

| | | | | | | | |
|-----------|--------------|--------|-----------|-----|--|------------|--|
| Cal OES # | 093-00000-00 | FIPS # | 093-00000 | VS# | | Subaward # | |
|-----------|--------------|--------|-----------|-----|--|------------|--|

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

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

1. **Subrecipient:** Siskiyou County 1a. UEI#: _____

2. **Implementing Agency:** Siskiyou County 2a. UEI#: _____

3. **Implementing Agency Address:** 1312 Fairlane Road Yreka 96097-9689
(Street) (City) (Zip+4)

4. **Location of Project:** Yreka Siskiyou 96097-9689
(City) (County) (Zip+4)

5. **Disaster/Program Title:** LC - Listos California CERT Support Grant Program

6. **Performance/Budget Period:** 6/1/2024 to 12/31/2025
(Start Date) (End Date)

7. **Indirect Cost Rate:** N/A Federally Approved ICR (if applicable): _____ %

| Item Number | Grant Year | Fund Source | A. State | B. Federal | C. Total | D. Cash Match | E. In-Kind Match | F. Total Match | G. Total Cost |
|--------------|----------------|-------------|----------|------------|----------|---------------|------------------|----------------|---------------|
| 8. | 2023 | LIST | \$20,786 | | | | | | \$20,786 |
| 9. | Select | Select | | | | | | | |
| 10. | Select | Select | | | | | | | |
| 11. | Select | Select | | | | | | | |
| 12. | Select | Select | | | | | | | |
| Total | Project | Cost | \$20,786 | | \$20,786 | | | | \$20,786 |

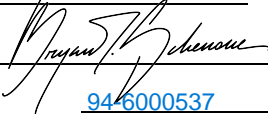
13. Certification - This Grant Subaward consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications. I hereby certify I am vested with the authority to enter into this Grant Subaward, and have the approval of the City/County 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 Subrecipient:

Name: Bryan Schenone Title: Director, Siskiyou County Office of Emergency Services

Payment Mailing Address: 1312 Fairlane Road City: Yreka Zip Code+4: 96097-9689

Signature:  Date: _____

16. Federal Employer ID Number: 94-6000537

(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 Fiscal Officer) (Date) (Cal OES Director or Designee) (Date)



Grant Subaward Contact Information

Information and Instructions

Key personnel are the official points of contact for the Grant Subaward, including the individuals identified on this form (per Subrecipient Handbook (SRH) Section 3.005).

Complete all sections of this form using the instructions below. Each individual must have a unique email address specific to them.

This form must be submitted as part of the Grant Subaward Application and with a Grant Subaward Modification (Cal OES Form 2-223) if changes are requested during the Grant Subaward performance period.

1. Provide the name, title, address (including **9-digit** Zip Code), telephone number, and e-mail address for the **Grant Subaward Director** (per SRH Section 3.010).
2. Provide the name, title, address (including **9-digit** Zip Code), telephone number, and e-mail address for the **Financial Officer** (per SRH Section 3.020).
3. Provide the name, title, address (including **9-digit** Zip Code), telephone number, and e-mail address for the **Programmatic Point of Contact** (per SRH Section 3.015).
4. Provide the name, title, address (including **9-digit** Zip Code), telephone number, and e-mail address for the **Financial Point of Contact** (per SRH Section 3.025).
5. Provide the name, title, address (including **9-digit** Zip Code), telephone number, and e-mail address for the **Executive Director** of a Non-Governmental Organization or the **Chief Executive Officer** (e.g. chief of police, superintendent of schools) for the Implementing Agency (per SRH Section 1.020).
6. Provide the name, title, address (including **9-digit** Zip Code), telephone number, and e-mail address for the **Official Designee** (per SRH Section 3.030) as stated in Section 15 of the Grant Subaward Face Sheet (Cal OES Form 2-101).
7. Provide the name, title, address (including **9-digit** Zip Code), telephone number, and e-mail address for the **Chair** of the **Governing Body** of the Subrecipient, if applicable. This must be direct contact information.



