CFDA#	97.067		Subaward #	2023-xxxx

Riverside County Operational Area
GRANT SUBAWARD FACE SHEET

Subrecipient: CITY OF LAKE ELSINORE **UEI#** MXKFT7NUYL61

Implementing Agency: CITY OF LAKE ELSINORE EMERGENCY SERVICES **UEI#** MXKFT7NUYL61

Implementing Agency Address: 521 NORTH LANGSTAFF STREE LAKE ELSINORE (City) 92530-4163 (Zip+4)

Location of Project: CITY OF LAKE ELSINORE (City) RIVERSIDE (County) 92530-4163 (Zip+4)

Disaster/Program Title: State Homeland Security Program **6. Performance Period:** xx/xx/2023 **to** 05/31/25

Project	Discipline	Federal Amt. Requested	Total	Cash Match	In-Kind Match (3rd Party)	Total Match	Total Project Cost
						$0	$10,292
						$0	$0
						$0	$0
						$0	$0
						$0	$0
						$0	$0
						$0	$0
						$0	$0
						$0	$0
TOTALS		$0	$0	$0	$0	$0	Total Project Cost: $10,292

This Grant Subaward consists of this title page, the application for the grant, which is attached and made a part hereof, and may also include 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.

Official Authorized to Sign for Subrecipient: **Federal Employer ID Number:** 95-6000707

Name: SHANNON BUCKLEY Title: ASSISTANT CITY MANAGER

Telephone: 951-674-3124 (include area code) Email: sbuckley@Lake-Elsinore.org

Payment Mailing Address: 130 S. MAIN STREET City: LAKE ELSINORE Zip+ 4 92530-4163

Signature: Shannon Buckley Date: 9.27.22

Grant Management Point of Contact: (Individual designated by the Authorized Agent to manage all grant functions)

Name: RALPH MESA JR Title: EMERGENCY SERVICES MANAGER

Telephone: 951-674-5170 (include area code) Email: rmesa@lake-elsinore.org