

File No. 240644

Committee Item No. 10

Board Item No. 16

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date July 24, 2024

Board of Supervisors Meeting Date July 30, 2024

Cmte Board

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| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Information Form |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Form 126 – Ethics Commission |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Award Letter |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER (Use back side if additional space is needed)

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| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
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Completed by: Brent Jalipa Date July 18, 2024

Completed by: Brent Jalipa Date July 25, 2024

1 [Accept and Expend Funds - Retroactive - Emergency Management Performance Grant -
2 \$350,321]

3 **Resolution retroactively authorizing the Department of Emergency Management to**
4 **accept and expend an Emergency Management Performance Grant in the amount of**
5 **\$350,321 for the period of July 1, 2022, through June 30, 2024, from the California**
6 **Office of Emergency Services.**

7

8 WHEREAS, The State of California, through various homeland security grant
9 programs, provides support and funds for the development and maintenance of the capability
10 of local jurisdictions to prepare for and respond to natural disasters, acts of terrorism, and
11 other man-made disasters; and

12 WHEREAS, The City and County of San Francisco has participated in these
13 emergency preparedness programs since their inception and deems these programs vital to
14 the continued well-being of its residents; and

15 WHEREAS, The California Office of Emergency Services (“Cal OES”) provides local
16 jurisdictions with Emergency Management Performance Grants (“EMP Grants”) to assist with
17 emergency preparedness; and

18 WHEREAS, On December 30, 2022, the Department of Emergency Management, on
19 behalf of the City and County of San Francisco, applied to Cal OES for an EMP Grant; and

20 WHEREAS, On October 14, 2022, Cal OES awarded the Department of Emergency
21 Management an EMP Grant in the amount of \$350,321 for the period of July 1, 2022, through
22 June 30, 2024; and

23 WHEREAS, The Department of Emergency Management will provide \$350,321 in
24 matching funds to meet the matching requirement; and

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/s/
Greg Wagner
Controller
City and County of San Francisco

File Number: 240644
 (Provided by Clerk of Board of Supervisors)

Grant Resolution Information Form
 (Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: **FY 2022 Emergency Management Performance Grant Program (EMPG)**
2. Department: **Department of Emergency Management**
3. Contact Person: **Kim Bowman** Telephone: **415-554-4840**
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$\$\$350,321**
6. a. Matching Funds Required: **\$350,321**
 b. Source(s) of matching funds (if applicable): Fund **10000**, Project **10001782**
7. a. Grant Source Agency: **California Governor's Office of Emergency Services (Cal OES)**
 b. Grant Pass-Through Agency (if applicable): **N/A**

8. Proposed Grant Project Summary: The San Francisco EMS Agency will enhance the Emergency Medical Services System by utilizing these funds to support Community Paramedicine and Triage to Alternate Destination program activities.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: **07/01/2022**

End-Date: **06/30/2024**

10. a. Amount budgeted for contractual services: **\$350,321**
 b. Will contractual services be put out to bid? **No**
 c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **No**
 d. Is this likely to be a one-time or ongoing request for contracting out? **One-time**
11. a. Does the budget include indirect costs?
 Yes No
 b. 1. If yes, how much? **\$0**
 b. 2. How was the amount calculated? **N/A**
 c. 1. If no, why are indirect costs not included?
 Not allowed by granting agency To maximize use of grant funds on direct services
 Other (please explain):
 c. 2. If no indirect costs are included, what would have been the indirect costs? **N/A**

12. Any other significant grant requirements or comments:

****Disability Access Checklist***(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s) | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input checked="" type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s) | <input type="checkbox"/> New Structure(s) | |

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Sandy Chan
(Name)

Asst. Deputy Director Administration and Support
(Title)

5/20/2024

Date Reviewed: _____

DocuSigned by:
Sandy Chan
1F915820333848B...
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Mary Ellen Carroll
(Name)

Executive Director, Department of Emergency Management
(Title)

Date Reviewed: 5/17/2024

[Signature]
(Signature Required)

WORKBOOK INSTRUCTIONS

This worksheet provides instructions on how to complete the **FY 2022 Financial Management Forms Workbook (FMFW), EMPG v.22**. It is divided into sections that correspond to each of the worksheets within this workbook. The first section describes the macros used in this workbook and can be ignored if you are using the non-macro version of this FMFW. For further guidance, contact your Program Representative.

Section 1: MACROS

Below is a table with instructions on how to enable macros in Microsoft Excel, depending on the version.

Note: Some computers may not run Macros correctly even when enabled in Excel. A Non-Macro version of the workbook is available under such circumstances.

| Version | Instructions |
|-------------------------------|--|
| Excel 2003 | <ol style="list-style-type: none"> 1) From the menu bar, click on TOOLS > MACRO > SECURITY. 2) From SECURITY LEVEL tab, select the MEDIUM. 3) Save, Close, and Re-open the workbook. <p>NOTE: The MEDIUM setting will prompt you to enable or disable macros each time the file is opened. This will prevent potentially unsafe macros from running. The LOW setting will enable macros without a prompt.</p> |
| Excel 2007 | <ol style="list-style-type: none"> 1) Click the round "Office" button in upper left corner of the window. 2) Click "Excel Options" button near lower-right corner. 3) From "Excel Options" window, select "Trust Center" on left pane. 4) Click on the "Trust Center Settings" button on the right pane, which will open a new "Trust Center" window. 5) From the new "Trust Center" window, pick "Macro Settings" on left pane. 6) Choose "Disable all macros with notification" radio button on the right pane, then click OK. <p>NOTE: Each time a workbook with macros is opened, a security alert will appear. This alert may be a pop-up window or a banner across the top of the window. You must choose to enable for macros to function.</p> |
| Excel 2010/2013/2016/2019/365 | <ol style="list-style-type: none"> 1) Click on the File tab, then choose Options, which will then open a new "Excel Options" window. 2) From the new window, click "Trust Center" on the left pane. 3) Click "Trust Center Settings..." button on the right pane, which will then open a new "Trust Center" window. 4) From the "Trust Center" window, pick "Macro Settings" on left pane. 5) Choose "Disable all macros with notification" radio button on the right pane, then click OK. 6) Save, Close, and Re-open the workbook. <p>NOTE: Each time a workbook with macros is opened, a security alert will appear. This alert may be a pop-up window or a banner across the top of the window. You must choose to enable for macros to function.</p> |

Below is a table of the macro buttons available on many of the worksheets in this workbook.

| Button | Function |
|------------|---|
| Sort (A-Z) | Sorts table by project letter, from A to Z. |
| Spellcheck | Spellchecks the worksheet. |

