

FORM CD-450
(REV. 04/17)

U.S. DEPARTMENT OF COMMERCE

GRANT

COOPERATIVE AGREEMENT

FINANCIAL ASSISTANCE AWARD

FEDERAL AWARD ID NUMBER

06-10-S18006

RECIPIENT NAME

California Office of Emergency Services (Cal OES)

PERIOD OF PERFORMANCE

03/01/2018 - 02/29/2020 *

STREET ADDRESS

3650 Schriever Avenue

FEDERAL SHARE OF COST

\$425,000.00

CITY, STATE ZIP

Mather, CA 95655-4203

RECIPIENT SHARE OF COST

\$199,066.04

AUTHORITY

P.L. 112-96

TOTAL ESTIMATED COST

\$624,066.04

CFDA NO. AND NAME

11.549 State and Local Implementation Grant Program

PROJECT TITLE:

2018 State and Local Implementation Grant Program (SLIGP)2.0

This Award Document (Form CD-450) signed by the Grants Officer constitutes an obligation of Federal funding. By signing this Form CD-450, the Recipient agrees to comply with the Award provisions checked below and attached. Upon acceptance by the Recipient, the Form CD-450 must be signed by an authorized representative of the Recipient and returned to the Grants Officer. If not signed and returned without modifications by the Recipient within 30 days of receipt, the Grants Officer may unilaterally withdraw this Award offer and de-obligate the funds.

DEPARTMENT OF COMMERCE FINANCIAL ASSISTANCE STANDARD TERMS AND CONDITIONS (31 March 2017)

R & D AWARD

FEDERAL-WIDE RESEARCH TERMS AND CONDITIONS, AS ADOPTED BY THE DEPT. OF COMMERCE

SPECIAL AWARD CONDITIONS

LINE ITEM BUDGET

2 CFR PART 200, UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS, AS ADOPTED PURSUANT TO 2 CFR § 1327.101

48 CFR PART 31, CONTRACT COST PRINCIPLES AND PROCEDURES

MULTI-YEAR AWARD. PLEASE SEE THE MULTI-YEAR SPECIAL AWARD CONDITION.

OTHER(S): *Refer to Special Award Condition #07

SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER

Nuria Martinez

DATE

3/29/2018

PRINTED NAME, PRINTED TITLE, AND SIGNATURE OF AUTHORIZED RECIPIENT

MARK SCHIARBUCCI, DIRECTOR

DATE

4/13/2018

Award Number: 06-10-S18006, Amendment Number 0

Federal Program Officer: Natalie Romanoff

Requisition Number: S18006

Employer Identification Number: 680278801

Dun and Bradstreet Number: 9474361760000

Recipient ID: 0652728

Requestor ID: 0652728

Award ACCS Information

Bureau	FCFY	Project-Task	Organization	Object Class	Obligation Amount
61	2018	8150000-000	11-00-0000-00-00-00-00	41-19-00-00	\$425,000.00

Award Contact Information

Contact Type	Contact Name	Email	Phone
Administrative	Ms. Rose H Nguyen	Rose.H.Nguyen@caloes.ca.gov	(916) 845-8646

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