



May 31, 2022

Marlon King, Emergency Services Manager
Chula Vista, City of
276 Fourth Avenue
Chula Vista, CA 91910-2631

Subject: **Notification of Grant Subaward Application Approval**
High Frequency Communications Equipment Program
Grant Subaward #: FH21 01 6364

Dear Marlon King:

Congratulations! The California Governor's Office of Emergency Services (Cal OES) has approved your Grant Subaward application in the amount of \$55,764, subject to Budget approval. A copy of your approved Grant Subaward is enclosed for your records.

Cal OES will make every effort to process payment requests within 45 days of receipt of your Report of Expenditures & Request for Funds (Cal OES Form 2-201).

This Grant Subaward is subject to the Cal OES Subrecipient Handbook. You are encouraged to read and familiarize yourself with the Cal OES Subrecipient Handbook, which can be viewed on the Cal OES website at www.caloes.ca.gov.

Any funds received in excess of current needs, approved amounts, or those funds owed as a result of a close-out or audit, must be refunded to Cal OES within 30 days upon receipt of an invoice.

Please contact your Program Specialist, Nicolas Martin, at (916) 539-3501 with questions about this notice.

VS Grants Processing Unit

cc: Subrecipient's file
Program Specialist

| | | | | | | | |
|-----------|--------------|--------|-----------|-----|--|------------|--------------|
| Cal OES # | 073-13392-00 | FIPS # | 073-13392 | VS# | | Subaward # | FH21.01.6364 |
|-----------|--------------|--------|-----------|-----|--|------------|--------------|

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 of Chula Vista **1a. UEI#:** Duns. 078728551 **JI**

2. Implementing Agency: City of Chula Vista Fire Department **2a. UEI#:** Duns. 078728551 **JI**

3. Implementing Agency Address: 276 Fourth Ave. Chula Vista 91910-2699
(Street) (City) (Zip+4)

4. Location of Project: Chula Vista San Diego 91910-2699
(City) (County) (Zip+4)

5. Disaster/Program Title: High Frequency Communications Equipment Program **6. Performance/Budget Period:** 4/1/2022 **to** 10/31/2023
(Start Date) (End Date)

7. Indirect Cost Rate: N/A **Federally Approved ICR (if applicable):** _____ %

| Item Number | Grant Year | Fund Source | A. State | B. Federal | C. Total | D. Cash Match | E. In-Kind Match | F. Total Match | G. Total Cost |
|--------------|----------------|-------------|-----------------|------------|-----------------|---------------|------------------|----------------|-----------------|
| 8. | 2021 | PSC1 | \$55,764 | | | | | | \$55,764 |
| 9. | Select | Select | | | | | | | |
| 10. | Select | Select | | | | | | | |
| 11. | Select | Select | | | | | | | |
| 12. | Select | Select | | | | | | | |
| Total | Project | Cost | \$55,764 | | \$55,764 | | | | \$55,764 |

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: Marion King Title: Emergency Services Manager

Payment Mailing Address: 276 Fourth Ave City: Chula Vista Zip Code+4: 91910-2699

Signature: [Signature] Date: 02/24/22

16. Federal Employer ID Number: 956000690

(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.

DocuSigned by:
Mary Rucker 5/24/2022
(Cal OES Fiscal Officer) (Date)

DocuSigned by:
Heather Carlson 5/24/2022
(Cal OES Director or Designee) (Date)

RECEIVED

By AI Hardoy at 2:02 pm, Apr 07, 2022

ENY: 2021-22 Chapter: 21 SL: 01765
Item: 0690-001-0001 Pgm: 0395
Fund: General Fund
Program: High Frequency Communications
Equipment Program
Match Req.: None
Project ID: OES21PSC1000000 Amount: \$55,764.00
SC: 2021-01765

mail log: 753496

DS
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5/24/2022

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5/23/2022



Grant Subaward Contact Information

Grant Subaward #: FH21 01 6364

Subrecipient: [REDACTED] Chula Vista, City of

1. **Grant Subaward Director:**

Name: Marlon King Title: Emergency Services Manager
Telephone #: 619-409-5482 Email Address: mking@chulavistaca.gov
Address/City/ Zip Code (9-digit): 276 Fourth Ave., Chula Vista CA 91910 -2631

2. **Financial Officer:**

Name: Emily Folker Title: Senior Management Analyst
Telephone #: 619-409-5497 Email Address: efolker@chulavistaca.gov
Address/City/ Zip Code (9-digit): 276 Fourth Ave., Chula Vista CA 91910 -2631