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

| | |
|-----------------------|--|
| Clear Filters | Clears all filters applied to any of the tables. |
| Calculate M&A | Calculates maximum allowable M&A based on total cost of all non-M&A projects. |
| Black Font | Selects the entire row(s) of the selected cell(s) and changes the font color to black. Any strikethroughs will be removed. |
| Red Strikethrough | Selects the entire row(s) of the selected cell(s) and changes the font color to red. A red strikethrough will be added. |
| Blue Font | Selects the entire row(s) of the selected cell(s) and changes the font color to blue. Any strikethroughs will be removed. |
| Add Row | Adds row below the selected cell. |
| Delete Row | Deletes entire row(s) of selected cell(s). Selection must be contiguous if multiple cells are selected. |
| Validate Worksheet | Restores formulas and formatting to default values in the appropriate cells. This macro does not erase data. |
| New Request | Duplicates the active worksheet for reimbursement and modification requests, placing it immediately after the original worksheet. An input box will appear to name the new worksheet. Remember to use the most recent version of the worksheet when creating a new request. |
| New Mod Item | Copies the selected line and inserts it immediately below. The font color of the selected row will change to red with a red strikethrough indicating that the line item has been changed. The duplicated line will have blue font color, without a strikethrough, indicating the modified line item. |
| Initial Application | Populates the Ledger Type field with "Initial Application" and the Date field with today's date. |
| Reimbursement Request | Populates the Ledger Type field with "Reimbursement Request" and the Date field with today's date. A new "Request #" field will appear. |
| Modification | Populates the Ledger Type field with "Modification" and the Date field with today's date. A new "Request #" field will appear. |

Below is a table that lists macros that can be activated by using a keyboard shortcut. A shortcut requires the user to press 2 keys simultaneously: the control button and a letter.

| Keyboard Shortcut | Function |
|-------------------|---|
| Ctrl + Shift + G | Creates a new worksheet with a pivot table that aggregates Budgeted Costs by Solution Area. Only works on the Project Ledger tab. |
| Ctrl + Shift + I | Resets information on top of each tab to reflect name, FIPS, subaward number, POP dates from Face Sheet |
| Ctrl + Shift + L | Breaks all links to external sources. |
| Ctrl + Shift + S | Spellchecks worksheet. |
| Ctrl + Shift + Y | Duplicates the active sheet, then deletes the red lines and changes blue font to black font. |

Section 2: GRANT SUBAWARD FACE SHEET

Use the Grant Subaward Face Sheet to apply for grant programs. Each grant program requires its own separate Grant Subaward Face Sheet. Please convert the Grant Subaward Face Sheet to PDF in portrait format and provide a digital signature from the authorized official. **The use of white out, tape, or digital redaction is prohibited and will invalidate the signature on the Grant Subaward Face Sheet.**

Cal OES Section: The top portion of the form contains blocks for four (4) important numbers. Please do not fill in these blocks. These numbers will be entered by Cal OES.

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| Form Field | Instructions |
|--|--|
| 1. Subrecipient | <p>The Subrecipient is the unit of government or community based organization (CBO) that will have legal responsibility for these grant funds (e.g. County of Alameda, City of Fresno or Women's Place of Merced). Enter the legal name of the Subrecipient that is registered with the Internal Revenue Service (IRS).</p> <p>PLEASE NOTE: All CBOs must be registered, active, and current with the IRS, Department of Justice (DOJ), and Secretary of State (SOS) websites. Failure to be current will result in funds being withheld by Cal OES.</p> |
| 1a. Unique Entity Identifier (UEI) | <p>Effective April 4, 2022, the Federal Government transitioned from using the Data Universal Numbering System or DUNS number, to a new, non-proprietary identifier known as a Unique Entity Identifier or UEI. For entities that have an active registration in the System for Award Management (SAM) prior to this date, the UEI has automatically been assigned and no action is necessary. For all entities filing a new registration in SAM.gov on or after April 4, 2022, the UEI will be assigned to that entity as part of the SAM.gov registration process. UEI registration information is available on GSA.gov at: Unique Entity Identifier Update GSA.</p> |
| 2. Implementing Agency | <p>Enter the complete name of the agency responsible for the day-to-day operation of the grant (e.g. Sheriff, Police Department, or Department of Public Works). If the Implementing Agency is the same as the Subrecipient, enter the same title again.</p> |
| 2a. Unique Entity Identifier (UEI) | <p>Effective April 4, 2022, the Federal Government transitioned from using the Data Universal Numbering System or DUNS number, to a new, non-proprietary identifier known as a Unique Entity Identifier or UEI. For entities that have an active registration in the System for Award Management (SAM) prior to this date, the UEI has automatically been assigned and no action is necessary. For all entities filing a new registration in SAM.gov on or after April 4, 2022, the UEI will be assigned to that entity as part of the SAM.gov registration process. UEI registration information is available on GSA.gov at: Unique Entity Identifier Update GSA.</p> |
| 3. Implementing Agency Address | <p>Enter the address of the Implementing Agency. Provide the complete nine digit zip code (Zip+4).</p> |
| 4. Location of Project | <p>Enter the City and County/Operational Area where the project is located. Provide the complete nine digit zip code (Zip+4).</p> |
| 5. Disaster/Program Title | <p>Enter the name of the Disaster or Program providing the funds for this Grant Subaward. A disaster may be referred by the federal declaration number. Program titles should be complete without the use of acronyms.</p> |
| 6. Performance Period | <p>Enter beginning and ending dates of the performance period for the Grant Subaward. (mm/dd/yyyy)</p> |
| 7. Indirect Cost Rate | <p>Indicate whether you are using the 10% de Minimis rate based on Modified Total Direct Costs (MTDC) or your current cognizant agency approved indirect cost rate agreement. A copy of the approved negotiated indirect cost rate agreement must be enclosed with your application. Indicate N/A if you will not be claiming indirect costs under the award. Indirect costs may or may not be allowable under all Federal fund sources.</p> |
| 8-12. Fund Allocations and Total Project Cost | <p>For each fund source used in the program, select the correct grant year and acronym from the drop down lists, the amount of state or federal funds requested, the amount of cash and/or in-kind match contributed and the resulting totals. Please do not enter both state and federal on the same line. The Total Project Cost row should correspond to the total project cost specified in the budget.</p> |
| 13. Certification Paragraph | <p>Please review the Certification Paragraph.</p> |
| 14. CA Public Records Act | <p>Please review, and if applicable, provide the necessary documentation.</p> |
| 15. Official Authorized to sign for the Subrecipient | <p>Enter the name and title of the official authorized to enter into the Grant Subaward for the Subrecipient as stated in Block 1 of the Grant Subaward Face Sheet (Cal OES 2-101). Enter the Payment Mailing Address where grant funds should be sent. Provide the complete nine digit zip code (Zip+4).</p> |
| 16. Federal Employer ID Number | <p>Enter the nine digit Federal Employer Identification Number for the Implementing Agency.</p> |

Section 3: AUTHORIZED AGENT CONTACT INFORMATION

Provide the contact information of any additional Authorized Agents (AA) or staff related to grant activities. It is recommended that more than one person be designated as an AA, so that if one AA is not available, a second AA can sign the requests for reimbursements and modifications.