Grant Subaward Contact Information

Grant Subaward #: _____

Subrecipient: _____

1. **Grant Subaward Director:**

Name: _____ Title: _____

Telephone #: _____ Email Address: _____

Address/City/ Zip Code (9-digit): _____

2. **Financial Officer:**

Name: _____ Title: _____

Telephone #: _____ Email Address: _____

Address/City/ Zip Code (9-digit): _____

3. **Programmatic Point of Contact:**

Name: _____ Title: _____

Telephone #: _____ Email Address: _____

Address/City/ Zip Code (9-digit): _____

4. **Financial Point of Contact:**

Name: _____ Title: _____

Telephone #: _____ Email Address: _____

Address/City/ Zip Code (9-digit): _____

5. **Executive Director** of a Non-Governmental Organization or the **Chief Executive Officer** (i.e., chief of police, superintendent of schools) of the implementing agency:

Name: _____ Title: _____

Telephone #: _____ Email Address: _____

Address/City/ Zip Code (9-digit): _____

6. **Official Designee**, as stated in Section 15 of the Grant Subaward Face Sheet:

Name: _____ Title: _____

Telephone #: _____ Email Address: _____

Address/City/ Zip Code (9-digit): _____

7. **Chair** of the **Governing Body** of the Subrecipient:

Name: _____ Title: _____

Telephone #: _____ Email Address: _____

Address/City/ Zip Code (9-digit): _____



Grant Subaward Signature Authorization

Grant Subaward #: _____

Subrecipient: Siskiyou County ~~Community Emergency Response Team~~ KJ

Implementing Agency: Siskiyou County ~~Office of Emergency Services~~ KJ

The **Grant Subaward Director** and **Financial Officer** are **REQUIRED** to sign this form.

Grant Subaward Director:

Printed Name: Bryan Schenone

Signature:  Digitally signed by Bryan Schenone
DN: cn=Bryan Schenone, o=Cal OES, ou=GOVERNOR'S OFFICE OF EMERGENCY SERVICES, c=United States of America
Reason: I am the author of this document
Date: 2024.02.28 11:36:14 -0800
Data: 2024.02.28 11:36:14 -0800

Date: 02/28/2024

Financial Officer:

Printed Name: Sherry Lawson

Signature: 

Date: 2.28.24

The following persons are authorized to sign for the **Grant Subaward Director**:

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

The following persons are authorized to sign for the **Financial Officer**:

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____



Grant Subaward Certification of Assurance of Compliance Information and Instructions

The Certification of Assurance of Compliance is a binding affirmation that the Subrecipient will comply with the requirements and restrictions outlined in the Subrecipient Handbook, including but not limited to:

- Proof of Authority,
- State and federal civil rights laws,
- Equal Employment Opportunity,
- Drug-Free Workplace,
- California Environmental Quality Act, and
- Lobbying.

The Official Designee (see SRH Section 3.030) and the individual granting that authority (i.e., City/County Financial Officer, City/County Manager, or Governing Board Chair) must sign this form. For State agencies, only the Official Designee must sign this form.

Complete all sections of this form and then submit:

- As part of the Grant Subaward Application,
- With a Grant Subaward Amendment (Cal OES Form 2-213) if a new fund source is being added to the Grant Subaward, (applicable Certification of Assurance of Compliance would be needed), or
- With a Grant Subaward Modification (Cal OES Form 2-223) if the Official Designee or Board Chair changes and the Resolution identifies them by name



Grant Subaward Certification of Assurance of Compliance

Subrecipient: Siskiyou County ~~Community emergency Response Team~~ KJ

| | Cal OES Program Name | Grant Subaward #: | Grant Subaward Performance Period |
|---|---|-------------------|-----------------------------------|
| 1 | LISTOS CALIFORNIA CERT SUPPORT GRANT (LC) PROGRAM | | June 1, 2024 - December 31, 2025 |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

I, Bryan Schenone (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.