3. **Programmatic Point of Contact:**

Name: Marlon King Title: Emergency Services Manager
Telephone #: 619-4095482 Email Address: mking@chulavistaca.gov
Address/City/ Zip Code (9-digit): 276 Fourth Ave., Chula Vista CA 91910 -2631

4. **Financial Point of Contact:**

Name: Emily Folker Title: Senior Management Analyst
Telephone #: 619-409-5497 Email Address: efolker@chulavistaca.gov
Address/City/ Zip Code (9-digit): 276 Fourth Ave., Chula Vista CA 91910 -2631

5. **Executive Director** of a Non-Governmental Organization or the **Chief Executive Officer** (i.e., chief of police, superintendent of schools) of the implementing agency:

Name: Maria Kachadoorian Title: City Manager
Telephone #: 619-409-5818 Email Address: mkachadoorian@chulavistaca.gov
Address/City/ Zip Code (9-digit): 276 Fourth Ave., Chula Vista CA 91910 -2631

6. **Official Designee**, as stated in Section 15 of the Grant Subaward Face Sheet:

Name: Marlon King Title: Emergency Services Manager
Telephone #: 619-409-5482 Email Address: mking@chulavistaca.gov
Address/City/ Zip Code (9-digit): 276 Fourth Ave., Chula Vista CA 91910 -2631

7. **Chair** of the **Governing Body** of the Subrecipient:

Name: Mary Casillas Salas Title: Mayor
Telephone #: 619-691-5044 Email Address: msalas@chulavistaca.gov
Address/City/ Zip Code (9-digit): 276 Fourth Ave., Chula Vista CA 91910 -2631



Grant Subaward Signature Authorization

Grant Subaward #: FH21 01 6364

Subrecipient: ~~City of Chula Vista~~ Chula Vista, City of

Implementing Agency: Chula Vista Fire Department

The **Grant Subaward Director** and **Financial Officer** are **REQUIRED** to sign this form.

Grant Subaward Director:

Printed Name: Marlon King

Signature: 

Date: 02/21/2022

Financial Officer:

Printed Name: Emily Folker

Signature: 

Date: 02/21/2022

The following persons are authorized to sign for the **Grant Subaward Director**:

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

The following persons are authorized to sign for the **Financial Officer**:

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____



Grant Subaward Certification of Assurance of Compliance



Subrecipient: ~~City of Chula Vista~~ Chula Vista, City of

| | Cal OES Program Name | Grant Subaward #: | Grant Subaward Performance Period |
|---|---|-------------------|-----------------------------------|
| 1 | High Frequency Communications Equipment Program | FH21 01 6364 | April 1, 2022 - Oct, 31, 2023 |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

I, Marlon King (Official Designee; same person as Section 1.5 of the Grant Subaward Face Sheet) hereby certify that the above Subrecipient is responsible for reviewing the Subrecipient Handbook (SRH) and adhering to all of the Grant Subaward requirements as directed by Cal OES including, but not limited to, the following areas:

I. Proof of Authority – SRH 1.055

The Subrecipient certifies they have written authority by the governing board (e.g., County Board of Supervisors, City Council, or Governing Board) granting authority for the Subrecipient/Official Designee (see Section 3.030) to enter into a specific Grant Subaward (indicated by the Cal OES Program name and initial Grant Subaward performance period) and applicable Grant Subaward Amendments with Cal OES. The authorization includes naming of an Official Designee (e.g., Executive Director, District Attorney, Police Chief) for the agency/organization who is granted permission to sign Grant Subaward documents on behalf of the Subrecipient. Written proof of authority includes one of the following: signed Board Resolution or approved Board Meeting minutes.

II. Civil Rights Compliance – SRH Section 2.020

The Subrecipient acknowledges awareness of, and the responsibility to comply with all state and federal civil rights laws. The Subrecipient certifies it will not discriminate in the delivery of services or benefits based on any protected class and will comply with all requirements of this section of the SRH.

III. Equal Employment Opportunity – SRH Section 2.025

The Subrecipient certifies it will promote Equal Employment Opportunity by prohibiting discrimination or harassment in employment because of any status protected by state or federal law and will comply with all requirements of this section of the SRH.



IV. Drug-Free Workplace Act of 1990 – SRH Section 2.030

The Subrecipient certifies it will comply with the Drug-Free Workplace Act of 1990 and all other requirements of this section of the SRH.

V. California Environmental Quality Act (CEQA) – SRH Section 2.035

The Subrecipient certifies that, if the activities of the Grant Subaward meet the definition of a "project" pursuant to the CEQA, Section 20165, it will comply with all requirements of CEQA and this section of the SRH.