Section 4: PROJECT LEDGER

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Use this ledger to submit funding information for projects, as well as submitting Cash Requests and Modifications.

| Ledger Column Name | Instructions |
|----------------------------|--|
| Request Type | Using the Macro buttons, specify what type of ledger is being completed (Application, Advance, Reimbursement, or Modification). Enter the request number. |
| State Goals | Select the State Goals from the drop-down list. |
| Direct/Subaward | Use the drop-down list to identify if the Project is Direct or Subaward |
| Project | Enter the project letter from the drop-down list. |
| Project Title | Enter a short, but descriptive name for the project. |
| Project Description | Enter the project description, citing specific and measurable objectives. |
| Solution Area | Select a Solution Area from the drop-down list. |
| Solution Area Sub-Category | Select a Solution Area Sub-Category from the drop-down list. This list is dependent on a selection from the Solution Area Category drop-down list. The Solution Area Sub-Category will not display the drop-down list unless a Solution Area Category is selected. |
| Core Capabilities | Select a Core Capabilities from the drop-down list. |
| Capability Building | Select Capability Building from the drop-down list. |
| Deployable/Shareable | Select from the drop down list. |
| Total Budgeted Cost | Enter the total amount obligated for the project. |
| Previously Approved Amount | This field auto-populates with the cumulative expenditures of all reimbursement requests prior to the current request. This value does not include any match amounts. |
| Amount This Request | This field is for Cash Requests only: Enter the requested dollar amount for the line item. |
| Total Approved | This field auto-populates with the cumulative amount expended for the line item. This value does not include any match amounts. |
| Expenditures To Date | This field auto-populates with the total expenditures to date for the line item. This value includes match amounts. |
| Remaining Balance | This field auto-populates with the remaining balance allowed for the line item. This value does not include any match amounts. |
| Percent Expended | This field auto-populates with the amount expended, to-date, as a percentage of the budgeted amount. This value does not include any match amounts. |

Section 5: PLANNING

| Ledger Column Name | Instructions |
|--------------------|--------------|
|--------------------|--------------|

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|--------------------------------------|---|
| Project | Select the project letter from the drop-down list that corresponds with the Project Ledger. |
| Direct/Subaward | Use the drop down list to identify if the project is Direct or Subaward. |
| Planning Activity | Enter the planning activity. |
| Solution Area Sub-Category | Select a Solution Area Sub-Category from the drop-down list that corresponds with the Project Ledger. |
| Expenditure Category | Select an Expenditure Category from the drop-down list. This list is dependent on a selection from the Solution Area Sub-Category drop-down list. The Expenditure Category will not display the drop-down list unless a Solution Area Sub-Category is selected. |
| Final Product | Enter a description of the final product for this Planning activity. This must be a tangible item such as a manual, procedure, etc. Please contact your Program Representative for further examples of final products. |
| Noncompetitive Procurement over 250k | Select YES or NO from the drop-down list. |
| Hold Trigger | If project is subject to a Hold, select the Hold type from drop-down list. |
| Approval Date | If applicable, enter date when hold was released/approved. |
| Budgeted Cost | Enter the total amount of grant funding budgeted for the line item. |
| Previously Approved Amount | This field auto-populates with the cumulative expenditures as of all reimbursement requests prior to the current request. This value does not include any match amounts. |
| Amount This Request | This field is for Cash Requests only: Enter the requested dollar amount for the line item. |
| Total Approved | This field auto-populates with the total expenditures to-date for the line item. This value does not include any match amounts. |
| Remaining Balance | This field auto-populates with the remaining balance allowed for the line item. This value does not include any match amounts. |

Section 6: ORGANIZATION

| Ledger Column Name | Instructions |
|----------------------------|---|
| Project | Select the project letter from the drop-down list that corresponds with the Project Ledger. |
| Direct/Subaward | Use the drop down list to identify if the project is Direct or Subaward. |
| Organization | Enter the name of the organization. |
| Solution Area Sub-Category | Select a Solution Area Sub-Category from the drop-down list that corresponds with the Project Ledger. |
| Expenditure Category | Select an Expenditure Category from the drop-down list. This list is dependent on a selection from the Solution Area Sub-Category drop-down list. The Expenditure Category will not display the drop-down list unless a Solution Area Sub-Category is selected. |
| Detail | Select a Detail option from the drop-down list. |

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

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|----------------------------|--|
| Budgeted Cost | Enter the total amount of grant funding budgeted for the line item. |
| Previously Approved Amount | This field auto-populates with the cumulative expenditures as of all reimbursement requests prior to the current request. This value does not include any match amounts. |
| Amount This Request | This field is for Cash Requests only: Enter the requested dollar amount for the line item. |
| Total Approved | This field auto-populates with the total expenditures to-date for the line item. This value does not include any match amounts. |
| Remaining Balance | This field auto-populates with the remaining balance allowed for the line item. This value does not include any match amounts. |

Section 7: EQUIPMENT

| Ledger Column Name | Instructions |
|---|--|
| Project | Select the project letter from the drop-down list that corresponds with the Project Ledger. |
| Equipment Description | Provide a description of equipment and quantity. If Item is Mobile or Portable identify as such. |
| AEL Number & Title | Place the AEL Number and Title in these columns. The AEL Number and Title can be obtained from the following link: <u>Authorized Equipment List</u> |
| SAFECOM Compliance | Select YES, NO, or N/A from the drop-down list. |
| Solution Area Sub-Category | Select a Solution Area Sub-Category from the drop-down list that corresponds with the Project Ledger. |
| Invoice Number | Enter the Invoice Number for the equipment. |
| Vendor | Enter the name of vendor from whom the equipment was purchased. |
| ID Tag Number | Enter the ID Tag Number used to identify this equipment with. Subrecipient may use a product's serial number, or their own internal numbering format to tag equipment. ID Tag Number must be available during monitoring visits. |
| % of Federal Funds Used in the Purchase | Select 50% or 100% from the drop-down list, or enter the appropriate percentage. |
| Condition and Disposition | Enter the condition of equipment by selecting the appropriate drop-down item. If the equipment is not in use, please use the "Deployed Location" column to explain current status. |
| Deployed Location | Enter the equipment's current location. |
| Acquisition Date | Enter the date that this equipment was acquired from vendor. |
| Noncompetitive Procurement over 250k | Select YES or NO from the drop-down list. |
| Hold Trigger | If project is subject to a Hold, select the Hold type from drop-down list. |
| Approval Date | If applicable, enter date when hold was released/approved. |