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: Bryan Schenone
 Official Designee's Title: Director
 Date Executed: 02/28/2024

AUTHORIZED BY:

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.

- | | |
|---|--|
| <input type="checkbox"/> City Financial Officer | <input checked="" type="checkbox"/> County Financial Officer |
| <input type="checkbox"/> City Manager | <input type="checkbox"/> County Manager |
| <input type="checkbox"/> Governing Board Chair | |

Signature: 
 Typed Name: Sherry Lawson
 Title: County Financial Officer
 Date Executed: 2/28/24



**LISTOS CALIFORNIA CERT SUPPORT GRANT PROGRAM
CERT Training Certification**

Name of Agency: _____

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

- The Subrecipient certifies they are conducting classroom-based, instructor-led, CERT training based on the 20-hour FEMA curriculum, incorporating all nine module and all hands-on exercises (e.g., fire suppression, medical triage, cribbing), including a disaster simulation drill, or utilizing the approved CERT Training curriculum.

All appropriate documentation must be maintained on file by the Subrecipient and available for Cal OES upon request. Failure to comply with this requirement 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 above, 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 this date, is made under penalty of perjury under the laws of the State of California.

Official Designee Signature: _____
Official Designee Typed Name: _____
Official Designee's Title: _____
Date Executed: _____





Grant Subaward Budget Pages
Single Fund Source

| Subrecipient: Siskiyou County OES/CERT KJ | | Grant Subaward #: |
|--|--|------------------------|
| A. Personnel Costs - Line-item description and calculation | | Total Amount Allocated |
| | | |
| PERSONNEL COSTS CATEGORY TOTAL | | \$0 KJ |



Grant Subaward Budget Pages
Single Fund Source

| | |
|---|------------------------|
| Subrecipient: Siskiyou County OES/CERT ^{KJ} | Grant Subaward #: |
| B. Operating Costs - Line-item description and calculation | Total Amount Allocated |

| | |
|---------------------------------------|--|
| | |
| OPERATING COSTS CATEGORY TOTAL | |



Grant Subaward Budget Pages
Single Fund Source

| Subrecipient: Siskiyou County OES/CERT KJ | | Grant Subaward #: |
|---|--|------------------------|
| C. Equipment Costs - Line-item description and calculation | | Total Amount Allocated |
| Lion Bullseye Fire Extinguisher Training Simulator | | \$15,000 |
| Medical Training Aids | | \$1,500 |
| Utility Shutoff Training Aids | | \$1,500 |
| Cribbing | | \$200 |
| Canopy with Siskiyou County CERT branding | | \$1,066 |
| Flag with Siskiyou County CERT branding | | \$272 |
| Tablecloth with Siskiyou County CERT branding | | \$528 |
| Clamps for tablecloth | | \$5 |
| Office Supplies for CERT Team | | \$1,103 |
| Hi-Vis Reflective Jackets with CERT branding | | \$3,476 |
| Handheld radios for communication training | | \$205 |
| Tax for Flag, Canopy, Tablecloth, clamps | | \$145 |
| *Equipment less than \$5,000 per unit should be moved to Operating Costs budget page. | | |
| *Budget pages to include justification and equation. Ex: quantity x unit price = total cost | | |
| EQUIPMENT COSTS CATEGORY TOTAL | | \$25,000 |
| Total Project Cost (Must match the Grant Subaward Face Sheet) | | \$25,000 |

\$20,786

Budget to be adjusted to match award amount



Grant Subaward Budget Narrative

Grant Subaward #: _____

Subrecipient: Siskiyou County ~~OES/CERT~~ KJ _____

The Siskiyou County Office of Emergency Services Community Emergency Response Team (Siskiyou CERT) expects to deliver 1-2 CERT classes this year. One of the biggest hurdles faced by our program, and many CERT programs, is funding to cover the costs of training materials. Our budget for this grant seeks the full \$25,000 award offered by CalOES.