VI. Lobbying – SRH Sections 2.040 and 4.105

The Subrecipient certifies it will not use Grant Subaward funds, property, or funded positions for any lobbying activities and will comply with all requirements of this section of the SRH.

All appropriate documentation must be maintained on file by the Subrecipient and available for Cal OES upon request. Failure to comply with these requirements may result in suspension of payments under the Grant Subaward(s), termination of the Grant Subaward(s), and/or ineligibility for future Grant Subawards if Cal OES determines that any of the following has occurred: (1) the Subrecipient has made false certification, or (2) the Subrecipient violated the certification by failing to carry out the requirements as noted above.

CERTIFICATION

I, the official named below, am the same individual authorized to sign the Grant Subaward [Section 15 on Grant Subaward Face Sheet], and hereby affirm that I am duly authorized legally to bind the Subrecipient to the above-described certification. I am fully aware that this certification, executed on the date, is made under penalty of perjury under the laws of the State of California.

Official Designee's Signature:

mking@chulavistaca.gov

Official Designee's Typed Name: Marlon King

Official Designee's Title: Emergency Services Manager

Date Executed: 02/21/2022

AUTHORIZED BY:

I grant authority for the Subrecipient/Official Designee to enter into the specific Grant Subaward(s) (indicated by the Cal OES Program name and initial Grant Subaward performance period identified above) and applicable Grant Subaward Amendments with Cal OES.

☐ City Financial Officer

☐ County Financial Officer

☒ City Manager

☐ County Manager

☐ Governing Board Chair

Signature:

Maria Kachadoorian

Typed Name: Maria Kachadoorian

Title: City Manager

Date Executed: 2/22/22



Grant Subaward Budget Pages
Single Fund Source

| Subrecipient: Chula Vista, City of | | Grant Subaward #: FH21 01 6364 | |
|--|--|---------------------------------------|---|
| A. Personnel Costs - Line-item description and calculation | | Total Amount Allocated | |
| N/A | | \$ | - |
| PERSONNEL COSTS CATEGOTY TOTAL | | | |



Grant Subaward Budget Pages
Single Fund Source

| Subrecipient: Chula Vista, City of | | Grant Subaward #: FH21 01 6364 | |
|---|--|---------------------------------------|---------------------------|
| B. Operating Costs - Line-item description and calculation | | Total Amount Allocated | |
| HF Installation Site Visit and Training for Voice/Data and Remote Support: | | NM | |
| HF Installation Site Visit and Training for Voice/Data and Remote Support includes Site visit to the location where HF will be installed prior to and then after equipment is delivered, site report of what preparation needs to be done to properly install HF equipment (fixed and/or mobile if each site may include base and /or mobile or portable equipment). HF Installation and Training for HF Data includes RACTOR DR7800 Modem and associated messaging software application and data terminal. HF Training will also include a Gradlepoint IBR900 Mobile Router for Remote HF Support and Operation with Cal OES or other agency. | | NM | \$10,950 |
| OPERATING COSTS CATEGORY TOTAL | | NM | \$0 \$10,950 ✓ |



| Subrecipient: Chula Vista, City of | | Grant Subaward #: FH21 01 6364 | |
|---|--|--------------------------------|---|
| C. Equipment Costs - Line-item description and calculation | | Total Amount Allocated | |
| <p>NASPO ENVOY HF BASE STATION (\$13,542) NM</p> <p>RF Unit, 2210 Envoy</p> <p>MIL-STD ALE, 2210</p> <p>OPT 3G ALE/MIL-STANAG 2G Data and Digital Voice, 2210 (Int fit) Includes</p> <p>Upgrade DV 1200 bps</p> <p>Upgrade, AES-256 Encryption, 2210/2110</p> <p>Upgrade, Low Rate DV, 2210/2110</p> <p>Open DV</p> <p>Console, 2230</p> <p>Opt GPS, 2210 NM</p> <p>GPS Rcvr, Envoy/SRx/AR Voice</p> <p>Opt Free Tune TX</p> <p>Tcvr Supply, 3020</p> <p>Remote Control Applications</p> <p>Programming Applications</p> <p>Interconnect Cabling</p> <p>HF Installation Site Visit and Training for Voice/Data and Remote Support (\$13,950) NM</p> | | | <p>\$27,492</p> <p>13,542.30</p> |
| <p>NASPO ENVOY HF BASE STATION NM</p> <p>RF Unit, 2210 Envoy</p> <p>MIL-STD ALE, 2210</p> <p>OPT 3G ALE/MIL-STANAG 2G Data and Digital Voice, 2210 (Int fit) Includes</p> <p>Upgrade DV 1200 bps</p> <p>Upgrade, AES-256 Encryption, 2210/2110</p> <p>Upgrade, Low Rate DV, 2210/2110</p> <p>Open DV</p> <p>Console, 2230</p> <p>Opt GPS, 2210 NM</p> <p>GPS Rcvr, Envoy/SRx/AR Voice</p> <p>Opt Free Tune TX</p> <p>Tcvr Supply, 3020</p> <p>Remote Control Applications</p> <p>Programming Applications</p> <p>Interconnect Cabling</p> | | | <p>\$13,542</p> <p>13,542.30</p> |