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|----------------------------|--|
| Budgeted Cost | Enter the total amount of grant funding budgeted for the line item. |
| Previously Approved Amount | This field auto-populates with the cumulative expenditures as of all reimbursement requests prior to the current request. This value does not include any match amounts. |
| Amount This Request | This field is for Cash Requests only: Enter the requested dollar amount for the line item. |
| Total Approved | This field auto-populates with the total expenditures to-date for the line item. This value does not include any match amounts. |
| Remaining Balance | This field auto-populates with the remaining balance allowed for the line item. This value does not include any match amounts. |

Section 8: TRAINING

| Ledger Column Name | Instructions |
|--|---|
| Project | Select the project letter from the drop-down list that corresponds with the Project Ledger. |
| Direct/Subaward | Use the drop down list to identify if the project is Direct or Subaward. |
| Course Name | Enter course name. |
| Solution Area Sub-Category | Select a Solution Area Sub-Category from the drop-down list that corresponds with the Project Ledger. |
| Expenditure Category | Select an Expenditure Category from the drop-down list. This list is dependent on a selection from the Solution Area Sub-Category drop-down list. The Expenditure Category will not display the drop-down list unless a Solution Area Sub-Category is selected. |
| Feedback Number | Enter the Feedback Number for the Training activity. To request a training Feedback Number, contact CSTI and submit the form from the following link: CSTI Tracking Number Request Form |
| Training Activity | Please identify your training activity from the drop-down list. |
| Total # Trainee(s) | Enter the total number of trainee(s). |
| Identified Host | If you are not the host, please identify who is the host. For further guidance, please refer to your Program Representative. |
| Noncompetitive Procurement over \$250k | Select YES or NO from the drop-down list. |
| Hold Trigger | If project is subject to a Hold, select the Hold type from drop-down list. |
| Approval Date | If applicable, enter date when hold was released/approved. |
| Budgeted Cost | Enter the total amount of grant funding budgeted for the line item. |
| Previously Approved Amount | This field auto-populates with the cumulative expenditures as of all reimbursement requests prior to the current request. This value does not include any match amounts. |
| Amount This Request | This field is for Cash Requests only: Enter the requested dollar amount for the line item. |

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

| | |
|-------------------|---|
| Total Approved | This field auto-populates with the total expenditures to-date for the line item. This value does not include any match amounts. |
| Remaining Balance | This field auto-populates with the remaining balance allowed for the line item. This value does not include any match amounts. |

Section 9: EXERCISE

| Ledger Column Name | Instructions |
|--|---|
| Project | Select the project letter from the drop-down list that corresponds with the Project Ledger. |
| Direct/Subaward | Use the drop down list to identify if the project is Direct or Subaward. |
| Exercise Title | Enter the title of the exercise activity. |
| Solution Area Sub-Category | Select a Solution Area Sub-Category from the drop-down list that corresponds with the Project Ledger. |
| Expenditure Category | Select an Expenditure Category from the drop-down list. This list is dependent on a selection from the Solution Area Sub-Category drop-down list. The Expenditure Category will not display the drop-down list unless a Solution Area Sub-Category is selected. |
| Exercise Activity | Please select your exercise activity from the drop-down list. |
| Identified Host | If you are not the host, please identify who is the host. For further guidance, please refer to your Program Representative. |
| Date of Exercise | Enter the date of when this exercise was conducted. |
| Date of AAR/IP E-mailed into HSEEP | Enter the date that the After Action Report (AAR) / Improvement Plan (IP) was e-mailed to hseep@fema.dhs.gov . |
| Noncompetitive Procurement over \$250k | Select YES or NO from the drop-down list. |
| Hold Trigger | If project is subject to a Hold, select the Hold type from drop-down list. |
| Approval Date | If applicable, enter date when hold was released/approved. |
| Budgeted Cost | Enter the total amount of grant funding budgeted for the line item. |
| Previously Approved Amount | This field auto-populates with the cumulative expenditures as of all cash request requests prior to the current request. This value does not include any match amounts. |
| Amount This Request | This field is for Cash Requests only: Enter the requested dollar amount for the line item. |
| Total Approved | This field auto-populates with the total expenditures to-date for the line item. This value does not include any match amounts. |
| Remaining Balance | This field auto-populates with the remaining balance allowed for the line item. This value does not include any match amounts. |

Section 10: M&A

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

| Ledger Column Name | Instructions |
|----------------------------|---|
| Project | Select the project letter from the drop-down list that corresponds with the Project Ledger. |
| Activity | Provide detailed information on M&A activity. |
| Solution Area Sub-Category | Select "Grant Administration" from the drop-down list. |
| Expenditure Category | Select an Expenditure Category from the drop-down list. This list is dependent on a selection from the Solution Area Sub-Category drop-down list. The Expenditure Category will not display the drop-down list unless a Solution Area Sub-Category is selected. |
| Detail | Select a Detail option from the drop-down list. |
| Budgeted Cost | Enter the total amount of grant funding budgeted for the line item. |
| Previously Approved Amount | This field auto-populates with the cumulative expenditures as of all reimbursement requests prior to the current request. This value does not include any match amounts. |
| Amount This Request | This field is for Cash Requests only: Enter the requested dollar amount for the line item. |
| Total Approved | This field auto-populates with the total expenditures to-date for the line item. This value does not include any match amounts. |
| Remaining Balance | This field auto-populates with the remaining balance allowed for the line item. This value does not include any match amounts. |

Section 11: INDIRECT COST

If claiming indirect costs under the award, provide detailed information on the total estimated indirect costs and the indirect cost rate at which you will be claiming. If you have a federally-approved rate, provide information on the direct cost base on which, the rate is calculated, e.g., Salary and Wages (S/W), Salary, Wages and Benefits (SW&B), Total Direct Costs (TDC), Modified Total Direct Costs (MTDC), the De Minimis Rate of 10% of MTDC (10% MTDC), or another base (Other).

| Ledger Column Name | Instructions |
|----------------------------|--|
| Project | Select the project letter from the drop-down list that corresponds with the Project Ledger. |
| Activity | Provide detailed information on Indirect Cost activity. |
| Solution Area Sub-Category | Select "Facilities & Administration " from the drop-down list. |
| ICR Base | Select an ICR Base from the drop-down list. |
| Rate | Enter the Percentage Rate. |
| Budgeted Cost | Enter the total amount of grant funding budgeted for the line item. |
| Previously Approved Amount | This field auto-populates with the cumulative expenditures as of all reimbursement requests prior to the current request. This value does not include any match amounts. |
| Amount This Request | This field is for Cash Requests only: Enter the requested dollar amount for the line item. |

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

| | |
|-------------------|---|
| Total Approved | This field auto-populates with the total expenditures to-date for the line item. This value does not include any match amounts. |
| Remaining Balance | This field auto-populates with the remaining balance allowed for the line item. This value does not include any match amounts. |

