



January 12, 2017

Terri Fields Hosler
Health & Human Services Agency Branch Director
Shasta County
2650 Breslauer Way
Redding, CA 96001

SUBJECT: **NOTIFICATION OF SUBRECIPIENT APPLICATION APPROVAL**
FY 2016 Homeland Security Grant Program (HSGP)
Grant #2016-0102, Cal OES ID: 089-00000

Dear Ms. Fields Hosler:

The California Governor's Office of Emergency Services (Cal OES) has approved your **FY 2016 Homeland Security Grant Program (HSGP)** application. As of the date of this letter, you may request reimbursement of eligible grant expenditures using the Cal OES financial management forms workbook available at www.caloes.ca.gov. A copy of your approved subaward is enclosed for your records.

Any activities requiring additional review (e.g., Environmental Planning and Historic Preservation, Allowability Requests, procurement of Aviation or Controlled Equipment, etc.) shall not incur costs until you receive written approval for those activities.

This grant is subject to all provisions of 2 CFR Part 200, Subpart F - Audit Requirements. Any funds received in excess of current needs, approved amounts, or those found owed as a result of a final review or audit, must be refunded to the State within 30 days upon receipt of an invoice from Cal OES.

For additional information, please contact your Cal OES Program Representative.

Sincerely,

CATHERINE LEWIS
Division Chief

Enclosure

cc: Subrecipient file

(Cal OES Use Only)

Cal OES #	2016-00102	FIPS #	089-00000	VS #	04	Subaward #	2016-00102
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CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES GRANT SUBAWARD FACE SHEET

The California Governor's Office of Emergency Services (Cal OES), makes a Grant Subaward of funds set forth to the following:

1. **Subrecipient:** COUNTY OF SHASTA **1a. DUNS #:** 103497280
2. **Implementing Agency:** SHASTA COUNTY HEALTH & HUMAN SERVICES AGENCY - PUBLIC HEALTH **2a. DUNS #:** 103497280
3. **Implementing Agency Address:** 2650 BRESLAUER WAY REDDING 96001-4246
Street City Zip+4
4. **Location of Project:** REDDING SHASTA 96001-4246
City County Zip+4
5. **Disaster/Program Title:** STATE HOMELAND SECURITY GRANT PROGRAM **6. Performance Period:** 09/01/16 to 05/31/19
7. **Indirect Cost Rate:** ☒ N/A; ☐ 10% de Minimis; ☐ Federally Approved ICR;

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
2016	8. HSGP-SHSP		\$257,264				\$0	\$257,264
Select	9. Select						\$0	\$0
Select	10. Select						\$0	\$0
Select	11. Select						\$0	\$0
	12. TOTALS	\$0	\$257,264	\$257,264	\$0	\$0	\$0	12G. Total Project Cost: \$257,264

13. 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. Official Authorized to Sign for Subrecipient:

15. Federal Employer ID Number: 94-6000535

Name: Terri Fields Hosler, M.P.H., R.D.

Title: HEALTH & HUMAN SERVICES AGENCY BRANCH DIRECTOR

Telephone: (530) 245-6869 FAX: (530) 225-3743
(area code) (area code)

Email: tfieldhosler@co.shasta.ca.us

Payment Mailing Address: 2650 BRESLAUER WAY

City: REDDING

Zip+ 4: 96001-4246

Signature: *Terri Fields Hosler*

Date: 9/20/16

(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.

John P. Pierson
Cal OES Fiscal Officer

01/07/17
Date

Sara Stillwell
Cal OES Director (or designee)

Date

16LA0112

Yr. / Chapter: 2016-17/23 PCA No: 14706
Item: 0690-101-0890 Component: 40
FAIN#: EMW-2016-SS-00102 CFDA#: 97.067
Federal Award Date: 09/01/16 to 08/31/19
Fund: Federal Trust
Program: Homeland Security Grant Program
Match Req.: None
Project No.: 16HSGP Amount: \$257,264

**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
SUPPLEMENTAL GRANT SUBAWARD INFORMATION**

1. Cal OES Contact Information Section:

Governor's Office of Emergency Services
Mark S. Ghilarducci, Director
3650 Schriever Avenue
Mather, CA 95655
(916) 845-8506 phone • (916) 845-8511 fax

2. Federal Awarding Agency Section:

Federal Program Fund / CFDA #	Federal Awarding Agency	Total Federal Award Amount	Total Local Assistance Amount
Homeland Security Grant Program / 97.067	US Department of Homeland Security	\$194,236,500	\$157,269,200

3. Project Description Section:

- Project Acronym:
Homeland Security Grant Program (HSGP)
- Project Description:
Support state and local efforts to prevent terrorism and other catastrophic events and to prepare the Nation for the threats and hazards that pose the greatest risk to the security of the United States.

4. Research & Development Section:

- Is this Subaward a Research & Development grant? Yes ☐ No ☒

SHASTA COUNTY SHERIFF'S OFFICE INTERDEPARTMENTAL MEMORANDUM



Tom Bosenko
Sheriff-Coroner

TO: Brian Muir, Auditor-Controller

FROM: Tom Bosenko, Sheriff

DATE: February 27, 2017 *TB/ol*

RE: Budget Amendment for Sheriff's OES Budget

Please prepare a budget amendment per the attached Budget Amendment Worksheet for the Sheriff's budget, subject to Board of Supervisor's approval. This budget amendment increases appropriations \$130,281 offset by an increase in Homeland Security Grant revenue of \$130,281 as a transfer-in from Public Health.

Thank you.

Sheriff Office Emergency Svs
 Department Name & Fund No.

Appropriations

Increase <Decrease>

3-1-17 7801

Cost Center Number	Account Number	Budget Reads	Budget Should Read	Amount of Transfer (+/-)
23514	033500	10,500	34,753	24,253
23514	051351	201,035	307,063	106,028
			0	
			0	
			0	
			0	
Total				130,281

Revenue

Increase <Decrease>

Cost Center Number	Account Number	Budget Reads	Budget Should Read	Amount of Transfer (+/-)
23514	800411	201,035	331,316	130,281
			0	
			0	
			0	
			0	
Total				130,281

SHASTA COUNTY FIRE DEPARTMENT

Memorandum

To: Brian Muir
Auditor-Controller

Date: February 3, 2017

From: Mike Hebrard
Shasta County Fire Warden



Subject: Budget Adjustment

Shasta County Fire Department has been awarded funds as a part of the 2016 Homeland Security Grant, with revenue to be transferred from Public Health. County Fire would like to make the following budget amendments to allow for increases in revenue and appropriations.

065XXX –Chemical Spectrometer – Increase appropriations by \$75,000.

033500 – Maintenance of Equipment – Increase appropriations by \$10,000.

800411 – Trans in Public Health – Increase revenue by \$85,000.

If you have any questions, please feel free to contact Julia Hayen at 225-2516.

Attachment

cc: Laura Sumner, Administrative Analyst

Appropriations

Increase <Decrease>

Fund/Budget Unit Number	Account Number/ Description	Budget Reads	Budget Should Read	Amount of Transfer (+/-)
00391	033500/ Maintenance of Equipment	92,000	102,000	10,000
00391	065XXX/ Chemical Spectrometer	0	75,000	75,000
Total				85,000

Revenue

Increase <Decrease>

Fund/Budget Unit Number	Account Number/ Description	Budget Reads	Budget Should Read	Amount of Transfer (+/-)
00391	800411/ Trans In Public Health	37,775	122,775	85,000
Total				85,000