plan is also integrated with the State Emergency Response Plan, and California's mutual aid system.

F. Equipment Typing:

All equipment is to be purchased with the intent of providing additional support to the listed teams, or to provide maintenance to systems already in place, that are designed to

improve the listed capabilities.

| Project | Description | Team | Capability Addressed |
|-----------|--------------------|------------|------------------------------------|
| | | Supported | |
| Project A | Reverse 911 | Emergency | Response: |
| | Maintenance | Management | 1. Citizen Evacuation and Shelter- |
| | | | in-Place |
| | | ĺ | 2. Emergency Operations Center |
| | | } | Management |
| | | Į. | 3. Emergency Public Information |
| | | ļ | and Warning |
| | | | 4. Search and Rescue (Land- |
| | | | Based) |
| | | | Common: |
| | | Í | 1. Communication |
| Project B | Radios, Repeaters, | Emergency | Response: |
| · · | Antennae | Management | 1. Firefighting Operations/Support |
| | | | 2. Public Safety and Security |
| | | į | Response |
| | | | 3. Search and Rescue (Land- |
| | | } | Based) |
| | | E . | 4. Triage and Pre-Hospital |
| _ | | ļ | Treatment |
| Project C | FT-IR Chemical | Hazmat | Response: |
| | Identifier | | 1. CBRNE Detection |
| | (| | 2. Information Gathering and |
| | | } | Recognition of Indicators and |
| | } | | Warnings |
| | Ţ | i | 3. WMD and Hazardous Materials |

| | | | Response and Decontamination |
|-----------|--------------------------------------|--------------------|--|
| Project D | Multi-Agency Info Sharing Network | Law Enforcement | Prevention: |
| | | | 3. Intelligence/Information Sharing and Dissemination 4. Law Enforcement Investigation |
| | | | Common: 1. Communication |