In our CERT Course, we will teach the FEMA CERT curriculum. In doing so, we would like to procure a full fidelity fire extinguisher trainer, this piece of equipment will allow us to perform fire extinguisher training both indoors and outdoors, and during both good and bad weather. We would like to procure medical training aids to train cert members on all facets of the disaster medical operations portion of the curriculum. Additionally, for this same reason, we would like to procure full size utility shutoff training aids to familiarize cert members on how to properly shutoff utilities during a disaster. We have also allocated money to procure wooden cribbing, for that portion of the curriculum as well.

Our budget includes funding to cover procurement of a tablecloth, canopy tent, and flag. These high visibility assets will designate the area for the Siskiyou CERT team to rally at, whether during an actual disaster, training environment, or other event.



Grant Subaward Budget Narrative

Grant Subaward #: _____

Subrecipient: Siskiyou County ~~OES/CERT~~ KJ

Funding for office supplies has been allocated to print materials for training or for live CERT events, this may include clipboards, pens, pencils, paper products or any other materials needed to operate or train the Siskiyou CERT team.

Siskiyou County is prone to weather events where temperatures can easily drop below freezing. Our budget includes money to procure Hi-Viz jackets in a range of sizes which will be available to CERT members who are at training or deployed at an event where cold weather temperatures necessitate sufficient outerwear. These jackets will increase the overall safety of the CERT team by their hi-viz reflective nature.

Lastly, the budget includes \$205 for the procurement of basic FRS radios. These radios will be used to train cert members on basic radio communications during an actual event.



Grant Subaward Programmatic Narrative

Grant Subaward #: _____

Subrecipient: Siskiyou County ~~Office of Emergency Services/CERT~~ KJ

PROBLEM STATEMENT: Siskiyou County is vast, disaster-prone, and chronically underserved. Our current capability to deliver CERT training to vulnerable and underserved communities is minimal as of this writing. In December of 2023, one of our staff members at Siskiyou OES completed the CERT Train-the-Trainer course. The equipment to deliver a high quality CERT course and subsequently maintain the team is very expensive. Programs such as ours are entirely reliant on grant funding to remain active and successful.

PLAN: Siskiyou CERT plans to deploy two trainings in 2024. The first training will be a small pilot class with a small group of participants, ideally comprising no more than five students. This group will provide feedback and insights to further refine the training process and instructional approach. Additionally, following graduation, these CERT members may be able to assist with larger future courses or potentially fulfilling leadership roles within the CERT team. Our second course, is planned to be delivered in quarter four of 2024. The second course is planned to be a larger course, with between five and ten participants, or larger depending on public interest.

One of the goals of our program is to ensure that CERT team members are familiar with local emergency services leadership (Fire, EMS, Law Enforcement), and vice-versa. By incorporating leadership from these agencies into our



Grant Subaward Programmatic Narrative

Grant Subaward #: _____

Subrecipient: ~~Siskiyou County Office of Emergency Services/CERT~~ KJ

training, we want emergency services agencies to know that our CERT team has the finest training we can offer. We want them to be familiar with their capabilities, strengths, and limitations, and when an actual disaster occurs, know that they can be relied upon.

We plan to use our CERT team during emergencies as well as during peacetime. Whether it be at a community outreach event, traffic control during a disaster, or other event. The grant funding offered by Listos will equip our team with valuable, durable, and high-quality training equipment, office supplies to train and utilize during team activations, branded tents and flags to serve as highly-visible rally points, and PPE in the form of ANSI-approved reflective jackets to increase overall safety at deployments.

We want to encourage all members of Siskiyou County to feel empowered to serve in times of disaster. Furthermore, we want to ensure that members from all areas of Siskiyou county are well trained, well equipped, and have the confidence to protect themselves, their families, and their communities when disaster occurs. Siskiyou CERT welcomes members of the community from all backgrounds and together, we will make Siskiyou County the most prepared county in California.