Grant Subaward Budget Pages
Single Fund Source

| Subrecipient: Chula Vista, City of | | Grant Subaward #: FH21 01 6364 | |
|--|--|---------------------------------------|------------------------------|
| C. Equipment Costs - Line-item description and calculation | | Total Amount Allocated | |
| NASPO ENVOY MOBILE - 3040 RF Unit, 2210 Envoy MIL-STD ALE, 2210 OPT 3G ALE/MIL-STANAG 2G Data and Digital Voice, 2210 (Int fit) Includes Upgrade DV 1200 bps Upgrade, AES-256 Encryption, 2210/2110 Upgrade, Low Rate DV, 2210/2110 Open DV Handset, 2220 Opt GPS, 2210 GPS Rcvr, Envoy/SRx/AR Voice Opt Free Tune TX Vehicle Installation Hardware Kit 2240 Envoy SmartLink 3040 Main Assembly 3040 Spring Riser, Fibreglass 3040 Fibreglass Whip, 1.6m 3040/3042 NVIS Antenna Kit Remote Control Applications Programming Applications Interconnect Cabling | | NM | \$14,730 |
| | | NM | \$ 11,729.10 |
| EQUIPMENT COSTS CATEGORY TOTAL | | NM | \$55,764 \$41,814 |
| Total Project Cost (Must match the Grant Subaward Face Sheet) | | | \$55,764 |

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VSPS Budget Summary Report

FH21 High Frequency Communications Equipment Program

Chula Vista, City of

High Frequency Communications Equipment Program

Subaward #: FH21 01 6364

Performance Period: 04/01/22 - 10/31/23

Latest Request: , Not Final 201

A. Personal Services - Salaries/Employee Benefits

| <u>F/S/L</u> | <u>Funding Source</u> | <u>Budget Amount</u> | <u>Paid/Expended</u> | <u>Balance</u> | <u>Pending</u> | <u>Pending Balance</u> |
|---|-----------------------|----------------------|----------------------|----------------|----------------|------------------------|
| S | 21PSC1 | 0 | 0 | 0 | 0 | 0 |
| Total A. Personal Services - Salaries/Employee Benefits: | | 0 | 0 | 0 | 0 | 0 |

B. Operating Expenses

| <u>F/S/L</u> | <u>Funding Source</u> | <u>Budget Amount</u> | <u>Paid/Expended</u> | <u>Balance</u> | <u>Pending</u> | <u>Pending Balance</u> |
|-------------------------------------|-----------------------|----------------------|----------------------|----------------|----------------|------------------------|
| S | 21PSC1 | 0 | 0 | 0 | 0 | 0 |
| Total B. Operating Expenses: | | 0 | 0 | 0 | 0 | 0 |

C. Equipment

| <u>F/S/L</u> | <u>Funding Source</u> | <u>Budget Amount</u> | <u>Paid/Expended</u> | <u>Balance</u> | <u>Pending</u> | <u>Pending Balance</u> |
|----------------------------|-----------------------|----------------------|----------------------|----------------|----------------|------------------------|
| S | 21PSC1 | 55,764 | 0 | 55,764 | 0 | 55,764 |
| Total C. Equipment: | | 55,764 | 0 | 55,764 | 0 | 55,764 |

| | <u>Budget Amount</u> | <u>Paid/Expended</u> | <u>Balance</u> | <u>Pending</u> | <u>Pending Balance</u> |
|----------------------------|----------------------|----------------------|----------------|----------------|------------------------|
| Total Local Match: | 0 | 0 | 0 | 0 | 0 |
| Total Funded: | 55,764 | 0 | 55,764 | 0 | 55,764 |
| Total Project Cost: | 55,764 | 0 | 55,764 | 0 | 55,764 |

F/S/L (Funding Types): F=Federal, S=State, L=Local Match

Paid/Expended=posted in ledger w/Claim Schedule, Pending=Processed, but not yet in Claim Schedule

05/31/22