Section 12: CONSULTANT / CONTRACTOR

| Ledger Column Name | Instructions |
|--|---|
| Project | Select the project letter from the drop-down list that corresponds with the Project Ledger. |
| Consulting Firm / Consultant Name | Provide the name of the Consulting Firm and Consultant Name. |
| Project & Description of Services | Provide detailed information on the project and description of services. If your consultant/contractor invoiced you for their services using a fee for each deliverable, then describe the product in the Deliverable column. (e.g.: \$10,000 for a reverse 911/telephone emergency notification system) |
| Deliverable | If your consultant/contractor invoiced you for their services using a fee for each deliverable, then describe the product in the Deliverable column. (e.g.: \$10,000 for a reverse 911/telephone emergency notification system) |
| Solution Area | Select a Solution Area from the drop-down list. |
| Solution Area Sub-Category | Select a Solution Area Sub-Category from the drop-down list that corresponds with the Project Ledger. This list is dependent on a selection from the Solution Area Category drop-down list. The Solution Area Sub-Category will not display the drop-down list unless a Solution Area Category is selected. |
| Expenditure Category | Select an Expenditure Category from the drop-down list. This list is dependent on a selection from the Solution Area Sub-Category drop-down list. The Expenditure Category will not display the drop-down list unless a Solution Area Sub-Category is selected. |
| Noncompetitive Procurement over \$250k | Select YES or NO from the drop-down list. |
| Hold Trigger | If project is subject to a Hold, select the Hold type from drop-down list. |
| Approval Date | If applicable, enter date when hold was released/approved. |
| Period of Expenditure | Enter the Period of Expenditure in this column. |
| Fee for Deliverable | If your consultant/contractor invoiced you for their services using a fee for each deliverable, then fill in the cost for the product in the Fee for Deliverable column. (e.g.: \$10,000 for a reverse 911/telephone emergency notification system) |
| Total Cost Charged to this Grant | Enter the Total Cost Charged to the Grant in this column. |

Section 13: PERSONNEL

| Ledger Column Name | Instructions |
|---------------------|---|
| Project/Deliverable | Select the project letter from the drop-down list that corresponds with the Project Ledger. |
| Employee Name | Provide the name of the employee. |
| Project/Deliverable | Provide detailed information on the project and description of services. |

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

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|---|--|
| Funding Source | Select the appropriate funding source used for this project. Funds from one funding source cannot be moved to another funding source. |
| Solution Area | Select a Solution Area from the drop-down list. |
| Solution Area Sub-Category | Select a Solution Area Sub-Category from the drop-down list. This list is dependent on a selection from the Solution Area Category drop-down list. The Solution Area Sub-Category will not display the drop-down list unless a Solution Area Category is selected. |
| Dates of Payroll Period | Provide the Dates of the Payroll Period. |
| Total Salary and Benefits Charged for this Reporting Period | Provide the Total Salary and Benefits Charged for the Reporting Period. |
| Total Project Hours | Enter the Total Project Hours in this column. |
| Total Cost Charged to this Grant | Enter the Total Cost Charged to the Grant in this column. |

Section 14: MATCH

| Ledger Column Name | Instructions |
|----------------------------|--|
| Project | Select the project letter from the drop-down list that corresponds with the Project Ledger. |
| Direct/Subaward | Use the drop-down list to identify if the Project is Direct or Subaward |
| Project Title | Enter the name of the project. |
| Match Description | Enter the description of the Match activity. |
| Solution Area | Select a Solution Area from the drop-down list that aligns to the activities/costs used to meet the EMPG Match Requirement. |
| Solution Area Sub-Category | Select a Solution Area Sub-Category from the drop-down list that aligns to the activities/costs used to meet the EMPG Match Requirement. This list is dependent on a selection from the Solution Area Category drop-down list. The Solution Area Sub-Category will not display the drop-down list unless a Solution Area Category is selected. |
| Type of Match | Select the Type of Match: Cash or In-Kind |
| Total Budgeted Match | Enter the total budgeted match amount for this project in this column. |
| Previously Approved Amount | This field auto-populates with the cumulative match expenditures as of the reimbursement request prior to the current request. |
| Current Match | This field is for Cash Requests only: Enter the match amount for the line item. |
| Total Match Expended | This field auto-populates with the total match expenditures to-date for the line item. |
| Remaining Balance | This field auto-populates with the remaining match balance for the line item. |

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

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| Percentage Expended | This field auto-populates with the match amount expended, to-date, as a percentage of the budgeted match amount. |
|---------------------|--|

Section 15: ICR SUMMARY

| Ledger Column Name | Instructions |
|--------------------------------|---|
| Period | Enter the time period for which the indirect cost rate is valid. Use the format: Month/Year through Month/Year. |
| Indirect Cost Rate for Period | Enter the indirect cost rate for period |
| ICR Base | Select ICR Base from the drop-down |
| Total Costs | Enter Total Costs. |
| Less Distorting Costs | Enter Less Distorting Costs. |
| Costs Applicable to ICR | This field auto-populates. |
| Total Direct Costs | This field auto-populates. |
| Total Allowable Indirect Costs | This field auto-populates. |
| Total Budgeted Indirect Costs | Enter Total Indirect Costs Budgeted; this value should be not be greater than the Total Allowable Indirect Costs. |

Section 16: AA APPROVAL

The Authorized Agent sheet must accompany ALL Reimbursement Requests, Modifications, and the Initial Application.

| Form Field | Instructions |
|---------------------|--|
| Request Type | Enter the type of request that is being made. Use one of the following types: INITIAL APPLICATION, REIMBURSEMENT REQUEST, FINAL REIMBURSEMENT REQUEST and MODIFICATION |
| Performance Period | This field is auto-populated with the grant Performance Period as described on the Face Sheet Tab |
| Request # | Enter the "Cash Request" or "Modification" number associated with this request. |
| Amount This Request | This field is for Cash Requests only: Enter the requested dollar amount for this request. |
| Authorized Agent | Enter the Name and Title of Authorized Agent. Sign and date. |

(Cal OES Use Only)

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|-----------|--|--------|-----------|-----|--|------------|-----------|
| Cal OES # | | FIPS # | 075-00000 | VS# | | Subaward # | 2022-0005 |
|-----------|--|--------|-----------|-----|--|------------|-----------|

