

Cal OES #	065-00000	CFDA #	97.042	(Co. EMD Use Only)		Subaward #	2022-XXXX
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RIVERSIDE COUNTY OPERATIONAL AREA

GRANT SUBAWARD FACE SHEET

The Riverside County Operational Area, hereafter designated Co. EMD, hereby makes a Grant Subaward of funds to the following:

MXKFT7NUYL61

1. Subrecipient:	CITY OF LAKE ELSINORE	1a. UEI#	
2. Implementing Agency:	LAKE ELSINORE EMG	2a. UEI#	
3. Implementing Agency Address:	130 S. MAIN STREET	City	LAKE ELSINORE
4. Location of Project:	LAKE ELSINORE	County	RIVERSIDE
5. Disaster/Program Title:	Emergency Management Performance Grant	6. Performance Period:	7/1/2022 to 12/31/2023

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
2022	7. EMPG		\$18,005				\$18,005	\$36,010
	8. EMPG						\$0	\$0
	9. EMPG						\$0	\$0
	10. EMPG						\$0	\$0
	11. TOTALS	\$0	\$18,005	\$18,005	\$0	\$0	\$18,005	\$36,010

12. 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.

13. 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.

I believe there is information in the application that is exempt from the Public Records Act and have attached a document to support it.
(Initials)

14. Official Authorized to Sign for Subrecipient:

Name: JASON SIMPSON
Telephone: (951) 674-3124 (area code)
FAX: (area code)

15. Federal Employer ID Number:

Title: City Manager
Email: jrsimpson@lakes-elsinore.org

Payment Mailing Address: 130 S. MAIN STREET

City: LAKE ELSINORE Zip+ 4: 92530-4163

Signature:

Date: 6-22-2022