**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
SUBRECIPIENT GRANTS MANAGEMENT ASSESSMENT**

| | | |
|--|--|---|
| Subrecipient: | UEI # | FIPS #: |
| Grant Disaster/Program Title: | | |
| Performance Period: | to | Subaward Amount Requested: _____ |
| Type of Non-Federal Entity (Check Applicable Box) | <input type="checkbox"/> State Govt <input type="checkbox"/> Local Govt <input type="checkbox"/> JPA <input type="checkbox"/> Non-Profit <input type="checkbox"/> Tribe | |

\$20,786
KJ


Per Title 2 CFR § 200.332, Cal OES is required to evaluate the risk of noncompliance with federal statutes, regulations and grant terms and conditions posed by each subrecipient of pass-through funding. This assessment is made in order to determine and provide an appropriate level of technical assistance, training, and grant oversight to subrecipients for the award referenced above.

The following are questions related to your organization's experience in the management of federal grant awards. This questionnaire must be completed and returned with your grant application materials.

For purposes of completing this questionnaire, *grant manager* is the individual who has primary responsibility for day-to-day administration of the grant, *bookkeeper/accounting staff* means the individual who has responsibility for reviewing and determining expenditures to be charged to the grant award, and *organization* refers to the subrecipient applying for the award, and/or the governmental implementing agency, as applicable.

| Assessment Factors | Response |
|---|-----------------|
| 1. How many years of experience does your current grant manager have managing grants? | |
| 2. How many years of experience does your current bookkeeper/accounting staff have managing grants? | |
| 3. How many grants does your organization currently receive? | |
| 4. What is the approximate total dollar amount of all grants your organization receives? | |
| 5. Are individual staff members assigned to work on multiple grants? | |
| 6. Do you use timesheets to track the time staff spend working on specific activities/projects? | |
| 7. How often does your organization have a financial audit? | |
| 8. Has your organization received any audit findings in the last three years? | |
| 9. Do you have a written plan to charge costs to grants? | |
| 10. Do you have written procurement policies? | |
| 11. Do you get multiple quotes or bids when buying items or services? | |
| 12. How many years do you maintain receipts, deposits, cancelled checks, invoices? | |
| 13. Do you have procedures to monitor grant funds passed through to other entities? | |

Certification: *This is to certify that, to the best of our knowledge and belief, the data furnished above is accurate, complete and current.*

| | | |
|--------------------------------------|---|----------------------|
| Signature: (Authorized Agent) |  | Date: |
| Print Name and Title: | | Phone Number: |

| |
|---------------------------------------|
| <i>Cal OES Staff Only: SUBAWARD #</i> |
|---------------------------------------|



Grant Subaward Service Area Information

Information and Instructions

This form identifies the areas served by the Grant Subaward. Complete all sections of the form using the directions below. This form must be submitted as part of the Grant Subaward Application.

1. **County or Counties Served:** Enter the name or names of the counties served by the Grant Subaward and the county where the principal office for the Grant Subaward is located.
2. **U.S Congressional District(s) Served:** Enter the number(s) of the U.S. Congressional District(s) served by the Grant Subaward and the U.S. Congressional District number for where the principal office for the Grant Subaward is located.
3. **State Assembly District(s) Served:** Enter the number(s) of the State Assembly District(s) served by the Grant Subaward and the number for where the principal office for the Grant Subaward is located.
4. **State Senate District(s) Served:** Enter the number(s) of the State Senate District(s) served by the Grant Subaward and the number for where the principal office for the Grant Subaward is located.
5. **Population of Service Area:** Enter the total population of the area served by the Grant Subaward.



Grant Subaward Service Area Information

Grant Subaward #: _____

Subrecipient: _____

1. County or Counties Served:

County where principal office is located: _____

2. U.S. Congressional District(s) Served:

U.S. Congressional District where principal office is located: _____

3. State Assembly District(s) Served:

State Assembly District where principal office is located: _____

4. State Senate District(s) Served:

State Senate District where principal office is located: _____

5. Population of Service Area: _____