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:** City and County of San Francisco **1a. UEI:** MYM4VNNBN6T9
2. **Implementing Agency:** San Francisco Department of Emergency Management **2a. UEI:** MYM4VNNBN6T9
3. **Implementing Agency Address:** City Hall, 1 Dr Carlton B Goodlett Pl, Suite 344 San Francisco 94102-4605
(Street) (City) (Zip+4)
4. **Location of Project:** San Francisco CA 94102-4605
(City) (County) (Zip+4)
5. **Disaster/Program Title:** Emergency Management Performance Grant **6. Performance / Budget Period:** July 1, 2022 **to** June 30, 2024
(Start Date) (End Date)
7. **Indirect Cost Rate:** N/A **Federally Approved ICR (if applicable):** _____ %

| Item Number | Grant Year | Fund Source | A. State <input type="checkbox"/> | B. Federal <input type="checkbox"/> | C. Total <input type="checkbox"/> | D. Cash Match | E. In-Kind Match | F. Total Match | G. Total Cost |
|--------------|----------------|-------------|-----------------------------------|-------------------------------------|-----------------------------------|---------------|------------------|----------------|---------------|
| 8. | 2022 | EMPG | | \$350,321 | \$350,321 | \$350,321 | | \$350,321 | \$700,642 |
| 9. | | | | | | | | | |
| 10. | | | | | | | | | |
| 11. | | | | | | | | | |
| 12. | | | | | | | | | |
| Total | Project | Cost | | \$350,321 | \$350,321 | \$350,321 | | \$350,321 | \$700,642 |

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: Mary Ellen Carroll Title: Executive Director

Payment Mailing Address: City Hall, 1 Dr Carlton B Goodlett
Pl, Suite 344 City: San Francisco Zip Code+4: 94102-4605

Signature: _____ Date: 12/30/22

16. Federal Employer ID Number: 94-6000417

(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)

AUTHORIZED AGENT AND CONTACT INFORMATION

City and County of San Francisco

Request Type: **Initial Application**

075-00000
2022-0005

Cal OES Approval: **YY-12/30/22**

| Salutation | Authorized Agent Name | Title | Address | City | Zip | Phone | Email |
|------------|-----------------------|---------------------------|--|---------------|------------|----------------|--|
| Ms. | Mary Ellen Carroll | Executive Director | City Hall, 1 Dr Carlton B Goodlett Pl, Suite 344 | San Francisco | 94102-4605 | (415) 558-2745 | maryellen.carroll@sfgov.org |
| | Adrienne Bechelli | Deputy Director | City Hall, 1 Dr Carlton B Goodlett Pl, Suite 344 | San Francisco | 94102-4605 | (415) 806-2058 | adrienne.bechelli@sfgov.org |
| | William Lee | Chief Financial Officer | 1011 Turk Street | San Francisco | 94102-3192 | (415) 558-3866 | william.lee@sfgov.org |
| | Kimberley Bowman | Assistant Deputy Director | City Hall, 1 Dr Carlton B Goodlett Pl, Suite 344 | San Francisco | 94102-4605 | (415) 554-4840 | kimberley.bowman@sfgov.org |
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NOTE: Authorized Agents must be designated, by name or title, in the Governing Body Resolution. Modifications will require additional documentation.

| Salutation | Point of Contact (POC) Name | Title | Address | City | Zip | Phone | Email |
|------------|-----------------------------|-------------------|--|---------------|------------|----------------|--|
| | Emily Wang | Grants Manager | City Hall, 1 Dr Carlton B Goodlett Pl, Suite 344 | San Francisco | 94102-4605 | (415) 554-4881 | emily.wang@sfgov.org |
| | Fermi Chau | Grants Accountant | City Hall, 1 Dr Carlton B Goodlett Pl, Suite 344 | San Francisco | 94102-4605 | (415) 554-4895 | fermi.chau@sfgov.org |
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CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES (Cal OES)

PROJECT LEDGER

City and County of San Francisco

075-00000
2022-0005

Request Type: **Initial Application**

| Award | Total M&A Expended | % Total M&A Exp of Total Exp |
|-----------|--------------------|------------------------------|
| \$350,321 | | |

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|-------------------------|--------------------|
| POP Start Date | July 1, 2022 |
| POP End Date | June 30, 2024 |
| Cal OES Approval | YY-12/30/22 |

| State Goals | Direct / Subaward | Project | Project Title | Project Description | Solution Area | Solution Area Sub-Category | Core Capabilities | Capability Building | Deployable / Shareable | Total Budgeted Cost | Previously Approved Amount | Amount This Request | Total Approved | Expenditures To Date (w/Match) | Remaining Balance | Percent Expended |
|-------------|-------------------|---------|--|---|---------------|---|--------------------------|---------------------|------------------------|---------------------|----------------------------|---------------------|----------------|--------------------------------|-------------------|------------------|
| | | | | | | | | | | \$350,321 | | | | | \$350,321 | |
| Goal #6 | Direct | A | Emergency Management Response Plan | This project enhances planning efforts with emphasis toward catastrophic events. By funding an Emergency Planner, the Emergency Management efforts continue in development of recovery planning, vulnerable populations planning, and multi-hazard emergency response planning. For this grant cycle, work will be focused on the Hazard Mitigation Plan, Emergency Response Plan, ESF Plans, and Fleet Week. | Planning | Develop and Enhance Plans, Protocols, Programs, and Systems | Operational Coordination | Sustain | Both | 120,000 | | | | | 120,000 | |
| Goal #6 | Direct | B | Emergency Management Response and Coordination | This project will enhance operational coordination and information sharing through updates of notification systems, Duty Officer Program, and EOC activation plans for large scale events. For this grant cycle, work will be focused on operational plans for Watch Center, Fleet Week, trainings, and community outreach. | Organization | Staffing | Operational Coordination | Sustain | Both | 230,321 | | | | | 230,321 | |
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PLANNING

City and County of San Francisco

075-00000

2022-0005

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|--------------|---------------------|
| Request Type | Initial Application |
|--------------|---------------------|

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|----------------|--------------|
| POP Start Date | July 1, 2022 |
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|--------------|---------------|
| POP End Date | June 30, 2024 |
|--------------|---------------|

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| Cal OES Approval | YY-12/30/22 |
|------------------|-------------|

| Project | Direct / Subaward | Planning Activity | Solution Area Sub-Category | Expenditure Category | Final Product | Noncompetitive Procurement over 250k | Hold Trigger | Approval Date | Budgeted Cost | Previously Approved Amount | Amount This Request | Total Approved | Remaining Balance |
|---------|-------------------|-------------------|---|----------------------|--|--------------------------------------|-------------------|---------------|---------------|----------------------------|---------------------|----------------|-------------------|
| | | | | | | | | | \$120,000 | | | | \$120,000 |
| A | Direct | Emergency Planner | Develop and Enhance Plans, Protocols, Programs, and Systems | Staff Salaries | Hazard Mitigation Plan, Emergency Response Plan, and ESF8. | No | No Hold Indicated | | 120,000 | | | | 120,000 |
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ORGANIZATION

