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| CFDA# | 97.067 | Subaward # | 2019-xxxx |
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Riverside County Emergency Management Department GRANT SUBAWARD FACE SHEET

Subrecipient: Desert Hot Springs **DUNS #:** 083588590
Implementing Agency: Desert Hot Springs **DUNS #:** 083588590
Implementing Agency Address: 65950 Pierson Blvd Desert Hot Springs 92240-3044
City Zip+4
Location of Project: Desert Hot Springs Riverside 92240-3044
City County Zip+4
Disaster/Program Title: State Homeland Security Program **6. Performance Period:** 10/21/19 to 05/31/21

| Project | Discipline | Federal Amt. Requested | Total | Cash Match | In-Kind Match (3rd Party) | Total Match | Total Project Cost |
|---------------|------------|------------------------|---------|------------|---------------------------|-------------|-----------------------------|
| CERT | EMS-F | \$4,266 | | | | \$0 | \$4,266 |
| | | | | | | \$0 | \$0 |
| | | | | | | \$0 | \$0 |
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| | | | | | | \$0 | \$0 |
| | | | | | | \$0 | \$0 |
| TOTALS | | \$4,266 | \$4,266 | \$0 | \$0 | \$0 | Total Project Cost: \$4,266 |

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.

Official Authorized to Sign for Subrecipient:

Name: Charles Maynard
 Telephone: (760) 329-6411 x101
(include area code)

Federal Employer ID Number: 95-2288291

Title: City Manager
 Email: cmaynard@cityofdhs.org

Payment Mailing Address: 65950 Pierson Blvd. **City:** Desert Hot Springs **Zip+ 4** 92240-3044

Signature:  **Date:** _____

Grant Management Point of Contact:

(Individual designated by the Authorized Agent to manage all grant functions)

Name: Viviana Gonzales
 Telephone: (760) 329-6411 x233
(include area code)

Title: Management Analyst
 Email: vgonzales@cityofdhs.org

Name: Linda Kelly
 Telephone: (760) 329-6411 x289
(include area code)

Title: Finance Director
 Email: lkelly@cityofdhs.org

Desert Hot Springs

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