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(Cal EMA Use Only)

Cal EMA # 075-95017 FIPS # 075-95017 CFDA # 97.111 RCPGP Grant # _____

CALIFORNIA EMERGENCY MANAGEMENT AGENCY
GRANT AWARD FACE SHEET (Cal EMA 2-101)

The California Emergency Management Agency, hereafter designated Cal EMA, hereby makes a Grant Award of funds to the following:

1. Grant Recipient:	Bay Area Site		
in the amount and for the purpose and duration set forth in this Grant Award.			
2. Implementing Agency:	Bay Area UASI	**2a. Congressional District:**	CD 08
2b. State Senate District #:	3 and 8	**2c. State Assembly District #:**	AD 13
2d. Location of Project:	San Francisco Bay Area	**2e. Congressional District(s):**	CD 08
3. Disaster/Program Title:	Regional Catastrophic Preparedness Grant Program	**4. Performance Period:**	7/1/2011 **to** 3/28/2014

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
2011	5· RCPGP-NC	$1,281,976				$427,325	$427,325	$1,709,301
	6·						$0	$0
	7·						$0	$0
	8·						$0	$0
	9·						$0	$0
	10· **TOTALS**	$1,281,976	$0	$1,281,976	$0	$427,325	$427,325	**10G. Total Project Cost:** $1,709,301

11. This Grant Award consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications which are being submitted. I hereby certify I am vested with the authority to enter into this Grant Award Agreement, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or Approving Body. The Grant Recipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Award. The Grant Recipient signifies acceptance of this Grant Award and agrees to administer the grant project in accordance with the Grant Award as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal EMA policy and program guidelines. The Grant Recipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.

12. Federal DUNS Number:	70384255			13. Federal Employer ID Number:			
14. Official Authorized to Sign for Applicant/Grant Recipient:							
Name:	Teresa Serata			Title:	Director, Strategy and Compliance		
Telephone:	(415) 705-8520	FAX:	(415) 705-8513	Email:	teresa.serata@sfgov.org		
Payment Mailing Address:	10 Lombard St. #410			City:	San Francisco	Zip + 4:	94111-6205
Signature:	Teresa Serata			Date:			

(FOR Cal EMA 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 EMA Fiscal Officer Date Cal EMA Director (or designee) Date

GRANT MANAGEMENT

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CFDA#: 97.111 RCPGP

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Name	Title	Area of Responsibility	Employee/Contractor	Employee Status
Craig Dziedzic	General Manager	Grant Administration	Employee	Full time
Teresa Serata	Director, Strategy & Compliance	Grant Administration	Employee	Full time
Mary Landers	Regional Planning Manager	Grant Management	Employee	Full time
Tristan Levardo	CFO	Fiscal	Employee	Full time
Kathleen McKenna	Program Manager	Logistics	Employee	Full time

PROJECT LEDGER

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Warning! Decimal usage is not allowed. Attempts to use decimals will prompt error message.

CFDA #: 97.111 RCPGP

LEDGER TYPE:	Initial Application	
Today's Date	Monday, November 21, 2011	
Expenditure Period:	(Date) From:	
	(Date) To:	
Cash Request or Mod. #		
Approval: Cal EMA ONLY	Date & Initials (Prog. REP.):	

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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
							1,281,976	-	-	**427,325**	-	**1,281,976**	
1	A	Regional Exercise	RCPGP-NC	EMG	Exerc	Design/Develop/Conduct/Evaluate	1,217,877			427,325	-	1,217,877	
2	A	Regional Exercise	RCPGP-NC	EMG	M & A	All Other M&A Expenses	64,099				-	64,099	
3											-	-	
4											-	-	
5											-	-	
6											-	-	
7											-	-	
8											-	-	
9											-	-	
10											-	-	
11											-	-	
12											-	-	
13											-	-	
14											-	-	
15											-	-	
16											-	-	
17											-	-	

PROJECT DESCRIPTIONS

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Project	State Investment Justification Goals and Objectives	Project Description	Need	Project Milestone & Justification
Project A- Regional Exercise	Investment Goal Objective	Design plan-specific exercises and evaluation activities needed to test, validate, and improve the previously developed catastrophic plans. Incorporate these activities into the UASI Training and Exercise Program to leverage spending. Conduct at least one full scale exercise during the grant cycle. Comply with HSEEP guidelines, submit After Action Reports and Performance Improvement Plans.	Testing and evaluation of plans will complete the grant cycle.	At the 6-month mark, this project will be 5 % complete and $60,894 funds will be expended. At the 12-month mark, this project will be 20% complete and $243,575 funds will be expended. At the 18-month mark, this project will be 50% complete and $608,938 funds will be expended.
Project B- M and A	Investment Goal Objective	M and A expenses as allowed by the grant	Grant eligible and necessary expenses	At the 6-month mark, this project will be 25% complete and $16,025 funds will be expended. At the 12-month mark, this project will be 50% complete and $32,050 funds will be expended. At the 18-month mark, this project will be 75 % complete and $48,075 funds will be expended.

Project	Exercise Title	Funding Source	Discipline	Solution Area Sub-Category	EHP Approval Date	Date of Exercise	Exercise Activity	Identified Host	Date of AAR entered into HSEEP	Part of a Procurement over 100k	Sole Source Involved	Estimated Cost	Amount Approved Previous	**Amount This Request**	Cash Request #	Total Approved	Remaining Balance
												1,217,877	-	-		-	
A	Regional Exercise	RCPGP-NC	EMG	Design/Develop/Conduct/Evaluate			Tabletop					10,000					10,000
A	Regional Exercise	RCPGP-NC	EMG	Design/Develop/Conduct/Evaluate			Tabletop					10,000					10,000
A	Regional Exercise	RCPGP-NC	EMG	Design/Develop/Conduct/Evaluate			Tabletop					10,000					10,000
A	Regional Exercise	RCPGP-NC	EMG	Design/Develop/Conduct/Evaluate			Functional Host					10,000					10,000
A	Regional Exercise	RCPGP-NC	EMG	Design/Develop/Conduct/Evaluate			Functional Host					10,000					10,000
A	Regional Exercise	RCPGP-NC	EMG	Design/Develop/Conduct/Evaluate			Functional Host					10,000					10,000
A	Regional Exercise	RCPGP-NC	EMG	Design/Develop/Conduct/Evaluate			Functional Host					10,000					10,000
A	Regional Exercise	RCPGP-NC	EMG	Design/Develop/Conduct/Evaluate			Functional Host					10,000					10,000
A	Regional Exercise	RCPGP-NC	EMG	Design/Develop/Conduct/Evaluate			Full Scale Host					1,137,877					1,137,877

CALIFORNIA EMERGENCY MANAGEMENT AGENCY

AUTHORIZED AGENT

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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 _____ (Beginning Expenditure Period Date) through _____ (Ending Expenditure Period Date) and does not cross fiscal years.

Under Penalty of Perjury I certify that:

I am the duly authorized officer of the claimant herein. This claim is true, correct, and all expenditures 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 made a part hereof, and the Assurances/Certifications which are being submitted. I hereby certify I am vested with the authority to enter into this Grant Award Agreement, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or Approving Body. The Grant Recipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Award. The Grant Recipient signifies acceptance of this Grant Award and agrees to administer the grant project in accordance with the Grant Award as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal EMA policy and program guidelines. The Grant Recipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget. For HSGP: All equipment and training procured under this grant must be in support of the development or maintenance of an identified team or capability.

Printed Name and Title	Signature of Authorized Agent	Date
Teresa Serata	Teresa Serata	11/21/2011

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