City and County of San Francisco

075-00000

2022-0005

Request Type Initial Application

POP Start Date July 1, 2022

POP End Date June 30, 2024

Cal OES Approval YY-12/30/22

| Project | Direct / Subaward | Organization | Solution Area Sub-Category | Expenditure Category | Detail | Budgeted Cost | Previously Approved Amount | Amount This Request | Total Approved | Remaining Balance |
|---------|-------------------|--|----------------------------|----------------------|----------|------------------|----------------------------|---------------------|----------------|-------------------|
| | | | | | | \$230,321 | | | | \$230,321 |
| B | Direct | City and County of San Francisco Department of Emergency Management | Staffing | Staff Salaries | Staffing | 230,321 | | | | 230,321 |
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CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES (Cal OES)

EQUIPMENT

City and County of San Francisco

075-00000
2022-0005

Ledger Type: Initial Application

POP Start Date: July 1, 2022
 POP End Date: June 30, 2024
 Cal OES Approval: YY-12/30/22

| Project | Equipment Description (include Qty.) | AEL# | AEL Title | SAFECOM Compliance | Solution Area Sub-Category | Invoice Number | Vendor | ID Tag Number | % of Federal Funds Used in the Purchase | Condition & Disposition | Deployed Location | Acquisition Date | Noncompetitive Procurement over \$250k | Hold Trigger | Approval Date | Budgeted Cost | Previously Approved Amount | Amount This Request | Total Approved | Remaining Balance |
|---------|--------------------------------------|------|-----------|--------------------|----------------------------|----------------|--------|---------------|---|-------------------------|-------------------|------------------|--|--------------|---------------|---------------|----------------------------|---------------------|----------------|-------------------|
| | N/A | | | | | | | | | | | | | | | | | | | |
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TRAINING

City and County of San Francisco

Ledger Type

Initial Application

075-00000

POP Start Date

July 1, 2022

2022-0005

POP End Date

June 30, 2024

Cal OES Approval

YY-12/30/22

| Project | Direct / Subaward | Course Name | Solution Area Sub-Category | Expenditure Category | Feedback Number | Training Activity | Total # of Trainee(s) | Identified Host | Noncompetitive Procurement over 250k | Hold Trigger | Approval Date | Budgeted Cost | Previously Approved Amount | Amount This Request | Total Approved | Remaining Balance |
|---------|-------------------|-------------|----------------------------|----------------------|-----------------|-------------------|-----------------------|-----------------|--------------------------------------|--------------|---------------|---------------|----------------------------|---------------------|----------------|-------------------|
| | | N/A | | | | | | | | | | | | | | |
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EXERCISE

City and County of San Francisco

075-00000
2022-0005

Ledger Type Initial Application

POP Start Date July 1, 2022

POP End Date June 30, 2024

Cal OES Approval YY-12/30/22

| Project | Direct / Subaward | Exercise Title | Solution Area Sub-Category | Expenditure Category | Exercise Type | Identified Host | Date of Exercise | Date AAR/IP E-mailed to HSEEP | Noncompetitive Procurement over \$250k | Hold Trigger | Approval Date | Budgeted Cost | Previously Approved Amount | Amount This Request | Total Approved | Remaining Balance |
|---------|-------------------|----------------|----------------------------|----------------------|---------------|-----------------|------------------|-------------------------------|--|--------------|---------------|---------------|----------------------------|---------------------|----------------|-------------------|
| | | N/A | | | | | | | | | | | | | | |
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M&A

City and County of San Francisco

075-00000

2022-0005

Request Type

Initial Application

POP Start Date

July 1, 2022

POP End Date

June 30, 2024

Cal OES Approval

YY-12/30/22

| Project | Activity | Solution Area Sub-Category | Expenditure Category | Detail | Budgeted Cost | Previously Approved Amount | Amount This Request | Total Approved | Remaining Balance |
|---------|----------|----------------------------|----------------------|--------|---------------|----------------------------|---------------------|----------------|-------------------|
| | N/A | | | | | | | | |
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CONSULTANT / CONTRACTOR

City and County of San Francisco

075-00000

2022-0005

Ledger Type

Initial Application

POP Start Date

July 1, 2022

POP End Date

June 30, 2024

Cal OES Approval

YY-12/30/22

| Project | Consulting Firm / Consultant Name | Project / Description of Services | Deliverable | Solution Area | Solution Area Sub-Category | Expenditure Category | Noncompetitive Procurement over \$250k | Hold Trigger | Approval Date | Period of Expenditure | Fee for Deliverable | Total Cost Charged to Grant |
|---------|-----------------------------------|-----------------------------------|-------------|---------------|----------------------------|----------------------|--|--------------|---------------|-----------------------|---------------------|-----------------------------|
| | N/A | | | | | | | | | | | |
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PERSONNEL

City and County of San Francisco

075-00000
2022-0005

Ledger Type

Initial Application

POP Start Date

July 1, 2022

POP End Date

June 30, 2024

Cal OES Approval

YY-12/30/22

| Project | Employee Name | Project / Deliverable | Solution Area | Solution Area Sub-Category | Dates of Payroll Period | Total Salary & Benefits Charged for this Reporting Period | Total Project Hours | Total Cost Charged to Grant |
|---------|------------------|--|---------------|---|-------------------------|---|---------------------|-----------------------------|
| A | Andrea Jorgensen | Hazard Mitigation Plan, Emergency Response Plan, Fleet Week, and ESF Plans. | Planning | Develop and Enhance Plans, Protocols, Programs, & Systems | | | | |
| B | Anna Sop | EOC activation for large events and notification protocols. | Organization | Staffing | | | | |
| B | Jessica Medina | EOC activations for large events and community engagement in ongoing operations support of EOC response. | Organization | Staffing | | | | |
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INDIRECT COSTS

City and County of San Francisco

075-00000

2022-0005

Ledger Type

Initial Application

POP Start Date

July 1, 2022

POP End Date

June 30, 2024

Cal OES Approval

YY-12/30/22

| Project | Activity | Solution Area Sub-Category | ICR Base | Rate | Budgeted Cost | Previously Approved Amount | Amount This Request | Total Approved | Remaining Balance |
|---------|----------|----------------------------|----------|------|---------------|----------------------------|---------------------|----------------|-------------------|
| | N/A | | | | | | | | |
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INDIRECT COSTS - SUMMARY RECAP OF COSTS CLAIMED

APPLICATION MODIFICATION CLEAR

City and County of San Francisco

Ledger Type

Initial Application

075-00000
2022-0005

Cal OES Approval

YY-12/30/22

| FUNDING SOURCE | ICR PERIOD (Mo/Yr through Mo/Yr) | INDIRECT COST RATE FOR PERIOD | ICR BASE |
|----------------|----------------------------------|-------------------------------|----------|
| EMPG | N/A | | (Select) |

| DIRECT COSTS | TOTAL COSTS | LESS DISTORTING COSTS | COSTS APPLICABLE TO ICR |
|---------------------------------------|-------------|-----------------------|-------------------------|
| Planning | | | |
| Organization | | | |
| Training | | | |
| Exercise | | | |
| M&A | | | |
| SUBTOTAL ELIGIBLE DIRECT COSTS | | | |

| SUBAWARDS | TOTAL COSTS | LESS EXCLUDED SUBAWARD COSTS | COSTS APPLICABLE TO ICR |
|---|-------------|------------------------------|-------------------------|
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| SUBTOTAL ELIGIBLE SUBAWARD COSTS | | | |

| | |
|---------------------------------------|--|
| TOTAL DIRECT COSTS | |
| TOTAL ALLOWABLE INDIRECT COSTS | |
| TOTAL BUDGETED INDIRECT COSTS | |

AUTHORIZED AGENT

NOTE: Unauthorized alterations will delay the approval of this request.

City and County of San Francisco

075-00000

2022-0005

ALN

EMPG 97.042

Supporting Information for Application, Modification, or Request for Federal Funds

This claim is for costs incurred within the grant performance period.

This request is for a/an: Initial Application

July 1, 2022

(Beginning Performance Period Date)

through

June 30, 2024

(Ending Performance Period Date)

[Redacted Request #]

(Request #)

[Redacted Amount]

(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 expenditures were made in accordance with applicable laws, rules, regulations, and grant conditions and assurances.

Statement of Certification - Authorized Agent

By signing this report, I certify, to the best of my knowledge and belief, that the report is true, complete, and accurate, and that the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729–3730 and 3801–3812).

Mary Ellen Carroll

Printed Name of Authorized Agent

Executive Director

Title of Authorized Agent

December 30, 2022

Date

Signature of Authorized Agent

GAVIN NEWSOM
GOVERNOR

MARK S. GHILARDUCCI
DIRECTOR



October 14, 2022

Adrienne Bechelli
Deputy Director
City and County of San Francisco
City Hall, 1 Dr Carlton B Goodlett Pl, Suite 344
San Francisco, CA 94102

SUBJECT: NOTIFICATION OF SUBRECIPIENT SUBAWARD APPROVAL

Fiscal Year (FY) 2022 Emergency Management Performance Grant
Program (EMPG)
Subaward #2022-0005, Cal OES ID#075-00000
Subaward Performance Period: July 1, 2022, to June 30, 2024

Dear Ms. Bechelli:

We are pleased to announce the approval of your FY 2022 EMPG subaward in the amount of \$350,321.

Once the completed application is received and approved, reimbursement of eligible subaward expenditures may be requested using the California Governor's Office of Emergency Services (Cal OES) Financial Management Forms Workbook. Failure to provide documentation in a timely manner could result in a hold on funding, pursuant to Title 2, Code of Federal Regulations (CFR), Sections 200.338(a) and 200.207(b)(1)-(2).

This subaward is subject to requirements in 2 CFR, Part 200, including the Notice of Funding Opportunity (NOFO), the Preparedness Grants Manual, the California Supplement to the NOFO, and all applicable federal, state, and local requirements. All activities funded with this subaward must be completed within the subaward performance period.



3650 SCHRIEVER AVENUE, MATHER, CA 95655
www.CalOES.ca.gov

Adrienne Bechelli
October 14, 2022
Page 2 of 2

Subrecipients must obtain additional written approval **prior** to incurring costs for activities such as aviation, watercraft, allowability request logs, noncompetitive procurement, and projects requiring Environmental Planning and Historic Preservation review.

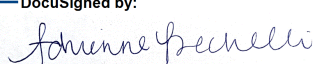
Your organization will be required to prepare and submit the Biannual Strategy Implementation Report to Cal OES via the Federal Emergency Management Agency Grants Reporting Tool (GRT) semi-annually for the duration of the subaward period of performance or until all activities are completed and the subaward is formally closed. Failure to submit required reports could result in subaward reduction, suspension, or termination. Throughout the subaward cycle, milestones set in the GRT will be used as indicators of project feasibility, performance, and grant management capacity. This information may also be used in assessing proposals in future grant opportunities.

Your dated signature is required on this letter. Please sign and return the original to your Cal OES Program Representative within 20 calendar days upon receipt and keep a copy for your records. For further assistance, please contact your Cal OES Program Representative.

Sincerely,



MARK S. GHILARDUCCI
Director

DocuSigned by:

4EC7E9BDBCAC4C6...

10/19/2022

Adrienne Bechelli
City and County of San Francisco

Date

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Mary Ellen Carroll

DATE: May 9, 2024

SUBJECT: Accept and Expend Resolution for Subject Grant

GRANT TITLE: FY 2022 Emergency Management Performance Grant Program (EMPG)

Attached please find the original* and 1 copy of each of the following:

X Proposed grant resolution; original* signed by Department, Mayor, Controller

X Grant information form, including disability checklist

X Grant budget

X Grant application

X Grant award letter from funding agency

n/a Ethics Form 126 (if applicable)

n/a Contracts, Leases/Agreements (if applicable)

n/a Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Kim Bowman

Phone: 415-554-4840

Interoffice Mail Address: N/A

Certified copy required Yes

No

(Note: certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases ordinary copies without the seal are sufficient).

Updated August 7, 2014

From: [Trejo, Sara \(MYR\)](#)
To: [BOS Legislation, \(BOS\)](#)
Cc: [Paulino, Tom \(MYR\)](#); [Scanlon, Olivia \(DEM\)](#); [Chen, Thomas \(DEM\)](#); [Lee, William \(DEM\)](#); [Kaplan, Scott \(DEM\)](#)
Subject: Mayor -- Resolution -- Emergency Management Performance Grant
Date: Tuesday, June 4, 2024 2:51:57 PM
Attachments: [00 EMPG Accept and Expend Resolution Cover Sheet.doc](#)
[01. AE Resolution - FY22 EMP Grant.docx](#)
[01. Accept and Expend Resolution EMP Grant 07012022 to 06302024 5.17.2024.pdf](#)
[02 FY22 EMPG Grant Information and Disability Checklist EMPG 5.21.2024.pdf](#)
[03 Budget and Application Approved IA FY22 EMPG - San Francisco.xlsm](#)
[04 FY22 EMPG Subaward Letter - San Francisco signed.pdf](#)
[FW DEM AE Emergency Management Performance Grant - \\$350321.msg](#)
[RE DEM AE Emergency Management Performance Grant - \\$350321 .msg](#)

Hello Clerks,

Attached is a Resolution retroactively authorizing the Department of Emergency Management to accept and expend an Emergency Management Performance Grant in the amount of \$350,321 for the period of July 1, 2022 through June 30, 2024, from the California Office of Emergency Services.

Best regards,

Sara Trejo

Legislative Aide

Office of the Mayor

City and County of San Francisco

415.554.6141 | sara.trejo@sfgov.org